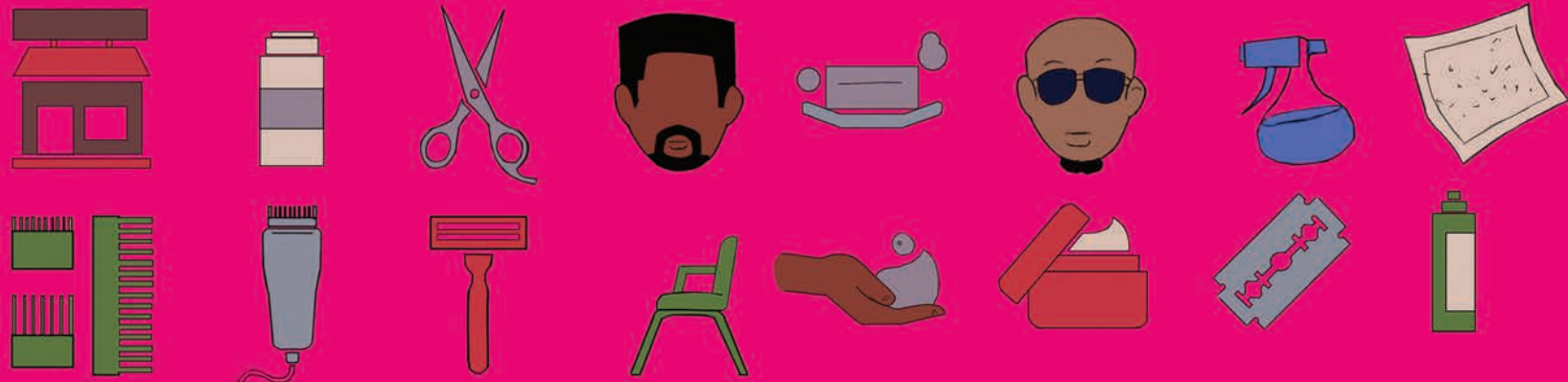


# THE BARBERSHOP

# TOOLBOX



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# ACKNOWLEDGEMENTS

The first Barbershop Toolbox was developed in Iceland in 2016 and has been widely used around the world to enable others to mobilise the men around for gender equality. The first Barbershop held in Africa took place in Malawi in 2018. It is therefore appropriate that the first time that the Barbershop Toolbox has been adopted and translated to a local language it is done in Malawi.

This manual has been made possible with support from the Embassy of Iceland in Lilongwe.

This manual is a Malawian adaption of the Barbershop Toolbox. The activities included in the manual are designed to engage men and boys in order for them to take an active role in achieving gender equality and in promoting and supporting women and girls' rights, and to enable them to develop alternative positive ideals of masculinity. It also includes activities developed by Promundo's Programme H; Promundo's Manhood 2.0; Stepping Stones and the Aquire Project. These activities have been included in this Malawian adaptation of the Barbershop Toolbox in order to enhance and broaden its scope so that it can be used to engage men and boys on a range of topics that include gender identity, violence and sexual and productive health and rights.



Embassy of Iceland  
Lilongwe





# FOREWORD

It is a common conception that gender equality and women's empowerment is only a concern for women. But that is very far from the truth! Gender equality benefits us all; women, men, boys, and girls and is in fact the cornerstone for societal progress. In only a few decades Iceland rose from poverty to prosperity and a big factor in this was very simple; gender equality increased, women's full potentials were unlocked, and they entered the labor market. This was a turning point for my country as it became evident that economic growth and prosperity can only be attained when everyone participates fully in the society.

The Barbershop Concept was launched in 2015 at the United Nation General Assembly. We wanted to start the conversation about gender equality between men, and to discuss concrete steps on how we can contribute towards gender equality and empower the women around us. The event was successful, and Barbershop Events have been held all over the world since then.

In 2016 we developed a Barbershop Toolbox in order to facilitate organisations, agencies and enterprises to set up their own Barbershop Events. I am very pleased to see this new version of the Barbershop Toolbox and it is very fitting that the first locally adapted version is done in Malawi. Iceland and Malawi have enjoyed excellent development cooperation for over 30 years; enhancing social infrastructure and services in the Mangochi District with focus on gender equality and women's empowerment.

It was enjoyable to see the result of this cooperation when I visited Malawi in 2019 and it was particularly memorable to open the new maternity ward at the Mangochi District Hospital which I am sure will improve the lives of mothers and their newborn babies in the district. I had informative conversations with our counterparts about some of the challenges Malawi is facing in regard to gender equality; high maternal mortality, gender-based violence, teenage pregnancies and child marriages. We have seen positive progress in the last years, but I am convinced that further progress will be made with men taking active part in the conversation and become part of the solution.

I wish you great success in all future Barbershop Events. Let's join hands and make changes in our communities and to the society at large. That is how we can generate sustainable change towards prosperous futures for of all of us.

**Guðlaugur Þór Þórðarson**  
**Minister for Foreign Affairs and Development Cooperation**



## WHY USE THE BARBERSHOP TOOLBOX?

Barbershop events are intended to motivate and bring men into the discourse on gender equality by encouraging male-to-male discussion in a safe environment, as well as by elevating the voices of women in these spaces. While the Barbershop concept focuses on male-to-male dialogue, the Barbershop toolbox also provides opportunities for women and men to address these important issues together.

## HOW TO USE THE BARBERSHOP TOOLBOX

This toolbox guides individuals looking for ways to get men engaged in achieving gender equality. The following tools can be used independently from each other, in a way that best suits the organisers/facilitators, audience and available time. They can also be used as a series with a group of participants lasting several weeks.

**It is important to note that the road to gender equality is long, and these activities should be used to start the conversation and the process of transformation.**

Each tool provides step-by-step guidance on how to implement the Barbershop. This includes clear aims, steps, materials, timeframe and discussion questions. Some of the tools are designed to have gender segregated groups while other tools work better with mixed groups.



Make sure to carefully read the Getting Started section, and choose the tool or tools and facilitators based on the recommendation made there.



Facilitators can read Guide for Facilitators in order to further enhance their skills and knowledge with regards to handling Barbershop session.



## WHY IS IT CALLED THE BARBERSHOP?

Most men have been to a barbershop. These are spaces where men talk to each other and where behaviours and attitudes about gender relations — including what it means to be a man are learned, discussed and reinforced. While relations between men and women are often discussed among men in barbershops (bawo places; bars; sports events; markets), these conversations too often reflect the stereotyped roles of women and men, and rarely tackle serious issues at the root of gender inequality.

Barbershop events provide a setting for male-to-male discussions about their own behaviours, privileges, and roles in realising women's empowerment. The toolbox guides discussions about gender equality between men but also encourages women and men to have an open, candid and fruitful conversation about gender equality and how to commonly work towards equality. This way, the Barbershop platform encourages men to make a proactive commitment to gender equality at an individual level, inspire other men to join them and bring the conversation on gender equality to spaces where men meet around the world.



# GETTING STARTED

## KNOW YOUR AUDIENCE

Before you get started it is important to consider your target group and the end goal of the Barbershop session.

Barbershop events are primarily designed to engage men through men-to-men discussions on the importance of achieving gender equality.

The tools can be used for men-only sessions/groups or for a mixed group (women and men together). However, when the group is mixed, make sure to still provide the opportunity for male-to-male discussions to ensure a productive dialogue on what men can do to help achieve gender equality. This can be done by dividing the participants into groups based on gender and finding male experts that can participate as facilitators.

