The *moMENtum* Campaign: Business Mobilizing Men for Family Health

A Facilitator Training Manual
Healthy Images of Manhood (HIM)
The moMENtum Campaign: Business Mobilizing Men for Family Health

A Business-Focused Initiative: Healthier, More Progressive Male Workers Who are Partners on Health for the Women in their Lives

Corporations with large male workforces in developing and emerging market countries have a powerful opportunity to create a generation of men who are healthier, and who can serve as positive role models in the workplace, in their families and in the community.

By tapping their access to hundreds of thousands of male workers and educating them about gender, health and progressive images of manhood, companies are in a unique position to generate positive change. We invite your company to join us in realizing this vision.

moMENtum: BUSINESS MOBILIZING MEN FOR FAMILY HEALTH

The moMENtum Campaign highlights a novel workplace program from GBHealth’s Healthy Women, Healthy Economies initiative and is promoting corporate adaptation of effective male engagement programs. We are making the “Healthy Images of Manhood” (HIM) set of workplace training tools produced by the USAID-funded ESD Project, available to interested companies. As a complement to the program tools, GBHEALTH has also compiled information on the five organizations leading the top community-based programs for male sensitization around the world, and we will connect them with any interested companies for technical assistance.

THE INITIATIVE: COMPANIES’ ROLE

- Companies adopt for use with their male workforce one of the globally recognized sensitization programs for men. GBHEALTH will provide all participants with the HIM workplace-focused toolkit and will connect participating companies with pre-vetted NGOs able to provide them with training and guidance. Alternatively, companies are welcome to adapt their own health education programs to include a gender sensitization component.
- Companies may participate in a limited (e.g., one country) or company-wide. All participation models tap the efficiency of a train-the-trainer and peer-education model. There may also be opportunities for smaller companies to pool trainings with others.
- Starting in June, 2011, we will start engaging companies and partners to further growth this Healthy Women, Healthy Economies initiative over the next 18 months in order to reach a target of 100,000 male workers by December, 2012.
OUTCOMES

✓ Improved health for your employees and their families, with related increased morale, improved productivity, reduced absenteeism
✓ Marked improved uptake of health services, including VCT, reproductive health and family planning – the workplace program we are offering achieved a 150% increase in HIV testing services, and a 30% increase in spouses’ use of family planning services
✓ Reduced corporate liability risk resulting from the potential for destructive male behavior in the communities where companies operate
✓ Improved gender relations in surrounding communities
✓ Positive visibility for your company as a leader in male engagement

GBCHEALTH WILL SUPPORT PARTICIPATING COMPANIES BY:

✧ Providing a fully developed curriculum and a listing of vetted NGOs in Africa, Latin America and the U.S. with capacity to support implementation
✧ Offering exclusive access to global teleconferences sharing best practices and new program information
✧ Branding as participating in this program and recognition for the positive changes companies are initiating, individually and collectively

INTERESTED? NEXT STEPS

Respond back to your company’s GBCHEALTH Relationship Manager (RM) or contact Todd Schettini (tschettini@gbchealth.org), Ilze Melngailis (imelngailis@gbchealth.org) or +1 212-584-1619.

ADDITIONAL BACKGROUND

THE RATIONALE

✓ When it comes to promoting better health, education and the overall empowerment of women, the constructive involvement of men is a pivotal ‘lever for change,’ the importance of which cannot be overstated. This is particularly true for the twin epidemics of gender-based violence and HIV, as well as for efforts to reduce maternal mortality, and promote the status of the girl child.

✓ Men who participate in sensitization training take better control of their own health and promote healthy behaviors among their families, friends and co-workers. Participants increase their basic health knowledge; make better use of the employer health services (HIV/AIDS, RH/FP, etc.) available to them and their dependents; and commit fewer acts of sexual harassment, coerced sex and physical aggression. Participants also express having vastly improved relationships at home, and being more respected in their communities.

✓ Cutting edge and highly successful “male involvement” education programs have already been developed, perfected and implemented at the community level in several African and S. American countries, and a workplace program has been developed that rolls up key elements of these proven programs. We envision companies taking these proven programs and applying them in the workplace. While we and our government
partners are inspired by the potential societal benefits of such a great number of men being ‘enlightened’ through corporate programs, companies engaging their employees in male involvement programs will benefit directly by strengthening their own workforce health, morale, and reducing liability.

