

Developing group work related to HIV/AIDS/STDs

Working with groups is often a good approach as this allows people to explore issues together and learn from each other. Groups need a facilitator to help them come together, focus on important issues, communicate effectively and to provide some information. However, most of the learning experience comes from the interaction and discussion between group members.

In working with adults or youth we need to remember that:

- Information provision alone does little to help people change behaviour.
- We need to work with people rather than talk at them.
- People already have their own values, knowledge, ideas and experience. We should work with these, not against them.
- We need communication methods to engage people actively in their own exploration and learning, building on what they already know.

LISTENING SURVEY

Before starting group work, it may be a good idea to undertake a listening survey to find out what people's main concerns are about a given problem or situation. How do they deal with it or what prevents them from coping? This means spending time informally with people as they go about their daily business, e.g., in pubs or at the bus stop, work, marketplace.

QUALITIES AND APPROACHES OF FACILITATORS

Facilitators should:

- Be friendly, welcoming and communicate well.
- Be aware of their own values, beliefs and ideas and not allow their personal likes and dislikes to influence the group.
- Accept without judgement values, beliefs and ideas which differ from their own.
- Be aware of and honest about the limits of their knowledge and skill.
- Be sensitive to the needs of different group members.
- Use appropriate language, dress suitably and act in culturally sensitive and appropriate ways.
- Help even the shyest members to participate actively and prevent stronger group members from dominating.
- Help group members explore issues and discuss problems and solutions rather than "give them the answers".
- Be confident enough to accept criticism and change methods that do not work well; be flexible and adaptable.
- Avoid giving sensitive information learned during group discussions to others.

PREPARING FOR GROUP WORK

- Be clear about the objectives of the work.
- Establish an appropriate group, taking into account: the objectives; the group's membership, size, availability; resources needed; venue; time; length and frequency of sessions.
- It helps to offer refreshments.

CONDUCTING A LISTENING SURVEY

Time needed
at least half a day.

Objective
e.g., to assess current awareness and understanding of HIV/AIDS, attitudes to sexual practices and behaviour.

Activities and orientation

- » Work with a colleague if possible but pretend you do not know each other.
- » Start a discussion on AIDS by making a comment that provokes a reaction.
- » Listen carefully to what people say; show interest but keep silent where necessary.
- » Do not judge, criticize, interrupt or argue.
- » Keep discussion going through appropriate encouragement, e.g., nodding, smiling, verbal encouragement.
- » Try to isolate the main problem, finding out people's main concerns; encourage debate.
- » Show warmth, support, understanding.
- » Be patient, take time.

Afterwards: record the main comments, feelings, views and ideas expressed. Highlight the problems people mention and solutions they identify, taking note of what issues aroused the most emotions, debate and concern.

- Make sure the venue is quiet and free from interruption; it should be comfortable, feel safe to the participants and be easy to reach.
- Remember that the group may include people living with hiv/aids or who have relatives and/or friends already infected or who have died of aids.

ORIENTATING A GROUP

You need to help people feel both relaxed and involved:

- Acknowledge that you are going to focus on sensitive issues; seek permission from the group to do this.
- Encourage everyone to respect each other; say that different views are welcome and should not be ridiculed.
- Seek agreement from all participants that anything personal said in the group will remain confidential.
- Acknowledge that people may feel shy at the start: introduce a warm-up exercise.

SELECTING ACTIVITIES

Many different activities can be undertaken; only a few are described in the other cards of this resource pack. Activities should be selected on the basis of:

- Appropriateness to the objectives of the group meeting (although many activities can be adapted to meet a wide range of objectives)
- Sensitivity to the skills of the group (e.g., avoid written exercises if group members may be illiterate)
- Awareness of how sensitive a topic is for a given group; highly sensitive topics may require less threatening activities that do not involve direct personal disclosure
- The nature of the group: is it mixed male and female; do people already know each other or are they related; will they see each other outside the group; how old are they; how homogeneous or diverse are the members; what is their level of education; what is their culture like; what are the conditions of their daily lives?

EVALUATION

Activities should be evaluated so they can be repeated or improved another time. Simple evaluation methods are shown at the right.

FOLLOW-UP

The ideal is to be able to organize a series of group meetings over a period of time. This allows people to reflect on things they have learned, explore new ideas and actions, and gain feedback, reinforcement and further help with new problems that arise.

Often only one meeting may be possible, perhaps only a one-day workshop. However, you may be able to help people obtain further information and support by providing factual leaflets, for example, or recommending agencies that provide information, counselling, spiritual support, practical help, medical treatment or other services.

acknowledgement : Some of the above material draws on S. Laver, *Communicating about aids*, Zimbabwe aids Network and unicef, Harare, 1993.

WARM-UP EXERCISES

» Ask people to tell their expectations of the activity you will be doing, what they most want to gain from participating. Afterwards, ask how far their expectations were met.