## CHOOSE YOUR TOOL

Each tool is targeted towards a specific goal, so begin by deciding what kind of discussion would be most beneficial for the group, and then choose the tool or tools that meet these objectives. Most of the tools can be adapted for different level of participants with minor changes

## PICK YOUR VENUE

Based on your audience and the tool(s) you select, choose the venue, or space that best suits your needs. A workshop requires the possibility for different groups to work simultaneously, while a high-level event might require a room or venue with a stage, a sound system, etc.

## BUILD PARTNERSHIPS

The success of the Barbershop event largely depends on the facilitators, so it is important to choose them carefully. The facilitators should have in-depth knowledge of the subject matter and experience in working with diverse groups of people, as well as personal and professional experience in examining the issues of gender justice and inequality. Facilitators can be someone within the community, the workplace or local experts. The facilitators should be prepared to handle resistance and provide conflict resolution. It is possible to have only one facilitator but consider having two facilitators

## CONDUCTING WORKSHOPS

This toolbox has been designed as a gender transformative tool conducted over a series of workshops. However, Tool 1 has a stand alone exercise while the exercises in Tool 2 and 3 are designed to be conducted as a series.

# IMPORTANT TERMINOLOGIES

**GENDER:** the socially constructed roles, behaviours, activities, and attributes that a given society considers appropriate for men and women.

**GENDER-BASED VIOLENCE (GBV):** GBV refers to violence that targets individuals or groups of individuals on the basis of their gender that may result in physical, sexual or psychological harm.

**GENDER EQUALITY:** equal rights, responsibilities, and opportunities for women and men and girls and boys. Equality does not mean that women and men are the same but that women's and men's rights, responsibilities, and opportunities will not depend on whether they are born male or female.

**GENDER NORMS:** ideas about how men and women should be and act, within a range that is defined by a particular society, culture or community at that point in time. We internalise and learn these "rules" early in life. This gender socialisation begins early and continues throughout the life-cycle.

**MASCULINITIES:** the term refers to the social meaning of manhood, which is constructed and defined socially, historically and politically, rather than being biologically driven. There are many socially constructed definitions for being a man and these can change over time and from place to place. The term relates to perceived notions and ideals about how men should or are expected to behave in each setting. Masculinities are not just about men; women perform and produce the meaning and practices of the masculine as well.

**SEX:** the physical and biological characteristics that distinguish males and females.

**SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR):** these are rights that encompass efforts to eliminate preventable maternal and neonatal mortality and morbidity, to ensure quality sexual and reproductive health services, including contraceptive services, and to address sexually transmitted infections (STI) and cervical cancer, violence against women and girls, and sexual and reproductive health needs of adolescents.





# WHAT MAKES A MAN?



## TOOL 1

**CONTENTS:**  
**INTRODUCTION**

**ICE BREAKER:** Name game

Excercise : Act like a Man, Act like a Woman





# SOCIAL NORMS IN MALAWI: A BRIEF INTRODUCTION

In Malawi, social norms play an important role in influencing male participation in issues concerning gender equality, Gender-Based-Violence (GBV), Human Immunodeficiency Virus (HIV) and Sexual and Reproductive Health and Rights (SRHR). The views of parents, family and community members informed by religion, culture, state and the media with regard to masculine roles, responsibilities, sexuality, sexual relationships, behaviours and attitudes impact men's willingness to promote gender equality in the public and private sphere; to prevent GBV, to participate in HIV and SRHR services and use products and to combat harmful practices that leave women and girls vulnerable.

Across many Malawian cultures children are taught and come to learn about appropriate gender roles, behaviours and attitudes through socialisation — the processes by which children and young people are taught and come to learn about the roles, behaviours and attributes that society associates with maleness and femaleness. Traditional and cultural practices play integral role in the socialisation of young men and women. In Malawi, there are variations of initiation rites for young men and women that include cultural, religious and modern rites of passage.

In some Malawian cultures, young men attend initiation ceremonies to mark their entry into manhood. In contemporary Malawi, these rites of passage are varied and include, but not limited to, entry into secondary school, sexual debut, drug and alcohol consumption among others. During rites of passage boys are taught how to think and behave as real men, what are male gender roles, rights and responsibilities. In such rituals the central scripts include masculinity based around bravery, male authority over women and children and sexual assertiveness. Similarly, girls

are taught that caregiving and taking care of the home are virtues of womanhood or to be submissive to men in decision making. Unfortunately, these messages have serious implications in terms of how men and boys and women and girls relate to each other, including on decisions about family planning (FP), SRHR and GBV.

Social norms are a major contributor to violence against women and girls. In Malawi, as is the case in many countries, male violence against women and girls forms an internal part of the maintenance of male power and control of women's bodies. These male stereotypes are based around patriarchy and values of masculine superiority and natural dominance. Patriarchy refers to 'a system of social structures and practices in which men dominate, oppress and exploit women'. The changes in employment patterns in Malawi are challenging traditional male roles as breadwinners in the family. This has resulted in strains in women and men's relationships in the public and private spheres, leading to adult and young men to resort to violence in order to assert their masculinity. When women try to assert their claims to such rights and power, they are often attacked, verbally and physically.

Some societies in Malawi have traditional and cultural practices that are often harmful to women and girls. In some cultural settings, young girls undergo initiation rites (chinamwali) where they are coerced to engage in premarital sex (kusasa fumbi) as a sexual ritual for young girls. This, coupled with sex education offered during initiation rites, reinforces the domination of women by men by reinforcing notions of male control over women's bodies. Similarly, the practice of child marriage in Malawi further entrenches patriarchy and the disempowerment of young women. In some settings, parents might tolerate child marriages due to cultural, socioeconomic and religious reasons (UN Women 2018) The young girls who are forced into early marriages are often vulnerable to sexual abuses by their partners and also increased vulnerability to diseases such as HIV and other STIs.



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Other harmful traditional practices associated with marriage, which are common in Malawi, include polygamy, marriage by proxy, widow inheritance; chimwanawayi (wife/girlfriend cleansing). Polygamy allows men to take on more than one wife; however, women are barred from taking on more than one husband. Practices of widow inheritance put women at increased risk of HIV and STIs. Similarly, the practices such as chimwanamwayi where male friends switch sexual partners in order to increase their range of sexual experiences and increase ties of male bond make women and girls vulnerable to inexplicable physical and psychological harm. Categorically, these practices reinforce gender inequalities and patriarchy. It is highly unlikely that adult and young men who are involved in these practices can see women and girls as their equals.

## INTRODUCTION



Sit in a circle with the group. Everyone should be at the same level, including the facilitator.



Thank everyone from coming.



Explain what we are going on to discuss today, but will start with a game.



## ICEBREAKER: NAME GAME

**AIMS:** Icebreaker

**TIME:** 30 minutes

## STEPS:

1. Everyone stands in a circle. Start by asking the participants to say their names starting from you. Continue until each person in the circle has mentioned their name. Repeat the process one more time.
2. Tell the participants that this time around they will have to say another person's name instead of their own. The person whose name is mentioned then mentions another name until all the names are called out.
3. Tell the participants that they are not allowed to repeat a name or mention the name of their neighbour standing on their left or right. Each person who breaks this rule goes and sits inside the circle. Those who are standing can include the name of those sitting down.
4. Ask one person to start the game.
5. Continue the game until there are only two people left, who then have to compete with each other by mentioning everyone's name without repeating any name.





# ACT LIKE A MAN, ACT LIKE A WOMAN



## EXERCISE

**AIMS:**

To help participants deepen their understanding of the ways in which gender norms impact the lives of men and women, and how these expectations can limit individuals from realising their full potential.

**MATERIALS:** Group discussion, flip chart and markers.

**AUDIENCE:** Mixed sex session or single sex session

**TIME:** One hour




## STEPS:

Start by giving a brief introduction to the aim of the session. Explain the terms that will be used in the session such as sex, gender and gender norms, which have been provided in the Getting Started section.