☑ As most of the curricula have been developed with U.S. and other government support, companies will be partaking in an efficient and powerful model that is propelling these government investments to a much larger scale.

☑ A major strength of this initiative lies in the fact that GBCHEALTH members have a long history of delivering strong and often award-winning workplace health programs. Thus many companies have in place an established and strong infrastructure for delivering peer educator/train-the-trainer programs. GBCHEALTH also has a broad and deep network of companies that we are inviting to take part, in order to engage a significant number in this important program.

**About Healthy Women, Healthy Economies**
The Health Women Healthy Economies (HWHE) impact initiative is a powerful partnership between GBCHEALTH and the U.S. State Department, bringing together leaders of globally recognized corporations with government agencies to promote corporate investment in women’s and girls’ health and help improve health outcomes and alleviate health disparities of women and girls around the world. The initiative is built on five interrelated pillars: promoting health (maternal health and HIV/AIDS); education; economic empowerment; reduced gender based violence; and constructive engagement of boys and men. These pillars are connected within HWHE to a framework for corporate action and partnership opportunities in the areas of employee engagement; workplace programs; community investment; philanthropy; deploying business assets; and advocacy.

**About GBCHEALTH**
GBCHEALTH represents over 200 private sector companies leading the business fight for improved global health. Through work that includes developing comprehensive workplace policies; supporting community programs; leveraging core competencies; facilitating leadership and advocacy by business leaders; and brokering public-private partnerships, GBCHEALTH helps members achieve their global health goals. GBCHEALTH also manages the private sector delegation to the Global Fund to Fight AIDS, Tuberculosis and Malaria, serving as an entry-point for corporate collaboration and engagement with the Fund and its recipients worldwide. GBCHEALTH has offices in New York, Johannesburg, Beijing, Nairobi and Moscow.

For more information on GBCHEALTH, please visit [www.gbchealth.org](http://www.gbchealth.org).
Healthy Images of Manhood: 
A Facilitator Training Manual 
for Public and Private Sector Workplaces 

May 2011

About ESD
A five-year Leader with Associate Cooperative Agreement, the Extending Service Delivery (ESD) Project is managed by Pathfinder International in partnership with IntraHealth International, Management Sciences for Health, and Meridian Group International, Inc. Additional technical assistance is provided by Adventist Development and Relief Agency International, the Georgetown University Institute for Reproductive Health, and Save the Children.

This publication was made possible through support provided by the Office of Population and Reproductive Health, Bureau for Global Health, U.S. Agency for International Development, under the terms of Award No. GPO-A-00-05-00027-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development.
Acknowledgements

The authors of the HIM toolkit would like to thank the following people and organizations for their valuable contributions to the development of this guide: Shannon Pryor, Carla White, Maija Kroeger, Laurel Lundstrom, Milka Dinev, Godfrey Sikipa, Veronique Dupont, and Rebecca Sewall, of the Extending Service Delivery Project, and Constance Newman and Catherine Murphy at IntraHealth International. We thank Maureen Norton, Rushna Ravji, Michal Avni and Diana Prieto and their colleagues at USAID for their encouragement and support.

We also want to thank Unilever Tea Tanzania Ltd. for its support of and participation in the HIM program at the workplace. In particular, we thank Andrew Mitei, director of operations, Geoffrey Mmbaga, company medical officer, Albert Mwakalambile, peer health educator coordinator, Lazarus Katanta Simwanza, master trainer, and all the peer health educators and employees at Unilever. We thank the Nairobi Women’s Hospital for its help with the Gender-Based Violence components. And we thank master trainers from the Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria, the National Organization of Peer Educators, the Federation of Kenya Employers, the Kenya HIV/AIDS Business Council, Pathfinder International Kenya, and Unilever Tea Kenya Ltd. for their comments on this training manual. We recognize ESD partner, Meridian Group International, Inc., for developing and managing ESD’s partnership with Unilever Tea that enabled the introduction and expansion of HIM at Unilever.