» Paired introductions: each person talks for a few minutes with another group member; then each introduces their partner to the group.

» Form a circle and have people throw a ball (or other object) to each other, calling out their name as they do so. When everyone has called their name two or three times, ask them to throw the ball to each other naming the person to whom they are throwing it.

» Ask each person to say (or write) one word that describes how they feel at that moment. You could also ask people to say one word on their feelings at the end of the group session and see how their feelings have changed.

» Organize a fun session early on, e.g., brainstorming words for sex and sexuality.

» Ask everyone to write down or say one short phrase summing up their feelings about the activity.

» Ask everyone to note down:

- what they found most useful/interesting
- what they liked least
- what they would like to explore further.

» Ask everyone how far the activity met their expectations and why (or why not). Ask them to suggest ways to improve the activity.

Recognizing stereotypes and stigmatization

HIV/AIDS and STDs are associated with many stereotypes. These stereotypes and related stigmatization affect programmes negatively and can lead to discrimination. For example, because of stereotypes people:

» **don't believe that HIV/STDs will affect them because they don't consider themselves "promiscuous"**

» **are unwilling to seek information about AIDS because they fear others will suspect them of bad behaviour**

» **refuse to associate with people living with HIV/AIDS because they are seen as dangerous**

» **become unwilling to be tested for fear of discrimination.**

Existing information, education and communication (IEC) materials can be used to help people recognize such stereotypes as well as implicit (unspoken) messages concerning social roles which are conveyed by images and texts. Often, these messages are ambiguous and/or conflict with the intentions of the materials producers. This goes unnoticed, however, because they are based on ideas which seem so "natural" that we tend not to question them.

MATERIALS EXERCISE

This exercise can be used in groups of up to about 25 persons.

1. *Collect samples of IEC materials and, if necessary, reproduce them*
 - You can use posters, brochure covers and drawings and advertisements in newspapers and magazines. If you don't have many samples, request these from National AIDS Programmes, an agency offices, documentation centres and NGO collections.
 - Most of the samples should show negative stereotypes but a few could be positive examples.
 - If you work with original materials, cover them with plastic if possible so that they are not damaged easily.
 - If you have access to a photocopying machine and sufficient funds, make copies of the samples to hand out to group members. If this is not possible, posters can be held up in front of the group and smaller materials can be passed around. Another, more expensive, option is to make slides of the materials for projection.

2. *Explain the concepts of gender and stereotypes*

Gender: refers to widely-shared ideas and expectations (norms) about women and men. The ideas include our beliefs about "typically" feminine and masculine abilities and characteristics (how women and men should look and dress). The expectations are what we think about how women and men should behave. These ideas and expectations determine the status, economic and political power and roles granted to women and men in society. Gender analysis allows us to describe and explain how ideas about, and expectations of, women and men create inequalities between them. Understanding how differences in power lead to women's subordination to men enables us to see why women have fewer possibilities of taking control of their lives in relation to HIV/AIDS and STDs.

A stereotype: is an idea not necessarily based on fact. It reflects subjective opinions about things and people and often associates bad characteristics with a category of people. Examples of stereotypes include: AIDS is a "homosexuals'", a "prostitutes'" or "women's" disease; AIDS only affects those with loose morals (it's their own fault if they get infected); AIDS is a Western disease; sex workers are the ones responsible for spreading the virus.

3. *Discuss the sample materials to identify stereotypes*

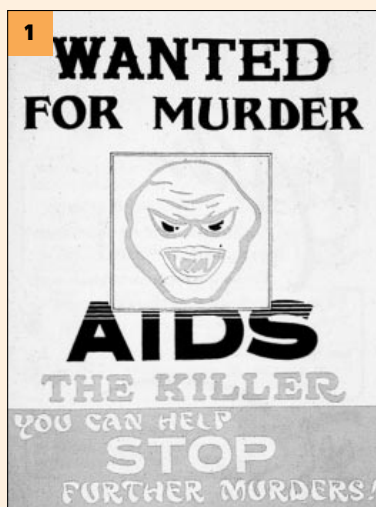
Ask the group to look at each piece of material presented to identify:

- the main message it is putting across (sometimes the message is unclear)
- the behaviour it wants to promote
- ideas concerning the category of people shown in the image.

If they have trouble getting started, a few questions can help stimulate discussion.

4. *Brainstorm on presenting more appropriate messages and images*

- Once the stereotypes and negative aspects of social norms/roles have been identified, ask the group to suggest more appropriate messages and images.
- If the participants will meet again, ask them to think up gender-sensitive slogans and prepare ideas for pictures to be drawn during their next session. Eventually, these ideas can be used to help design materials for community members' own campaigns.