- 1 Ask the participants if someone has ever told them that they should “act like a man/woman”.
- 2 Divide the participants into pairs. Ask them to share their personal stories about how they were told to “act like a man/woman”. Ask the participants to find a new partner to share their story with. Continue this until each person has shared with at least four people.
- 3 Bring the group back into the circle. Now divide them into two, same sex, groups.
- 4 In their groups ask them to reflect on how these stories show society’s exceptions of what a man/woman should be like, how he should behave, feel and react.
- 5 Give each group a Flipchart and ask the participants to draw a box and to write the answers that were the most recurrent for their gender.
- 6 Ask the groups to present their answers to each other;
- 7 Use the following questions to facilitate a discussion.

## DISCUSSION QUESTIONS

-  How does living and abiding by what’s written in the box affect the wellbeing of men?



How does it affect the wellbeing of women?



How does living and abiding by what’s written in the box limit and influence a man’s life and relationship?



How does what’s written in the box influence and limit a woman’s life?



Are there examples of men in your community who do not fulfil expectations about how men should look and act? What kinds of challenges do these men face? How are they treated?



What about women who do not abide by gender norms? What do people say about them? How are they treated?



Do you think men face extra challenges or prejudices depending on their education, marital status, number of children, economic status, social class or religion? If yes, what ways? What about women?



What can you do to help promote more open-mindedness and respect for their diversity of ways that women and men look and act?



Sit in a circle together. Thank everyone again for coming to this session.



Ask each person to say one thing which they have learn from this session and one thing they will share with someone.



Ask all the participants to think of a happy traditional song/dance, which they would like to sing together to close the session.







# GENDER VIOLENCE



## TOOL 2

### CONTENTS: INTRODUCTION

- ICE BREAKER:** Statues of power
- Excercise 1: What is violence?
- Excercise 2: Violence in in the daily routine
- Excercise 3: Combating violence in our communities





# GENDER-BASED VIOLENCE IN MALAWI: A BRIEF INTRODUCTION

In Malawi, GBV remains a serious development challenge. The United Nations (United Nations 1993) defines GBV as “any act against women that “results in, or is likely to result in, physical, sexual or mental harm of suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life”. In Malawi, violence against women and girls is perpetuated by men, although men are often victims too. The widespread forms of GBV in Malawi are domestic violence/intimate-partner violence, sexual violence (rape and assault), physical violence and psycho-social violence, including technology facilitated environments that enable online stalking and harassment, such as on social media. It is estimated that up to 34% of women in Malawi have experienced physical violence since age 15, and 20% who experienced sexual violence. Of these women who experienced physical or sexual violence, less than half (40%) have sought help to stop the violence, and about half (49%) have never sought help and never told anyone about the violence (MDHS 2015-2016).

Literature shows that the forces that encourage the perpetuation of GBV include harmful male norms, gender social norms, early marriages, harmful cultural practices, religious beliefs, low literacy levels and low economic status of women. Generally, GBV is enabled by gender norms that encourage male dominance over women and girls.

In many contexts in Malawi, the male assertiveness through control of sexual matters and use of violence is considered a mark of real manliness, which leads to high incidents of sexual violence experienced by women and girls. This is particularly true of intimate partner violence.

Relatedly, across many Malawian societies, fathers, uncles and brothers have authority over women and girls, specifically when it comes to making decisions about their marriage. This form of male domination has encouraged child marriages because of older men’s willingness to marry off their daughters, sisters or nieces for social and economic gains and men’s willing to marry underage girls.

Malawi has enacted several policies and legal frameworks to address GBV such as National Gender Policy and the National Action Plan to Combat Gender-Based Violence in Malawi (2014-2020); Gender Equality Act, Domestic Violence Act, Deceased Estate: Wills and Inheritance Act; the Prevention of Domestic Violence Act enacted in 2006 and the Gender Equity Act enacted in 2013. In February 2017, the Malawi Parliament made a landmark amendment to the constitutional by setting the minimum age of marriage to 18 years hence outlawing child marriage. Despite all these various efforts, GBV is still a major concern and a serious development challenge for Malawi and efforts to combat it are ongoing.



# RESOURCE BOX

<p><b>GENDER-BASED VIOLENCE:</b></p>	<p><b>DOMESTIC VIOLENCE:</b></p>	<p><b>EMOTIONAL VIOLENCE:</b></p>
<p>Gender-based violence (GBV) remains one of the most widespread human rights violations worldwide. GBV refer to violence that targets individuals or groups of individuals on the basis of their gender that may result in physical, sexual or psychological harm. Forms of violence related to GBV include, but are not limited to:</p>	<p>Domestic violence, also called domestic abuse or intimate partner violence, is any pattern of behaviour that is used to gain or maintain power and control over an intimate partner. It encompasses all physical, sexual, emotional, economic and psychological actions or threats of actions that influence another person.</p>	<p>This is violence manifested through insults, humiliation, threats, control, lack of affection, withholding of resources. The consequence for men and women may be low self-esteem, distrust and emotional insecurity.</p>
<p><b>PHYSICAL VIOLENCE:</b></p>	<p><b>SEXUAL HARASSMENT:</b></p>	<p><b>SEXUAL ABUSE:</b></p>
<p>Violence expressed through punching, kicking, shoving and other acts which can lead to injury, endangering the least of a man or woman.</p>	<p>This includes indecent proposals, verbal sexual remarks, obscene words and pressure to have sexual relations, which the other party does not want.</p>	<p>This refers to any type of intimate (sexual) physical contact between adults, and between adult and a child (in the case of child sexual abuse).</p>
<p><b>CHILD MARRIAGE:</b></p>	<p><b>RAPE:</b></p>	
<p>Child marriage refers to any marriage where one or both of the spouses are below the age of 18. It is a violation of the Universal Declaration of Human Rights, which states that “marriage shall be entered into only with the free and full consent of the intending spouses.” Girls are more likely to be child brides, and consequently drop out of school and experience other forms of violence.</p>	<p>This is the use of physical force or threat in order to obtain sexual relations with penetration (oral, vaginal or anal).</p>	

## INTRODUCTION



Sit in a circle with the group. Welcome everyone. Everyone should be at the same level, including the facilitator.



Ask each participants to share with the group something that happened to them today



Explain that we are going to discuss things in this session, but will start with a game.

## ICEBREAKER: STATUES OF POWER

**AIMS:** To look at the emotions we associate with power and how they affect us.

**DESCRIPTION:** A physical exercise, in pairs. Role play.

**MATERIALS:** None

**AUDIENCE:** Mixed group

**TIME:** 30 minutes



## STEPS

1. Divide the participants into pairs. Each pair is going to produce a still image, like a statue. The image will show one person in a position of power and the other in a powerless position. Allow them a few minutes to prepare, then ask them to swap around (so that the powerful figure becomes the powerless).
2. Give each pair the opportunity to show them to the rest of the group. Ask for quick comments about what people observe. Ask both members of each pair to express what they are feeling in one world (proud, scared, humble, or whatever).

## DISCUSSION QUESTIONS



Ask the participants which of the two positions felt more familiar to them?



Can they relate any of the emotions they felt to situations in their lives?



What did they feel for the powerless person when they were in the powerful position, and vice versa?



# WHAT IS VIOLENCE?

## EXERCISE 1

**AIMS:** To enable participants to identify different types of violence that affect our communities, families and personal relationship and identify ways to intervene.