Finally, we are indebted to the following organizations that developed materials from which we drew inspiration and adapted to suit the goal of our program:

- Instituto Promundo’s *Project H- Working with Young Men Series*
- Raising Voices *Rethinking Domestic Violence: A Training Process for Community Activists*
- EngenderHealth *Men as Partners: A Program for Supplementing the Training of Life Skills Educators*
- Family Health International Tanzania *Bringing Program H to Tanzania: Adapted Manual for Field Testing*
- ACQUIRE Project/EngenderHealth and Instituto Promundo *Group Educational Manual*

Authors:
- Leah Sawalha Freij, Senior Advisor, Gender/IntraHealth International
- Cate Lane, Senior Advisor, Youth Development and Health/Pathfinder International
- Pauline Muhulu, Senior Advisor, Best Practices/IntraHealth International
- David Wofford, Senior Commercial Advisor /Meridian Group International, Inc.

February 2010
# Table of Contents

## List of Acronyms

## Introduction

### Module One  Getting Started
- Session 1 Welcome, Introductions and Overview
- Session 2 Understanding Definitions of Sex and Gender
- Session 3 Understanding Health and Sources for Services in the Community

### Module Two  Understanding Men and Women
- Session 1 Cultural Expressions of Masculinity and Femininity
- Session 2 Masculinity, Femininity and Reproductive Health
- Session 3 Power and Relationships
- Session 4 Power and the Roles of Men and Women
- Session 5 Men and Caregiving
- Session 6 Childcare in the Daily Life of Men and Women
- Session 7 Understanding Social Pressures on Men and Boys (Video)

### Module Three  Health and Sexuality (including FP and HIV/AIDS)
- Session 1 Understanding Sexuality
- Session 2 Sexuality and Health
- Session 3 Healthy Timing and Spacing of Pregnancy and Family Planning
- Session 4 Family Planning
- Session 5 Sexually Transmitted Infections
- Session 6 HIV/AIDS
- Session 7 Root Cause Analysis: Stigma and HIV/AIDS
- Session 8 Male Friendly HIV/AIDS
- Session 9 Barriers to HIV/AIDS Prevention

### Module Four  Communication Skills
- Session 1 Importance of Clear Communication
- Session 2 Effective Communication Skills Part 1
- Session 3 Effective Communication Skills Part 2
- Session 4 Effective Communication Skills Part 3
- Session 5 Effective Communication Skills Part 4

### Module Five  Sexual and Gender-based Violence
- Session 1 Sexual and Gender-Based Violence
- Session 2 Child Abuse
- Session 3 Consequences of SGBV
- Session 4 Domestic Violence
- Session 5 Health and Social Consequences of Violence Against Women

### Module Six  Action Planning Wrapping Up
- Session 1 Action Planning
- Session 2 Data Collection
- Session 3 Reflection and Wrap up

## Appendix  Evaluation Tools
**List of Acronyms**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARV/ART</td>
<td>Antiretroviral/Antiretroviral Therapy</td>
</tr>
<tr>
<td>BCC</td>
<td>Behavior change communication</td>
</tr>
<tr>
<td>CHW</td>
<td>Community health worker</td>
</tr>
<tr>
<td>COC</td>
<td>Combined oral contraceptive</td>
</tr>
<tr>
<td>CSR</td>
<td>Corporate social responsibility</td>
</tr>
<tr>
<td>ESD</td>
<td>Extending Service Delivery</td>
</tr>
<tr>
<td>FGC/M</td>
<td>Female genital cutting/mutilation</td>
</tr>
<tr>
<td>FP</td>
<td>Family planning</td>
</tr>
<tr>
<td>HIM</td>
<td>Healthy Images of Manhood</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Human immunodeficiency virus/Acquired immune deficiency syndrome</td>
</tr>
<tr>
<td>HTSP</td>
<td>Healthy timing and spacing of pregnancy</td>
</tr>
<tr>
<td>IUD</td>
<td>Intrauterine device</td>
</tr>
<tr>
<td>MOH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-governmental organization</td>
</tr>
<tr>
<td>PE</td>
<td>Peer Educator</td>
</tr>
<tr>
<td>PMTCT</td>
<td>Prevention of mother to child transmission</td>
</tr>
<tr>
<td>PLWHA</td>
<td>People living with HIV/AIDS</td>
</tr>
<tr>
<td>RH</td>
<td>Reproductive health</td>
</tr>
<tr>
<td>SGBV</td>
<td>Sexual and Gender-Based Violence</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually transmitted infection</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>VCT</td>
<td>Voluntary counseling and testing</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
Introduction to Healthy Images of Manhood in the Workplace: Overview

There is no question that the way women and men are socialized to behave – often referred to as gender roles – affect their health and well-being. We know this from research and practical experience. Men’s health is particularly affected by their lifestyle choices and individual behaviors. The 2008 WHO Global Burden of Disease Report ¹ found that in all regions of the world, men had higher mortality rates than women due to lifestyle, infection, illness and injury.