EXAMPLES



1. **A BROCHURE COVER**
 - What is the main message here?
 - What does it say about people with AIDS?
 - Did those who made this brochure realize people living with AIDS will also see it?
 - Does this message encourage solidarity?
2. **POSTER**
 - What is the message?
 - What does this say about expectations concerning male behaviour?
3. **PAGE FROM A COLOURING BOOK**
 - What is the main message here?
 - Who is held responsible for infidelity?
 - What does this say concerning violence against women?
 - What does this say about "good" and "bad" women?
 - What does this say about women accepting male violence?
4. **POSTER**
 - What is the main message here?
 - What behaviour is being promoted?
 - Who is held responsible for HIV transmission?
5. **BROCHURE ILLUSTRATION**
 - What idea is presented here?
 - Does this present a realistic picture of family life?
 - What prevents men from sharing in household tasks and care activities?
 - How can men be encouraged to act like the man in the picture?

note: The materials used to demonstrate this exercise are not intended to indicate disapproval of the work done by the organizations that produced them.

Discussing sensitive issues regarding relationships

To change risky behaviours and promote healthy ones in relation to hiv/stds, we must recognize the norms (expectations) and values underlying the practices in question. When we become conscious of the norms society – and we ourselves – have regarding those behaviours, we can

try to create an environment supportive of healthy behaviours. Small-group discussions can explore sensitive norms and values connected with gender and sexuality.

GROUP COMPOSITION

- An ideal size for groups undertaking this exercise is 5-10 members.
- If the participants have never talked about such issues in groups before, it is best if everyone in the group is of the same sex.
- Also consider if the group should consist of persons with the same background characteristics such as age, education and/or occupation.
- Once participants have gained confidence and feel comfortable with the subject matter, “mixed” groups – including both women and men or girls and boys – can be proposed so that participants can debate their views and exchange experiences.

SAMPLE “SENSITIVE ISSUES” TOPICS

Male and female social roles

The meanings given in society to the categories “man” and “woman” lead people to have certain expectations regarding the characteristics, abilities and behaviours of men and women, boys and girls. These expectations define the social and sexual roles thought to be “proper” or “natural” for men and women.

In most societies, men play an active role in public and sexual life and women are expected to play a passive one. Such norms generally mean that women have a lower status and less power in relationships. As a consequence, they are less able to make independent decisions about their own lives.

Usually, our expectations regarding male and female social roles are “implicit”, accepted but not talked about openly. To change norms which put women at a disadvantage, the norms must become explicit, with people consciously naming and discussing them. Only then can ways of changing these expectations be addressed.

- To discuss male and female social roles, start by asking the participants what they consider “typical” feminine and masculine traits and why this is so.
- Alternatively, statements such as those shown at the right could be used to identify common expectations of women and men:
 - The statements can be read aloud in any order.
 - Ask participants to say whether they agree or disagree with them, explaining why or why not.
 - Then discuss the effect these norms have in relation to hiv/aids and stds.

» **Men demonstrate their masculinity through their physical strength and the number of sexual partners they have.**

» **Men do not need tenderness and are less sensitive than women.**

» **Women should be virgins when they marry.**

» **Men need to be sexually experienced when they get married.**

» **Women have weaker sexual needs and desires than men.**

» **Women should not get access to the female condom because it will only encourage them to have sexual relations more freely.**

» **Sex is most enjoyable for both partners when each respects the other’s needs.**

» **Sex without intercourse is not “real sex”.**

» **Sex with condoms is like taking a shower with a raincoat on (or eating a sweet with the wrapper on).**

» **Condom use is a sign of caring and not of distrust.**

» **Women are obliged to fulfil men’s sexual needs (especially if they are married).**

» **A woman without children is unfulfilled and not fully adult.**

» **Men are just as able to take care of sick family members as women are.**

» **It’s a woman’s role to care for sick children.**

» **Widows need male family members to take care of their interests.**



WHO's Global Programme on AIDS reviewed 19 studies on the effects of sex education in schools. None of these studies showed that sex education led to earlier or more sexual activity among the students participating in the courses. On the contrary, six studies showed that sex education led to a delay in beginning sexual activity or a decrease in sexual encounters, while 10 studies showed the already sexually-active youth more often adopted safer practices.



Learning about sex

Sex education, especially for young people, is a sensitive subject. Many people want schools and NGOs to offer it within the context of a broader curriculum. Some people think that talking about sex with youth will only encourage them to experiment and begin having sex at an early age. They point to norms which say, for example, that sex should only take place within marriage. Others say that if we do not give young women and men information about how to protect themselves, they may become infected with HIV or an STD and then die at an early age or become unable to have children.

- Focus the discussion on participants' views of the best course of action to take.
- To start, ask the participants to list the sources from which they learned something about sex and relationships; examples include: parents, family members, schools, religious bodies, schoolmates, friends, books, newspapers, films, television, music and advertising.
- Ask what they learned from each of the sources identified and whether the messages gave them a positive or negative view of sex.
- The facilitator can write the answers down on a large piece of paper or blackboard to help focus the discussion.