**DESCRIPTION:** Group discussion.

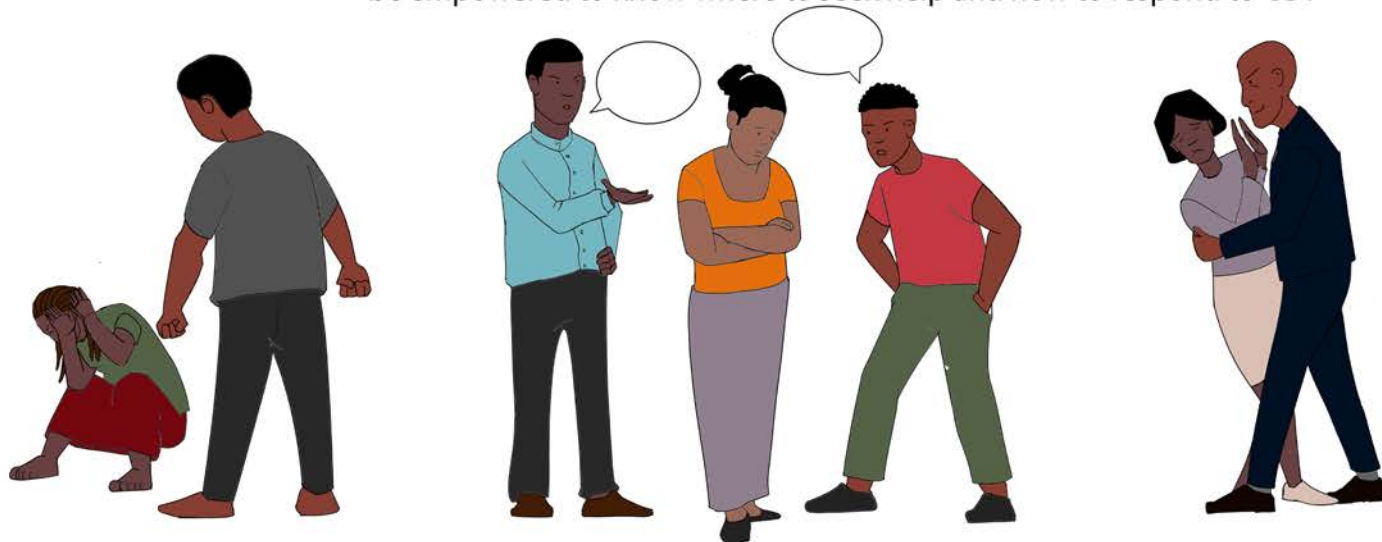
**MATERIALS:** Flip charts, markers, copies of different types of gender-based violence.

**AUDIENCE:** Mixed group or single sex session

**TIME:** Two hours

### WORKSHOP PREPARATION

Parts 1 and 2 of this exercise should be done together with Exercise 3. This is important because after exploring the types of violence the participants need to be empowered to know where to seek help and how to respond to GBV



## STEPS:


### PART 1 - What Does Violence Mean to US (One hour)

1. Explain to the participants that the objective of this session is to discuss and analyse the various types of violence in relationships.
2. First, ask the participants to sit in a circle and think for a few minutes, silently, about what violence means to them.
3. Then ask the participants to share their thoughts with the group for about 5 -10 minutes.
4. Write the answer on the flipchart. The participant will likely identify violent acts that fall under different types of violence as described in the resource box.
5. Bring the groups together and have each group share their answers and discuss some of the common points in their response, as well as some of the unique points.

### PART 2 - Discussion of Different Types of Violence (One hour)

1. Read the case studies provided in the resource box on violence and follow up on each one with the following questions, giving each participant a chance to speak.

#### DISCUSSION QUESTIONS

-  What kinds of violence most often occurs in intimate relationships between men and women? What causes this violence?



Why is that in Malawian communities women and men do not often report cases of intimate partners violence?



Why is that in Malawian communities women and men do not often report cases of intimate partners violence?



What is the most common type of violence practiced against women? Against men?



Are only men violent, or are women also violent? What is the most common type of violence men use against others? What is the most common type of violence that women use against others?



Does a man or woman ever "deserve" to be hit or suffer violence?



What are the consequences of being violent against others? On our relationships? On the local community?



Do you think there is a link between our ideas of masculinity and violence against women?



Explain that this has been a tough session which has tackled a lot of issues which people find very difficult to discuss. Sit in a circle together. Thank everyone again for coming to this session.



Ask the participants these key questions;  
What one thing have they learned in this session?  
What one thing will they share with someone?

Finish by asking a participant to share a song and dance which the whole group can participate in.





# SEXUAL VIOLENCE IN THE DAILY ROUTINE

## EXERCISE 2

**AIMS:** To help participants understand the many ways in which women's (and men's) lives are limited by male violence, especially sexual violence.

**DESCRIPTION:** Group discussion

**MATERIALS:** Flip charts and markers.

**AUDIENCE:** Mixed sex session.

**TIME:** One hour



## WORKSHOP PREPARATION

Exercise 2 should be combined with Exercise 3. This is important because after exploring the types of sexual violence in everyday life the participants need to be empowered to know where to seek help and how to respond to GBV.

### STEPS:

1. Draw a line down the middle of a flip chart paper from top to bottom. On one side, draw a picture of a man and on the other, a woman.
2. Ask the question: "What do you do on a daily basis to protect yourself from sexual violence?" Ask the participants to think through the question in silence.
3. Divide the participants into two groups separated according to gender.
4. Ask the two groups to share their answers to the question among themselves.
5. Once they have captured all the ways in which women and men limit their lives to protect themselves from sexual violence, break the groups into a female and male pair and tell each pair to ask each other the following question. Each person has five minutes to answer:
  - a. What does it feel like to see all the ways that women limit their lives because of their fear and experience of men's violence?
6. Bring the participants back together after 10 minutes and ask people to share their answers and their feelings. Allow plenty of time for this discussion.



7. Ask the participants to form groups of six people and give them each group either of the following question to discuss for ten 15 minutes.
  - a) How much did you already know about the impact of men's violence on women's lives?
  - b) What does it feel like to have not known much about it before? How do you think you were able to not notice this?
  - c) How does men's violence damage men's lives as well?
  - d) What do you think you can do to change this trend and to create a world in which women don't live in fear of men's violence?
8. Bring the small groups back together after 15 minutes and ask each group to report back on its discussion. Sum up the discussion, making sure all points in the closing are covered.

- 
- Sit in a circle together. Thank everyone again for coming to this session.
  - Ask each person to say one thing which they have learned from this session and one thing they will share with someone
  - Ask all the participants to think of a happy traditional song/dance, which they would like to sing together to close the session.



# COMBATING VIOLENCE IN OUR COMMUNITIES

## EXERCISE 3

**AIMS:** To identify resources available in the community for survivors of violence and examine ways that participants can assist survivors of violence.

**DESCRIPTION:** Group discussion.

**MATERIALS:** Flipchart and markers

**AUDIENCE:** Mixed or single sex session






**TIME:** 45 minutes






## STEPS:

1. Ask the participants where they would go in their community if they or a family member/friend were victims of violence.
2. Ask them to think about resources available in their community.
3. Divide the participants into three groups, and ask them to draw a physical map of their community. Ask them to think carefully about specific resources that are available for survivors of violence. They should be creative and “map out” all resources that may apply.
4. Give each group about 15 minutes to map the resources, and then have each group share their maps. To save time, ask the second and third group not to repeat services mentioned by the first group.
5. Conclude this session with the following questions:

## DISCUSSION QUESTIONS

-  Where do people who are victim of violence first seek help?
-  How hard is it to tell a family relation or nkhoswe about being a victim of violence?
-  If the family relation does help where does this person go?
-  What other community resources can a person accessible if they have been a victim of violence?
-  Are there any social networks (e.g., family, friends, faith communities, etc.) that could also be of assistance?