Despite a desire to be healthy and caring individuals, husbands and fathers, many men are raised with expectations to be “real men.” Research shows that many men express these expectations by gambling with their health. “Real men” are often expected to have multiple sex partners, take little responsibility for their health and the health of their families, and control the behavior and decisions of women. Such behaviors undermine not only men’s health, but the health of the entire community. Health programs that only inform but fail to address attitudes and behaviors among men risk weakening the effectiveness of their activities.

The last decade has seen an increase in the numbers and types of programs that address gender, particularly the behaviors of men that contribute to their poor health and the health of their families. The HIV/AIDS epidemic triggered a greater focus on addressing the specific needs of men and women, as well as the importance of engaging men to address prevention as well as care and treatment. So was the increasing recognition of the widespread nature of sexual harassment of women, and gender-based violence.

In South America and Africa, a handful of successful gender programs have emerged, showing the way to engage men and change unhealthy cultural practices, attitudes and behaviors. These promising and best practices serve as the foundation for the Healthy Images of Manhood (HIM) approach.

Implementing HIM: the Extending Service Delivery Project

The mission of the Extending Service Delivery Project (ESD) is to expand access to reproductive health and family planning services for poor and underserved communities. In addition to improving the availability and quality of RH/FP services, ESD works to integrate RH/FP into a range of health (HIV/AIDS, postpartum care, maternal and child health) and non-health activities (workplace, religious leaders) by identifying, adapting and disseminating promising and best practices. A focus on gender is an important component in its overall approach.

ESD designed HIM to meet the diverse health issues of workplaces and workers, while still being relevant for other community-based organizations and programs. Although based on successful gender programs, it incorporates ESD’s experience creating integrated RH/FP programs and its expertise with workplace programs, religious leaders and family planning projects around the world.

The HIM approach is unique in that:

(1) It is designed for workplaces and the specific operational realities facing companies and employers. The modules in the HIM manual can be tailored to unique workplace contexts and issues.

(2) It comprehensively integrates gender, reproductive health, family planning, HIV/AIDS, and maternal and child health so that participants can understand how these health issues are interlinked and connected.

(3) It addresses gender throughout the sessions on knowledge development, reflection, and skills building sessions, avoiding much of the academic or technical “gender vocabulary” in the trainings. It uses terms with simple and specific language to discuss how culture norms around gender affect the behavior and health of men and women.

In particular, HIM seamlessly integrates gender and RH/FP into existing health education efforts. A key element of HIM is its focus on the use of existing resources and personnel; HIM not only strengthens the health education program, but also builds the capacity of the workplace program staff – management, health care providers and health educators, which contributes to an improved and expanded health program.

HIM may be applied cost effectively within an existing program that includes a focus on health education, training or outreach, and can easily be incorporated into new or ongoing programs in any number of settings.

**The Application of HIM in the Workplace**

Increasingly, workplace wellness is a concern for businesses and companies. As the AIDS epidemic unfolded around the world, targeting the most productive members of the labor force, companies began to implement workplace HIV/AIDS education and services, from the provision of basic information to support for peer education and outreach programs to clinical services.

HIM aims to build on and strengthen these efforts by introducing fresh content related to reproductive health and family planning, the influence of cultural norms of masculinity and femininity (gender) and skills development opportunities in communication. The HIM manual presents a series of 90 minute activities that can easily be added to an employer’s existing program of health education and services.

To reap the full benefits of the HIM approach, we recommend that employers plan for a year-long activity to ensure that this integrated approach is well-integrated, sustained and institutionalized. We suggest you adopt the following goals that will improve:

1. **Individual knowledge and behavior:** An emphasis on basic health information dissemination and personal reflection can reach a wide range of employees or participants.

2. **Management skills:** HIM’s emphasis on best practices in communication and participatory methodologies can improve the skills of company trainers, counselors, managers and even health care providers in communication and facilitation.

3. **Community support:** In the workplace and in the community. Participants not only go through the process of gaining new knowledge, adopting new attitudes and
learning new behaviors, but also learn how to use participatory outreach techniques to influence co-workers and their community.

If your time or resources are limited, however, you can easily select specific activities or modules from the manual for a few hours, a full day or several days of training in that will help you meet more modest goals.