Then the questions shown at the right can be debated.

If the participants are members of an organized group, the discussion can conclude with the suggestion that they make a plan for using some of the information sources to provide sex education to their children or community members. For example, they may decide to ask for training of parents in talking to their children about sex, suggest talking with teachers about including sex education in the school curriculum or ask a local music group to compose some songs giving positive messages about relationships and safer sex.



- » **What sexual options (heterosexuality, homosexuality and bisexuality) did the participants learn about? What messages were given about these options?**
- » **What differences are there in the sources of information used by girls and boys, women and men?**
- » **How believable and trustworthy did (do) the participants consider the various sources of information and why?**
- » **Did they ever learn information they later found to be untrue? How did this affect them?**
- » **How much influence did the positive messages have on their behaviour?**
- » **How much influence did the negative messages have on their behaviour?**
- » **What information was the most valuable in their own personal lives?**
- » **Should certain types of information regarding sex be taught by one source rather than another? Why?**
- » **What are the consequences of ignorance about sex for young women and men (e.g., unwanted pregnancy and having to leave school, STD infections)?**
- » **What role can different sources of information play in offering sex education to different groups?**
- » **How can sex education contribute to preventing the spread of HIV and STDs?**

Decision-making in relationships between boys and girls

In role-plays, people pretend they are in a certain situation and act out how they think persons in that situation would behave. The role-plays shown in the boxes can be played by facilitators or teachers or, after instruction, participants.

NEGOTIATION ROLE-PLAY

Questions for discussion

- What worked out in the negotiation? Why?
- What would you do in the same situation?

Key points to address in the discussion

- *Negotiation involves making a mutual decision, i.e., going through a decision-making process together. The couple considered their different opinions together, without one simply deciding for both.*
- *Negotiation also involves each person being able to express herself or himself and each person listening to the other. Both need to be respectful, caring and willing to compromise.*

CONDOM NEGOTIATION ROLE-PLAY

Questions for discussion

- Is faithfulness (or trust or honesty) enough to protect people? Was the girl right in suggesting condoms?
- What worked well in resolving the problem?
- If the boy respected the girl's choice this time, is it fair to say that next time she should do as he wants, if he doesn't want to use condoms?

Key points to address

- *The couple took time to think about their opinions before having sex; they got advice from each other; they considered the consequences of their different options. They listened and respected one another: the boy agreed to the girl's wishes, but she also recognized his discomfort and tried to suggest ways they could make the option more appealing for both of them.*
- *Fairness is not simply a matter of alternating options when the consequences of the options differ greatly, e.g., "this time we'll risk some discomfort and next time we'll risk disease and pregnancy". This time the boy and girl concluded that the consequences of sex **without** condoms (e.g., pregnancy, hiv/stds) are much worse than the consequences of sex **with** condoms (e.g., adjusting to discomfort). The next time they want to have sex, they may go through the decision-making process again, but the great differences between these sets of consequences will not change. If the potential consequences are so great, and two individuals cannot reconcile themselves to the same option, they may want to reconsider whether they want to be sexually involved.*

NEGOTIATION SCENARIO

A girl goes to visit her boyfriend unexpectedly. She wants to talk; he wants to play basketball. After discussion, they plan to meet after his basketball to talk.

CONDOM NEGOTIATION SCENARIO

A boy and girl want to have sex. The girl suggests condoms, but the boy is against it. They discuss why it is not a matter of trust, but safety. The girl encourages her partner, saying that they can make it enjoyable through foreplay. The boy agrees to try it.

ABSTINENCE NEGOTIATION SCENARIO

A girl and boy have been involved for a few months. They have not yet had sex. He would like to but she is uncertain, saying that she needs to wait until she is sure. After some discussion, he agrees to wait.



Option A

They get into other topics of conversation and leave to meet friends (implying that they can still have a good time together as usual).

Option B

They leave to go have a drink. After a couple of beers, he tries to seduce her. Though feeling less confident, she says that beer should not make them change their minds and she suggests going to sit with friends.

ABSTINENCE NEGOTIATION ROLE-PLAY

Questions for discussion

- Is it all right for a girl to refuse sex with her boyfriend?
- Why did the boy agree? (For boys:) Would you agree? Why or why not? What should the couple do if they cannot agree?
- Do boys sometimes feel pressured to have sex before they are ready?
- Do boys prefer to marry a girl who is a virgin? Why? If so, why do they pressure some girls to have sex?
- Do girls think boys are always after sex and how do they feel about it?
- For option b: What should the couple do when, after alcohol or drug use, reasonable discussion becomes difficult?