-  Explain that this has been a tough session which has tackled a lot of issues which people find very difficult to discuss. Say that you would now like to bring the session to a close.
-  Ask a participant to your right to share with the group “one new thing which I have learned today is...” Then ask the next person to speak. Go round the circle until everyone has contributed.
-  Encourage the participants to look for additional information on gender-based violence in their communities and reflect on what the individual can do to eliminate violence against women.



# RESOURCE SHEET 2A

## CASE STUDY 1

Chikumbutso and Maria are married. Che Makata's family is coming over to their home for dinner. He is very anxious that they should have a good time, and he wants to show them that his wife is a great cook. But when he gets home that night, nothing is prepared. Maria has not been feeling well, and she has not started making the dinner yet. Chikumbutso is very upset. He does not want his family to think that he cannot control his wife. They begin to argue and yell at each other. The fight quickly escalates, and Chikumbutso hits her.

1. Do you think that Chikumbutso was right to hit Maria?
2. How should Maria react?
3. Could Chikumbutso have reacted differently in this situation?

## CASE STUDY 2

You are dancing with a group of friends at the disco. When you are about to leave, you see a couple (presumably a boyfriend and girlfriend) arguing at the entrance. He calls her a bitch and asks her why she was flirting with another guy. She says, "I was not looking at him... and even if I was, aren't I with you?" He shouts at her again. Finally, she says, "You don't have the right to treat me like that." He calls her worthless and tells her to get out of his face, that he can't stand to look at her. He then hits her, and she falls down. She screams at him, saying that he has no right to do that.

1. What would you do? Would you leave? Would you say anything? Why or why not?
2. Would it be different if it were a guy hitting another guy?
3. What can you do in situations like this one? What are your options?
4. What is our responsibility to prevent others from using violence?

## CASE STUDY 3

Cassim is an older boy who comes from a wealthy family. He meets Pililani one day on her way home from school and they chat a little. The next day, he meets up with her again. This continues until one day he tells Pililani how much he likes her. They start to kiss, and Michael starts touching Pililani under her blouse. But then Pililani stops and says that she doesn't want to go any further. Cassim is furious. He tells her that he has spent lots of time with her and says, "What are my friends going to say?" He pressures her to change her mind. First, he tries to be seductive, then he yells at her in frustration. He begins pulling at her forcefully, pushing her down. He then forces her to have sex, even though she keeps saying, "No, stop!"

1. Is this a kind of violence? Why or why not?
2. What do you think Cassim should have done?
3. What do you think Pililani should have done?

## CASE STUDY 4

A group of friends go dancing. One of them, Anganile, sees that some guy is staring at his girlfriend. Anganile walks up to the guy and shoves him and a fight begins.

1. Why did John react this way? Do you think that he was right to shove the other guy?
2. How else could he have reacted?
3. What should his friends have done?

# SEXUAL AND REPRODUCTIVE HEALTH

## TOOL 3

### CONTENTS:

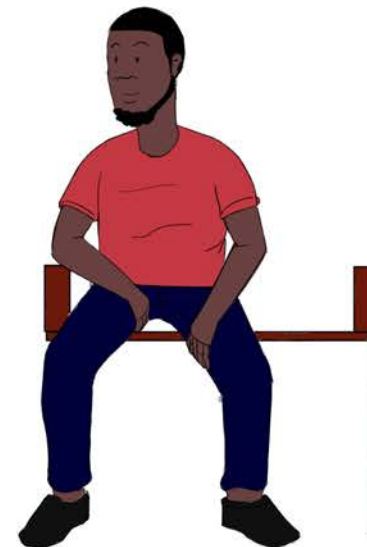
#### INTRODUCTION

**ICEBREAKER:** Mime the lie

Exercise 1: Understanding contraception

Exercise 2: All About Condoms

Exercise 3: Fatherhood





# SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN MALAWI: A BRIEF INTRODUCTION

Malawi has made some gains in improving Sexual and Reproductive Health Rights in recent decades: It has reduced maternal mortality by 53% between 1990 and 2010. Despite high rates of early marriage, which often result in early and unwanted pregnancies, Malawi has increased contraceptive prevalence from 7.4 in 1992 to 42% in 2010 to 48.3% in 2019 (FP2020 2020). Despite these efforts, Malawi has a high unmet need for family planning among women aged 45-49 (16%) and among women aged 15-19 (22%) (MDHS 2015-2016). The acute SRH needs among young women are a real threat to their SRH well being and often result in early and unwanted pregnancies. The highest unmet need for contraceptives is in the southern region estimated at 20.3% compared to 16% in the central region where barriers such as lack of access to services play a role. Among the barriers are cultural and social pressures on women, but in Malawi, maternal health, family planning, pregnancy and childbirth, including child care, have been long considered women's domain. Women's traditional role in society and overall lower socio-economic status, as well as financial barriers, is the main barrier to improve their SRH and exercise their SRR.

For many years, maternal health care service always focused solely on women as primary clients because they are the ones who get pregnant, suffer from complications during pregnancy, childbirth and abortion. In 2004, the first male engagement intervention in maternal health was initiated in Mwanza district by Ministry of Health in under the 'Male Champion Initiative'.

Subsequent male involvement interventions have been rolled out since in different parts of the country. Although these interventions have shown that male involvement can positively impact reproductive health, they have most often been small-scale and not made sustainable. Consequently, male involvement in maternal and reproductive health remains low.

In Malawi, reproductive health products and services focused on men and boys as end-users include male condoms, lubricants, vasectomy and Voluntary Male Medical Circumcision (VMMC). Traditionally issues concerning reproductive health have been viewed as a woman's issue. This has often led to men and boys having limited information them. Traditional roles for men in SRHR issues has been limited to their role as decision-makers regarding family planning decisions. Traditional male norms based around male virility, which put pressure on men to father a high number of children to prove that they are real men, has had serious impact on Malawi's population growth. This compounded by the limited role that women and girls are given to make decisions on childbirth and family planning is contributing Malawi's rapid population growth (2.69%), with a fertility rate of 4.4 live births per woman (MDHS 2015-16). Moreover, misconception about male sexuality continue to limit men's uptake of SRHR services. Consequently, male condoms as a form of protection against STIs, is undermined by misconceptions such as sex without a condom is sweeter and fears of losing one's erection or becoming sexually weak.



## INTRODUCTION



Sit in a circle with the group. Everyone should be at the same level, including the facilitator.



Thank everyone from coming.



Explain what we are going on to discuss today, but will start with a game.

## ICEBREAKER: MIME THE LIE

**AIMS:** Shows that what people say they are doing is not necessarily what they are doing!

**DESCRIPTION:** Each person in turn mimes an action and, when asked, says they are doing something else. The next person has to mime what the previous person said they were doing.

**TIME:** 30 minutes

## STEPS:

1. Stand in a circle. Go into the middle of the circle and mime an action, such as sleeping. Ask the person who was next to you in the circle to ask you aloud “what are you doing”. You reply by saying out loud, for example, “I am digging the ground!”. Everyone will laugh! Next, ask the person who asked you now to enter the circle instead of you and to mime what you said you were doing.
2. Then their neighbour asks what they are doing and that person also says something different, and so the game continues, until everyone in the circle has had go at doing one thing and saying they are doing something else.
3. Ask the group: What does this game have to do with sexual and reproductive health?





# UNDERSTANDING CONTRACEPTION

## EXERCISE 1

**AIMS:**

To provide information on contraceptive methods and discuss male involvement in contraceptive.