If you choose a more comprehensive application of HIM, we recommend including these components and activities in your program:

- **A training workshop** that launches the program and builds a foundation of knowledge and skills on gender, health (especially reproductive health/family planning and HIV/AIDS), communication and facilitation skills.

- **The development of action plans** that allow opportunities to apply learning by setting goals and targets for peer outreach activities that enables participants to evaluate their work individually and as a group.

- **A regular schedule of follow-up sessions** and refresher training(s) that provide an opportunity to monitor participant activities, collect and analyze relevant data, plan new activities and continuously upgrade participant knowledge and skills.

- **Supportive supervision by a designated coordinator** to track the progress of action plans and help participants apply their skills and solve problems both individually and as a group. This role includes overseeing data collection and analysis to help participants assess their own progress. We know from experience that one of the biggest challenges for peer health educators is applying new participatory methods of education and outreach. Most people come from a tradition of didactic education in which the recipient receives information passively and is “told” what to do. This classroom approach, however, is ineffective for community education and peer outreach. Monthly learning sessions and supportive supervision are an important component in the HIM approach, because these sessions provide participants the opportunity to both learn new information and practice new interactive skills.

Below is an illustrative schedule for implementing a comprehensive HIM program.
The specific content and design for a Refresher Training has not been specifically mapped out in this manual because the refresher training should be tailored to needs of participants after six months of applying HIM or to participants in an existing program.

A refresher may need to address any new health, social, or other relevant issues that have arisen at the workplace. However, as a practical matter, the initial training is not expected to cover every session in the manual. Unused training sessions or modules can be selected, as appropriate, for the refresher as well as for the monthly meetings.

It may make sense to build new skills in the refresher that complements HIM for more experienced peer educators. For instance, Save the Children’s Community Action Cycle ² is an effective approach for companies to work with their surrounding communities to address health issues together.

<table>
<thead>
<tr>
<th>Comprehensive HIM Program</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial HIM Training (4-6 days)</strong></td>
<td><em>Introduction to the HIM Approach:</em></td>
</tr>
<tr>
<td></td>
<td>• Gender knowledge/skills</td>
</tr>
<tr>
<td></td>
<td>• Essential health knowledge (RH/FP; HIV +)</td>
</tr>
<tr>
<td></td>
<td>• Communication/Outreach skills (participatory methods)</td>
</tr>
<tr>
<td></td>
<td><strong>Development of Action Plans</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Linkages to Service Providers</strong></td>
</tr>
<tr>
<td><strong>Health Education Activities by HIM Peer Educators</strong></td>
<td><em>Application of learning and techniques</em></td>
</tr>
<tr>
<td></td>
<td>• In the workplace, home and community</td>
</tr>
<tr>
<td></td>
<td><strong>Implementation of action plans</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Supportive Supervisions by Coordinator</strong></td>
</tr>
<tr>
<td><strong>Regular (Monthly) Meetings (2-6 hours facilitated by HIM coordinator)</strong></td>
<td><em>Review of Progress</em></td>
</tr>
<tr>
<td></td>
<td>• Problem solving, sharing successes</td>
</tr>
<tr>
<td></td>
<td>• Data review and analysis</td>
</tr>
<tr>
<td></td>
<td>• Revision of action plans</td>
</tr>
<tr>
<td></td>
<td><strong>Skills/Knowledge Development</strong></td>
</tr>
<tr>
<td></td>
<td>• Refresh/review skills/knowledge</td>
</tr>
<tr>
<td></td>
<td>• Learn new skills/knowledge</td>
</tr>
<tr>
<td></td>
<td><strong>Follow-up on program issues</strong></td>
</tr>
<tr>
<td><strong>Evaluation/Assessment after 9-18 months</strong></td>
<td><em>Program Data and Analysis</em></td>
</tr>
<tr>
<td></td>
<td>• Participant outputs</td>
</tr>
<tr>
<td></td>
<td>• Service/Other statistics kept</td>
</tr>
<tr>
<td></td>
<td><strong>HIM program maintenance, adjustment or expansion</strong></td>
</tr>
</tbody>
</table>

The specific content and design for a Refresher Training has not been specifically mapped out in this manual because the refresher training should be tailored to needs of participants after six months of applying HIM or to participants in an existing program.