Key points to address in discussion

- Each couple needs to discuss and decide what is “right” for their individual relationship, sexually or otherwise. There is no rule about when a sexual relationship should begin (you could ask: “What is the rule? Sex after one week? Or is it two months and three days? etc.”).
- Bring up the fact that boys also can be pressured into sex, especially due to role expectations. Boys are often expected to lose their virginity as soon as they get the chance, to want sex with a girl whenever they can get it, or to have sex with a willing girl even if the boy is committed in another relationship. People often think that boys do not have the same emotional attachment to sex that girls have, when in fact many boys do, and they may prefer to wait for sex with a girl they care for and trust.
- Discuss how it feels for girls being pressured into sex.
- Discuss the influence of alcohol and drugs on previously made agreements.

Using stories to explore gender, sexuality and sexual health

TARGET AUDIENCE: COMMUNITY-BASED ORGANIZATIONS

These are likely to include: associations of people living with hiv/aids (phiv), groups concerned with sexual and reproductive health, women's health, advocacy and rights groups,

religious and church-based groups with a social justice perspective, residents' associations and environmental action groups.

OBJECTIVES

Most people like listening to stories wherever they live, so stories are an entertaining and dynamic way to explore and challenge various conditions and relationships. In the context of hiv/std health promotion, the specific objectives of using stories are to:

- Promote awareness about sexual health and that it is important for everyone, including young and post-menopausal women.
- Explain that most women are at greater risk of hiv/std infection than most men and provide information about hiv/stds.
- Discover and discuss how women are caught up in a web made up of/by other people and their interests (husbands, fathers, lovers, bosses, landlords, religion, government, military, police) by focusing on male-female relationships.
- Encourage discussions of safer sex between couples and explore how community organizations can support this.
- Stimulate discussion, listening and drama skills.
- Link up with existing phiv associations and find ways to work together. These voices are important.

Working through the stories suggested here, each group or facilitator decides which of the objectives above will be the main focus. Sample discussion questions are listed at the end.

SITUATION STORIES: LISTENING AND ACTING OUT

The following two stories present different situations in which a young woman may be exposed to risk of hiv/std infection and violence. After the facilitator tells each story in her own words, small groups of 4 or 5

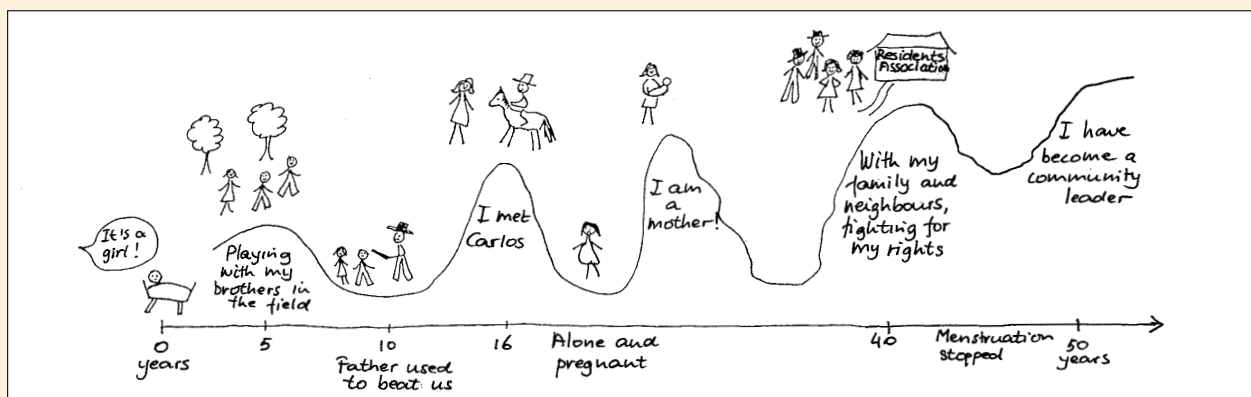
DRAWING A LIFELINE: MONDAY'S STORY

This is a woman-centred, self-discovery exercise.

Ask participants to reflect on the sexual life of an imaginary local woman (Monday) from birth to old age by drawing a line showing her different years of life.

Important events and influences can be shown by symbols and pictures, with happy ones above and sad ones below the line. The lifeline can be drawn on a board, paper or the ground with a stick (sample below).

When they are done, ask each person to tell another participant Monday's story according to the lifeline. Then the stories can be discussed in the larger group. Does anyone think her story is exceptional? Allow people to express their feelings about it. Then list Monday's health and other needs and discuss how these could be met.



participants could act them out. There will be different versions of the same basic stories, with different negotiations and endings. Participants may also introduce other characters (e.g., sisters or health workers) who may lend support and have other ideas.