**DISCUSSION:** Group debate

**MATERIALS:** Paper, pens or pencils, samples of contraceptive methods and/or drawings of methods.

**AUDIENCE:** Single sex session (if the session is being done with women and men, change the phrasing of the questions to suit the group)

**TIME:** One hour



## ADVANCE PREPARATION



Review the activity and be sure you understand the content, teaching and methodology, and timing.



If available, bring samples of different contraceptive methods to the session. In the discussion, talk about the advantages and disadvantages of each methods, cultural and personal beliefs about each and which methods are easiest and most difficult to obtain and use.



It is highly recommended to have a medical professional attend this session, as men and young men, may have additional questions.







## STEPS:

1. Divide the participants into four groups.
2. Distribute the birth control samples or drawing of birth control methods according to the following list:
  - Group 1:** Abstinence
  - Group 2:** Hormonal contraceptives (includes pills, patches, and shots)
  - Group 3:** Barriers methods (includes male and female condoms and
  - Group 4:** Intrauterine contraception and implants (rods) (includes diaphragms) intrauterine devices)
3. Give each group a card about common contraceptive methods. Ask them to read it for a few minutes and make sure they understand and agree with what it says. Then ask each small group to nominate one volunteer who is good at arguing who is going to represent the method.
4. Ask the participants to image that the four contraceptives are in a taxi travelling a long way. The first thing they will be asked to do is to introduce themselves to each other. Ask each contraceptive in turn to explain to everyone what they are, how they are used and how they work.
  - a) Why they are good for preventing sexual transmitted infections (STI's)?
  - b) Why they are easiest to use?
5. Explain that you want each contraceptive to convince the driver about why they are good (and better than the others) for preventing pregnancy. After each has made their statement everyone watching has one vote to give the contraceptive they think did the best job.
6. Now explain each will have a chance to explain why they are best for preventing STIs, and then there is another vote. Finally why each is the easiest to use. Then there is another vote. The three contraceptives with the highest votes get to stay in the car.



7. Now explain each will have a chance to explain why they are best for preventing STIs, and then there is another vote. Finally why each is the easiest to use. Then there is another vote. The three contraceptives with the highest votes get to stay in the car.
8. Now explain they can continue on their trip. But suddenly you hear the car is also breaking down and there is only a bicycle for one contraceptive to travel on. In order to decide which one it should be you want them to argue:
  - a) Which is the easiest to get access to?
  - b) Which is the easiest to solve problems that arise if there is a mistake in how they are used?
  - c) Which is the best all round for contraception and STI prevention?
9. Again, ask each contraceptive in turn to argue for their place on the bicycle and have a vote after each round. The final vote will tell you who gets on the bicycle and you can give a chocolate bar or sweet to the winner.
10. Ask the group did they learn anything new about contraception from this?

### DISCUSSION QUESTIONS

-  In real life, who tends to think about birth control more (men or women)? Why do you think this is?
-  Where you men and young men get information about sex and birth control? Is this information usually reliable?? Are there any other sources of information?
-  When do men talk about birth control, if at all? In a relationship? When they are just starting to have a relationship?
-  Which methods do men and young men have the most access to? The least access? What are the most commonly used methods among men in your community?



Why is it important for men to be informed and supportive of the choice their partners make when it comes to their own birth control?



How can men take on shared responsibility, with the consent of their partner, when it comes to birth control?



Sit in a circle together. Thank everyone again for coming to this session.



Ask each person to say one new thing which they have learn about contraception this session.



Ask all the participants to think of a happy traditional song/dance and to incorporate the things they have learned throughout the session. Get everyone to sing the new song together to close the session.

**GROUP 1: ABSTINENCE**

Not having sexual contact of any kind, including oral, anal, or vaginal sex. Abstinence is the most reliable way to prevent pregnancy and HIV/STI infection.

**GROUP 2: HORMONAL METHODS – INCLUDES COMBINED ORAL CONTRACEPTIVE PILLS, CONTRACEPTIVE PATCHES, AND INJECTIONS (“SHOTS”)**

**COMBINED ORAL CONTRACEPTIVE PILL:** Also called “the pill,” oral contraception is a hormonal method of birth control that is taken every day. It uses two hormones – estrogen and progestin – to keep the ovaries from releasing an egg. It also causes changes in the uterus and cervix to keep sperm from joining with the egg. Oral contraception does not protect against HIV/ STIs.

**CONTRACEPTIVE PATCH:** The patch uses the hormones in the birth control pill but sends them through your skin into your blood. It works to stop the ovaries from releasing an egg. It also causes changes in the uterus and cervix to keep sperm from joining with the egg. The patch does not protect against HIV/STIs. The patch works on a four-week cycle. A new patch is put on each week for three weeks (being thrown out after that week). During the fourth week, no patch is worn, during which a woman has her period.

**INJECTION:** The shot (taken every three months) uses the hormone progestin to stop an egg from being released. It also causes changes in the cervix to stop sperm from joining with the egg. The shot does not protect against HIV/STIs.

**GROUP 3: BARRIER METHODS – INCLUDES DIAPHRAGMS OR CERVICAL CAPS, MALE CONDOMS, FEMALE CONDOMS, AND SPERMICIDES**

A condom acts as a barrier to keep blood, semen, and vaginal fluids from passing from one person to the other during sex. These fluids can carry HIV/STIs. If no condom is used, the infection can pass from the infected partner to the uninfected partner.

**MALE CONDOMS:** Male latex condoms (or polyurethane condoms, for those allergic to latex) decrease the risk of HIV/STI transmission. They are designed to keep semen from joining with the egg. Condoms can also be made of animal membranes, but these are not recommended for preventing HIV/STIs.

Using a condom with another reliable form of birth control – also known as the “dual method” – is the second-best protection from unplanned pregnancy and STIs (abstinence being the first). It is much better than using one method alone

**FEMALE CONDOM:** The female condom is a thin pouch that goes inside the vagina. Worn by the woman, the female condom forms a barrier to keep sperm from joining the egg. It also helps protect against HIV/STIs. The female condom is packaged with a lubricant and is available at drug stores. It can be inserted up to eight hours before sexual intercourse.

**DIAPHRAGM:** A diaphragm is a round latex or silicone cup that goes inside the vagina. It prevents sperm from joining the egg by covering the cervix (the opening to the uterus). To be most effective, the diaphragm should be inserted every time someone have sex and used with a spermicide, a gel or cream that kills sperm. Diaphragms do not prevent HIV/STIs. .



**GROUP 4: INTRAUTERINE CONTRACEPTION AND IMPLANTABLE RODS (INCLUDES T INTRAUTERINE DEVICE)**

**INTRAUTERINE DEVICE (IUD):** The intrauterine device (IUD) is a small, T-shaped device that is put into and left inside the uterus. Depending on the type of IUD, it can last many years. There are two types of IUDs. One type uses the hormone progestin to prevent pregnancy; it can also be called by its brand names, the Skyla (lasts three years), the Liletta (lasts three years), and the Mirena (lasts five years). The second type, called ParaGard, has copper in it (which sperm don't like) and lasts 10 years. Both methods work to stop sperm from reaching the egg. The ParaGard can also act as a form of emergency contraception. IUDs do not protect against HIV/STIs.