ANGIE'S STORY

Angie is 15. She lives close to the border with her mother, grandmother and 5 younger sisters and brothers. Her father died four years ago and she has not been to school since. People say her mother should remarry but she doesn't want to. Angie works very hard, looking after the family and helping her mother farm and sell vegetables at the roadside. Sometimes, a man in a car will stop, buy something and tell her how lovely she would look if she had a nice dress and new shoes.

When it is time to plant, Angie's mother is not well and she cannot manage this, even with Angie's help. At church, they see their neighbours, most of whom are poor farmers. Some, like Mr Sam, are in business. Mr Sam promises to visit them. When he comes the children are excited because he brings drinks and biscuits. They talk about the farm and he says: "Maybe I can help you? I pay two men to help with my digging. I will ask one of them to come and see you when he is finished."

Angie's mother is grateful. Mr Sam says: "What are neighbours for, if they cannot help each other? I am sure there are things you can do for me." He puts his arm around Angie. "Such a pretty girl. And she works so hard here. I have an idea. What if Angie came to my house to help my wife? She'd get a new dress and some things to take home from the market. You'd like that, wouldn't you, Angie?" Mr Sam and Angie smile at one another. Angie's mother and grandmother look at both of them. When Mr Sam leaves, the three women discuss his offer.

JOAN AND EMMANUEL'S STORY

Emmanuel gained the respect of his community when he was arrested for organizing a protest over poor conditions in his workplace. People consider him a "real man" but for some time he has been beating his girlfriend, Joan, because she won't have sex with him. When he is drunk, he may also flirt with her sister. Joan, a student nurse, knows how HIV/STDs can be transmitted. Emmanuel travels and often spends nights away; she's sure he is not always alone. Joan has heard rumours that Emmanuel has HIV. She says she will have sex with him if he wears a condom; if not, maybe they could try other ways of feeling good together. Emmanuel is angry, saying that she doesn't love him any more and that using a condom means there is no trust and little pleasure. Joan disagrees. For her, safer sex means caring for the other person and finding new ways of giving pleasure to one another.

Discuss how stories with different decisions and endings have different consequences. Two groups with contrasting stories could act out their versions in front of the whole group. Discussions could focus not only on what risks of infection the women may encounter but also how these situations affect their rights.

Suggested questions and activities for group work

- Is it difficult to talk about or listen to these stories?
- Do you think it is important to talk about these things, even if it is difficult at first?
- What do you think are the health needs and risks for each person at particular points in the stories?
- Are there other needs?
- Are these needs catered for locally at present?
- How could a health or development worker help?
- What information, services and support do these stories show the participants, particularly the women, need?
- What activities can group members carry out using these stories - like discussing a lifeline or health risks with a sister or a cousin?
- How can the participants organize and campaign for changes that will make their lives safer?

note: similar stories could be used to promote discussion among men.

acknowledgement: The lifeline technique and illustration were adapted from: G. Gordon and P. Gordon, Learning to listen, *Health Action*, 1994, 10: 6-7. Joan and Emmanuel's story was adapted from: G. Seidel, *aids Analysis Africa*, Oct./Nov. 1994 and Dec./Jan. 1995.

Using picture codes to assess everyday experiences

WHAT IS A PICTURE CODE?

A picture code is an illustration showing a theme about which a group or community may have strong feelings. It presents a picture dealing with a common experience in everyday life. It is designed to raise questions and hence awareness.

Picture codes could be developed after a listening survey to ensure they reflect a real problem or situation.

Picture codes are not the same as posters. Posters give information, raise awareness or propose solutions to problems. A picture code illustrates a problem and has no caption. Picture codes make people think about a situation and encourage discussion and debate. Samples are shown on the back of this card.

USE AS A GROUP ACTIVITY

Used in a group, a picture code may:

- raise questions, e.g., at the start of a problem-solving session
- generate discussion
- stimulate interest
- help people solve problems.

USING PICTURE CODES FOR PROBLEM-SOLVING IN A GROUP

- A small group is convened, usually between 5 to 10 people.
- You need an appropriate picture code. It must be large enough for all the group to see easily. Put it on the wall, nail it to a tree or lay it on the ground.
- Give the group a few minutes to look at the picture and think about it.
- Guide the group through a series of questions, with enough time for discussion between each question.

Using the basic steps and questions shown at the right, the facilitator should formulate further discussion questions according to the picture code being used, the specific topic under discussion and what is most relevant to the group.

It is also possible to use two picture codes showing the development of a problem. The participants say why and how one picture leads to the next and then explore the problems raised.

» *What is happening in this picture?*

This and related questions should lead to simple description, not analysis of the picture.

» *What feelings are involved?*

» *Why is this happening?*

This (and related questions) probes for analysis.

» *Why are the people (is the person) doing this?*

» *Does this happen in everyday life?*

Help the group explore the action or situation shown. Where does it happen, how often, what leads to it, etc.? The aim at this stage is to ground the picture in reality.

» *What problems arise from what is happening (or from the situation)?*

Help the group discuss related issues, moving away from a focus only on the picture code itself.



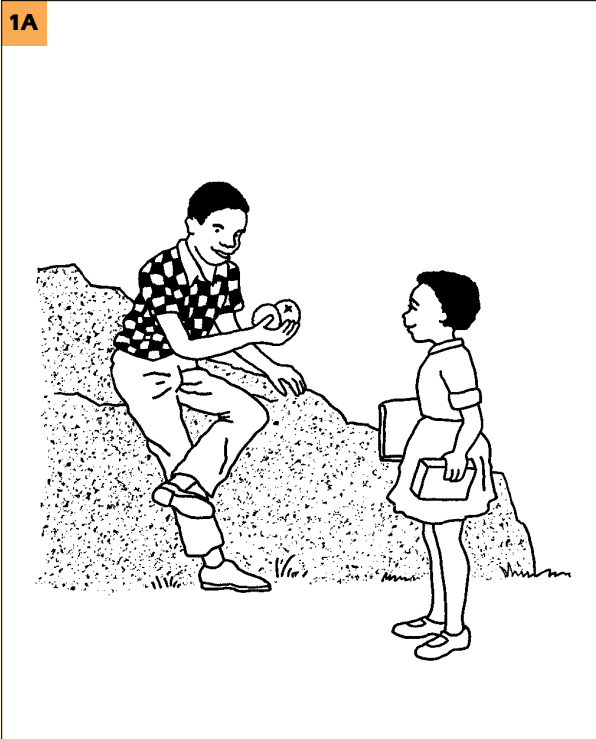
» *What are the root causes of this problem?*

Challenge the group to analyse the deeper basis of the problem and what prevents change.

» *What can we do about the problem?*

This is the action planning stage. Help the group debate different ways of dealing with the problem. People may or may not relate it directly to their own situation and what they personally wish to do. This might be too threatening in the group although the problem is relevant at an individual level.

1A



1B



2



QUESTIONS

- What is happening in each picture?
- What feelings are involved?
- Why is this happening?
- Why are the people (is the person) doing this?
- Does this happen in everyday life?
- What problems arise from what is happening (or from the situation)?
- What are the root causes of this problem?
- What can we do about the problem?
- Why and how does the situation in picture 1A lead to the situation in picture 1B?

acknowledgement: Adapted from S. Laver, *Communicating About aids*, Zimbabwe aids Network and unicef, Harare, 1993, pp. 42-44.

Mapping and problem drawing at community level

OBJECTIVE

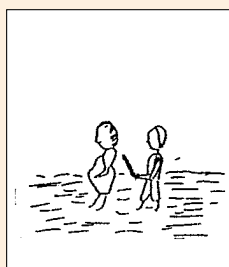
Mapping and drawing activities may be used to: a) improve awareness of gender and sexuality issues and b) help people explore community problems and needs concerning sexual practices related to the spread of hiv/stds. They can be especially effective in communities with low literacy.

1. MAPPING AND PROBLEM DRAWING IN SINGLE-SEX GROUPS

Men, women, school-children and out-of-school boys and girls focus on how they view hiv/aids and std risks and unsafe sexual practices in two- to three-hour sessions. They should be divided into small, single-sex groups.

- Ask the participants to draw a map of the area where they live, showing the important meeting places where risky/unsafe sexual behaviour can occur.
- Ask participants to discuss these maps and identify the problems related to the risk of hiv/std infection. Then ask them to draw pictures of these problems.
- At the end, ask participants which problems they want to present to the other gender groups in a plenary session, how they want to present them and which ones they want to keep to themselves.

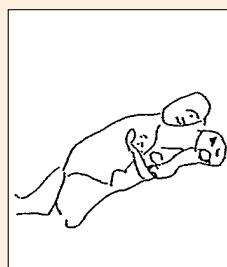
An example of problem pictures:



Pregnant girl chased away from home



Unprotected sex may lead to STDs and even death



Shame about sex in situations where it's not permitted by community norms



An older man manipulates a young girl into having sex

2. PLENARY PRESENTATION OF MAPS AND PROBLEM PICTURES

In the plenary meeting, some time after all separate group meetings have been held, hang maps and problem pictures made by the different groups on the wall.

- Ask each group to present their maps and problem pictures in the way their group decided beforehand.
- Guide the discussion. The exercise will raise awareness of how the problems associated with hiv/std risks and unsafe sexual behaviours are gender-bound. Share the different perspectives.

Example: during a mapping exercise in a village in the United Republic of Tanzania, women mentioned places where they were at risk when performing duties like child care, food selling or buying: the market, hospital, houses and school buildings. Girls mentioned houses in general and boys' houses in particular (rape). Men listed places they visited in leisure time and when looking for employment: houses, brew shops and drinking places. So did adolescent boys, mentioning houses, roads, drinking places and discotheques.