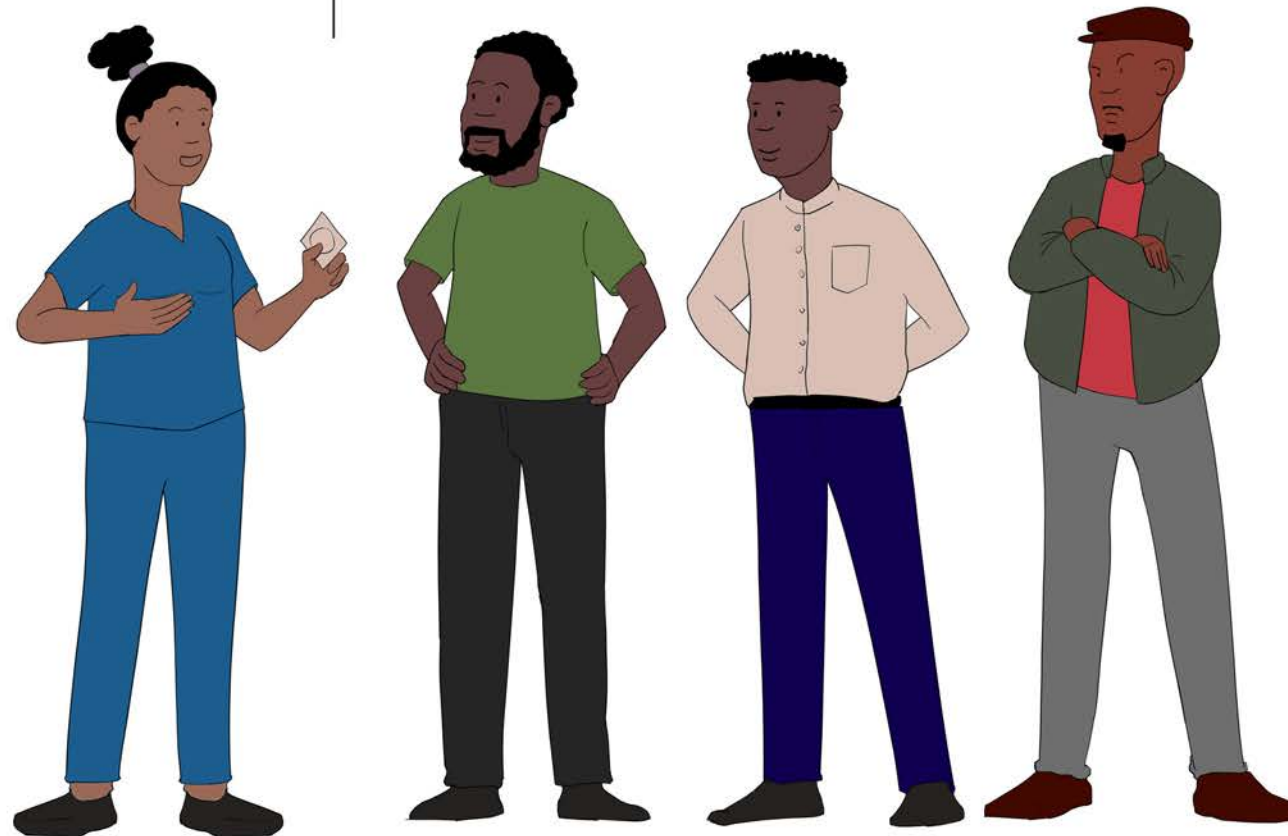
**IMPLANTABLE ROD:** The implant is a small plastic rod about the size of a matchstick that is placed under the skin of the upper arm. It is also called by its brand name, Nexplanon. It uses the hormone progestin to cause changes in the cervix that can stop sperm from joining with the egg. It may also stop the ovaries from releasing eggs. The implant is a long-acting form of birth control because it can be left in the body for up to three years. The implant does not protect against HIV/STIs.

**SPERMICIDE:** Spermicide is a contraceptive substance that destroys sperm, inserted vaginally prior to intercourse to prevent pregnancy. Usually, spermicides are combined with contraceptive barrier methods such as diaphragms and condoms.

# ALL ABOUT CONDOMS

## EXERCISE 2

**AIMS:** To empower participants to use a condom correctly, to know where to obtain condoms and to negotiate the use of condoms with a partner.





## 2.1 LEARNING ABOUT CONDOMS






**AIMS:** To discuss myths about condoms and provide basic information about correct condom use

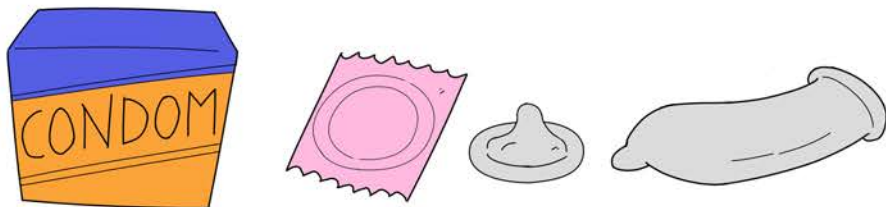
**DESCRIPTION:** Group discussion and role play

**TIME:** Two hours

**AUDIENCE:** Single sex session

### MATERIALS:


-  Small pieces of paper
-  Pens/pencils
-  Penis model/banana
-  Male and female condoms
-  Health personal (Nurse), including Resource Sheet (Myths and Truths About Condoms) and Resource Sheet (Male and Female Condoms)



### THE FOLLOWING STATEMENTS WRITTEN ON A SEPARATE PIECE OF PAPER (ONE PAPER PER STATEMENT):

1. Talk about condom use.
2. Buy or get condoms.
3. Store condoms in a cool, dry place.
4. Check the expiration date.
5. The man has an erection.
6. Establish consent and readiness for sex.
7. Open the condom package.
8. Unroll the condom slightly to make sure it faces the correct direction over the penis.
9. Place the condom on the tip of the penis. Hint: If the condom is initially placed on the penis backwards, do not turn the condom around; throw it away and start with a new one.
10. Squeeze the air out of the tip of the condom but still leave a bit of room.
11. Roll the condom onto the bade of the penis as you hold the tip of the condom.
12. The man insert his penis for intercourse.
13. The man ejaculates.
14. After ejaculation, hold the condom at the base of the penis while still erect. The man removes his penis from partner carefully.
15. Take the condom off and tie it to prevent spills.
16. Wrap the condom in an old newspaper or toilet paper until you can throw it way in a dustbin or pit latrine.

### ADVANCE PREPARATION





-  It is highly recommended to have a medical professional attend this session, as men and young men, may have additional question

## STEPS:

### PART 1 — Myths and Truths About Condoms (One hour)

1. Ask the participant to write one statement (or phrase or idea) that comes to mind about condoms on each card.
2. Ask each participant to put his paper(s) in the box or basket, which should be placed in the front of the group. Then, ask each participant to come forward, take a piece of paper from the box, read its statement out loud, and say if the statement is a myth or a truth.
3. As statements are being read, use the public health expert to complement or correct the information given by each participant. Where the expert is not present use Resource Sheet 1 and 2. It is important to highlight the importance of female condoms as an alternative to pregnancy and STI/HIV prevention.
4. Give the participants an opportunity to touch the male and female condoms. Reinforce the importance of correct AND consistent condom use during sexual intercourse.
5. Using the following questions to enhance the discussion;

### DISCUSSION QUESTIONS

- 
- Are condoms easily available in the community? Why or why not?
- 
- What are the reasons that lead men, including those who know the importance of using condoms, to not use them?
- 
- What do you think about the female condom? Do you think men would be interested in using it? Why or why not?
- 
- How can you help to dispel some of the myths among men and in the community about condom use?



How can you support the use of condoms in your community?