A sample of the problem pictures in that same village showed the following:

Problems related to risk of HIV	Married women	Married men	Out-of-school girls	Out-of-school boys	Teenage girls	Teenage boys
Condom bursts during intercourse		•				
Decisions taken by men only	•					
Lack of respect for women	•					
Lack of safe recreation places					•	
Custom and traditions	•					
Low income leading to sex	•					
(Multiple) sexual partners		•		•		•
Rape					•	
No supply of condoms by elders			•	•	•	•
Sugar daddies					•	
Condoms do not fit						•
STDs: no medicines		•				
Lack of food	•				•	
Lack of income	•					
Child care done alone	•					
Beatings	•		•		•	
Alcohol		•		•		•

3. PRIORITIZING AND ANALYSING PROBLEMS

This activity also takes place in the single-sex groups.

- List all problems mentioned in the plenary session and group them according to their cultural, social, economic, political, educational, medical (health) and relational (man-woman, gender) backgrounds.
- Ask participants to set priorities for action. The result could be that members of one group will list a problem mentioned by another group.
- Discuss the problems in the order of priority (1.5-2 hours per problem) following these steps: state the problem; who causes the problem; why; what can participants do themselves and how; which services do participants think they need in order to change conditions?

acknowledgement : Drawings from *Sexual health training on participatory approaches and methods*, Family Planning Association Iringa, Tanzania: training community-based distribution agents in developing visual presentations by villagers. London: ippf, 1994.

Acting out problems and solutions

Drama, or community theatre, involves groups of people acting out in a play day-to-day problems and possible solutions to these problems. Local professional actors and/or community members may participate. For a workplace

drama, members of the workforce themselves could be involved. A well-informed facilitator is required to guide the process of drama development and to ensure that appropriate messages are incorporated.

The more participatory and relevant the drama, the more chance it has of promoting communication, awareness and even behaviour change. The drama can be performed in a local venue or out in the open, somewhere people can reach easily and where they feel relaxed. Many workplaces could provide a suitable venue. Management support should be sought to perform a drama during the lunch break or even working hours, or to use facilities after hours.

WHY USE DRAMA?

Drama is great fun! It combines education and entertainment. Drama can be an effective channel to raise awareness and change attitudes and behaviours by:

- engaging people's interest and emotions
- involving local culture, language and relevant situations
- reflecting social reality, addressing current conflicts and problems
- using and building on local skills, using local people as actors
- promoting dialogue and problem solving
- presenting information in a non-didactic way
- openly addressing and desensitizing difficult issues, e.g., commercial sex, condom use, extra-marital affairs
- creating a social climate for change, e.g., concerning women's rights.



Drama may:

- » **pose a problem: e.g., women being blamed for AIDS**
- » **expose the root of a problem: e.g., why men often seek extra-marital sex**
- » **reach a solution: e.g., show how a wife or husband may convince their partner to use condoms**
- » **show the benefits of solving a problem: e.g., women gaining inheritance rights through promoting the making of wills.**

PREPARING A DRAMA

Key volunteers should carry out a listening survey to find out:

- what problems most concern people
- what they are saying about a particular problem
- what worries them and prevents action to solve the problem
- what they feel are the potential solutions.

The group then explores ways to approach the problem through drama. Decisions must be made on:

- the objectives of the drama, what to portray, what to try to achieve
- the key messages of the drama
- time and venue for the presentation
- the theme, story and sequence of presentation to meet the objectives
- the characters, dialogue and actions that should be practised individually and in groups
- how the group will seek feedback from the audience
- whether (and how) to incorporate songs, slogans, puppetry, dance, etc. Puppets may convey sensitive issues well, for example, or songs highlight key themes
- making costumes, seeking props, etc. if needed.

After the drama the audience is invited to discuss the issues raised. Well-informed facilitators are needed to ensure that information is accurate. The audience might also be invited to suggest changes to the play's outcome. These could then be enacted with the new solutions followed by further discussion.

HOW DO WE MEASURE THE IMPACT OF THE DRAMA?

Feedback may be obtained by:

- noting audience reactions during the play and their level of participation
- noting the types of questions asked by the audience
- informal discussion and mingling with the audience after the performance and at a later date
- a further listening survey or observation to note changes in attitudes or behaviour
- a more formal evaluation in some situations, e.g., a drama performed at school or work could be evaluated by a simple written questionnaire in addition to the methods mentioned above.

PITFALLS TO AVOID

» If the drama is too long people may lose interest.

» Too much complexity leaves people confused; the main point may be lost.

» Drama should not reinforce negative stereotypes, attitudes and ideas. It should not stigmatize individuals or groups.

» Drama should not tell people what to do.