### PART 2 — Correct Condom Use (One hour)

1. Divide the participants into two groups. Give each of the groups a male and female condom. Ask the participant to check the condom is not past its expiration date. Then ask them to open the male condom packet first and take it out correctly. Ask the Health Expert to demonstrate this.
2. Encourage the participants to stretch and play with the condoms.
3. Divide the participants into pairs. Ask one member of each pair to wear the male condom as a glove. (Tell them to beware of sharp fingernails!). Next, tell them to close their eyes and to ask the partner to touch their fist with a finger. Ask the participants wearing the condoms these questions:
  - a) Can you feel the other person's finger touching you?
  - b) How much can you feel through the condom?
  - c) How thick do you think the condom is now?
4. Have the participants stretch the condom as much as they can without breaking it. Ask if they can pull it over their arms or feet or blow it up. Let them try this. Ask the participants the following questions?
  - a) How long did the condom get?
  - b) How wide did it get?
  - c) What happened to the condom when it was stretched? Did it break?
5. Ask the participants to sum up what they have learned from playing with the condoms. Emphasise two key points: The condom is extremely strong and yet sensitive to touch. This makes it a good form of protection from unplanned pregnancy and STIs (including HIV) without taking away the pleasure of sex.



6. Explain that you now want to talk about the correct steps in using condoms. Randomly distribute the “Condom Use Step” cards. Then ask the participants to stand up and arrange themselves in the correct order of steps. Discuss these questions:
- a) What was challenging about this activity?
  - b) Were you unsure of the order of any steps? Why? Could some of these steps have gone in more than one place? Could some of these steps be switched?
  - c) Do you think most people who use condoms follow these steps? Why or why not?
7. Give the participants new condoms and ask them to try putting it on the penis model themselves. If you have time after the participants have finished, ask for a volunteer to demonstrate the correct use of a condom on the penis model/banana. Once the volunteer is done, ask the participants to comment on whether or not the demonstrate was done correctly.



-  Sit in a circle together. Thank everyone again for coming to this session.
-  Ask each person to say one thing which they have learnt from this session and one thing they will share with someone.
-  Remind the participants that condoms should always be stored in a cool, dry place. Using a water-based lubricant will decrease the chance of the condom breaking and may make intercourse more pleasurable. Oil-based lubricants like Vaseline, cream or oils will cause the condom to break and should never be used.

## 2.2 TALKING ABOUT USING CONDOMS

**AIMS:** To help participants understand the challenges of talking to partners about sex and to build skills related to communication about condom use.


**DESCRIPTION:** Group discussion, demonstration and role play.


**MATERIALS:** Flipchart and markers.

**AUDIENCE:** Mixed group session.

**TIME:** One hour

### FACILITATOR'S NOTES

 Sometimes participants are unwilling or reluctant to participate in role play. In order to address this is helpful for you to play one character and allow the participants to play the other.

 It is highly recommended to have a medical professional attend this session, as men and young men, may have additional questions.











### STEPS:

1. Ask them them to brainstorm all of the things that a man might say when he does not want to use a condom. Write them on flipchart paper.
2. Divide the participants into groups of three to four people each. Explain that there are three roles in each group:
  - a) Person A is the man who does not want to use condoms.
  - b) Person B is his sexual partner.
  - c) Person C is an observer.
3. Explain that person A in each group will use one of the statements on the list and that person B, the partner, want to use a condom, and will have to try to respond to the statement person A makes.
4. Tell the people playing people playing the man who does not want to use condoms and those playing his sexual partner to continue their argument. Person C should listen closely to the conversation and note the arguments being used for and against condoms. When they have finished, ask the persons of each group to switch roles and try another statement from the list. Let the groups know what they have about 15 minutes for this.
5. Once the role plays are completed, use the following questions to facilitate a discussion.





## DISCUSSION QUESTIONS

-  When you were person C, what did you note about the arguments being used against condoms?
-  What were the best arguments used for condoms?
-  What did it feel like to be the person (B) who want to use a condom and has to persuade their partner (A)?
-  What did it feel like to be the person (A) who did not want to use a condom?
-  If a couple decides to have sex, what are the advantages and disadvantages of using a condom?
-  When should a couple discuss condoms?
-  What if a woman does not want to use a condom?
-  What if the woman ask her partners to use a condom and he doe snot have one? What should he do?
-  Who should suggest condom use? What would you think about a woman who carried a condom with her?
-  What are the ways to overcome these difficulties in discussion condom use with a partner?



Sit in a circle together. Thank everyone again for coming to this session.



Ask each person to say one thing which they have learnt from this session and one thing they will share with someone.

# FATHERHOOD

## EXERCISE 3

### 3.1 GENDER ROLES: DIVISION OF LABOUR AND CHILDCARE IN THE HOME

**AIMS:** To examine routine household duties and the gender stereotypes often associated with them, as well as the benefits of men sharing responsibility in the home.

**DESCRIPTION:** Group discussion

**MATERIALS:** Flipchart, markers, paper, pencils and pens.

**AUDIENCE:** Mixed sex session

**TIME:** 45 minutes











## STEPS:



1. Divide the participants into groups of four people each. Ask the participants to make typical household duties that take place on a regular basis. To assist, ask them to think about what needs to be done in a household from waking up until going to sleep. List all of the activities on a flipchart, numbering each activity.
2. Distribute blank sheets of paper to the group. Ask the participants to look at the activities on the list and identify if they are usually done in their own households by a woman, man or equally both. The participant can simply write :woman", :man" or "both" next to the corresponding number on their sheet.
3. Ask the participant to tally the number of activities that women, men and both sexes normally do. Ask them to share their results and list the totals on a new flipchart.
4. Bring everyone back into the circle and using the following questions to facilitate a discussion;

## DISCUSSION QUESTIONS

-  Did the tally of activities done by women and men in the household surprise you? Why or why not?
-  Was there a lot of variation among participants? Why do you think that is?
-  What factors contribute to men not participating in childcare?



-  Do you think the division of labour between men and women in the home is changing or remaining the same? Why?
-  What are some of the benefits that come from men playing an active role in household duties?
-  What can be done to promote more equitable distribution of labour in households?

-  What have you learned from this activity?
-  Have you learned anything that could be applied to your own life and relationship?

## 3.2 THINKING ABOUT FATHERHOOD

**AIMS:** To discuss values and opinions about the role of a father.

**DESCRIPTION:** Group discussion

**TIME:** One hour

**AUDIENCE:** Single sex session

### ADVANCE PREPARATION

Prior to the session write the following questions on a piece of flipchart paper. Ourselves and our fathers:

- a) What is your age?
- b) Who raised you?
- c) How many children were in the family?
- d) How would you describe yourself as a boy?
- e) What kind of parent was your father?
- f) What did you learn from father about being a parent?
- g) How would you like to be a different kind of parent from your father?

### STEPS:

1. Put up the prepared flincher on "Ourselves and Our Fathers". Ask participants to take a few minutes to answer these questions themselves. Explain that they can make notes if they wish.



2. Ask participants to form groups of three people. Explain that each person has six minutes to discuss their answers with their two partners. Ask the partners to simply listen and not to interrupt. Tell the participant that you will keep time so that everyone has the same time to speak. Explain that you will clap your hands when its time for the next person so share his answers.
3. When each group of three has finished, bring everyone back together. Lead a general discussion using the questions below;

### DISCUSSION QUESTIONS



What are challenges of being a father? How can these challenges be addressed?



What is the positive side of being a father? What are the benefits of being a father?



What are the benefits for a child who has a father active in his or her life?



What are the benefits of a man having a good relationship with the mother of his child?



What do men need to become better fathers?



Are there positive roles models of father in your community?



What can be learned from them?



Sit in a circle together. Thank everyone again for coming to this session.



Ask each person to say one thing which they have learn from this session and one thing they will share with someone.



Ask all the participants to think of a happy traditional song/dance, which they would like to sing together to close the session.





Embassy of Iceland  
Lilongwe