A refresher may need to address any new health, social, or other relevant issues that have arisen at the workplace. However, as a practical matter, the initial training is not expected to cover every session in the manual. Unused training sessions or modules can be selected, as appropriate, for the refresher as well as for the monthly meetings.

It may make sense to build new skills in the refresher that complements HIM for more experienced peer educators. For instance, Save the Children’s Community Action Cycle ² is an effective approach for companies to work with their surrounding communities to address health issues together.

---

Healthy Images of Manhood

Module Two: Understanding Men and Women
Module Two, Session 1
Cultural Expressions of Masculinity and Femininity

Objective:
By the end of the session participants will be able to explain how cultural norms of masculinity and femininity affect health.

Time: 1.5 hours

Materials:
- Newsprint
- Markers
- Masking tape
- Signs “Agree” “Disagree” “Unsure”

Advance Preparation:
- Review the statements on Trainer’s Resource 6: Statements on Gender Norms and Behaviors and choose four or five that you think will most contribute to the discussion.
- Review Trainer’s Resource 7: Examples of Male & Female Characteristics for Act Like a Man/Act Like a Lady in preparation for Activity: “Act Like a Man/Act Like a Lady.”

Process:
This session presents two activities that help participants identify and understand their values and cultural norms about appropriate behavior for men and women (gender). The session concludes with participants examining how these norms affect the health of men and women and identifying ways to shift these norms and improve their health.

a. Values Clarification (30 minutes)
Post the three signs “Agree,” “Disagree,” and “Unsure,” around the room. Leave enough space in between the signs for people to stand next to them.

This activity is designed to help participants gain a general understanding of the values and attitudes we have about how “real” men and “real” women should act. It challenges some of their thinking about what it means to be a man or a woman, and how they feel about health. Expectations of how men and women should behave are also called gender roles.

Remind participants: In this activity, everyone has a right to his or her own opinion. Everyone’s opinions should be respected even if you don’t agree with them.

Using Trainer’s Resource 6: Statements around Gender Norms and Behavior, read aloud the first statement you have selected. After reading the first statement, ask participants to stand near the sign that reflects their opinion, that is, do they agree or disagree with the statement, or are they not sure?
Are there times during the day when it is easier to care for a child? Why?
Are there times during the day when it is more difficult to care for child? Why?
Why don’t men participate in caring for children? What types of things do fathers like to do with their children?
What are the challenges of being a father? How can these challenges be addressed?
What are the benefits of being a father? What are the benefits of being a mother?
What are the benefits for a child who has an active father in their life?
What are the benefits for a child to have parents who have a good relationship?
Are there positive role models of fathers in your community? What can be learned from them?
What have you learned during this activity? How can it help you make changes in your own life and relationships?

c. Wrapping up and Summary (5 minutes)

Review the participants’ comments in the exercise and discussion. In this and Session 5, we have seen that a father’s lack of involvement in childcare is not a result of his being born biologically a man. It is mostly due to how people are raised as men and women and whether they are raised to believe that men can also take care of children.

Takeaway Message

✓ Men can also learn to care for a child – and learn to do it well. Learning can start early – and late.

✓ Having boys help care for brothers and sisters and other children can help them practice the skills necessary to be good fathers in the future.
c. Case Study (40 minutes)

The purpose of this activity is to discuss how peer pressure can make people do things that aren’t safe or healthy. Distribute *Handout 3: Sam’s Story* and read the story out loud.

Discuss the case study using the following questions:

- What do you think about Sam’s behavior?
- Why do you think Sam did what he did?
- What are the consequences of Sam’s behavior for himself?
- And for the young woman?
- If Sam had not had sex, how would his friends have treated him?
- How would Sam have felt about himself?
- Has anyone you know ever been in a similar situation to this? What did he (or she) do?
- If someone you know told you a story like this, what would you say?
- Would you do anything else?
- Can you prevent situations like this from happening? How?

d. Wrap-up and Summary (5 minutes)

Review the group’s comments about Sam’s story. Many young men experience pressure from their peers to have sex to prove their manhood. This pressure means that they may not consider the feelings and concerns of the woman or even their own fears and feelings. Unprotected sex is risky for both men and women. Unprotected sex without the consent of the other person is disrespectful and an abuse of power and privilege.

**Takeaway Messages:**

- We can model healthy behaviors with our own partners and in our communities that help men learn positive ways to express their manhood and sexuality.

- You can help the community – and women – understand that a woman has a right to say “No” to unwanted sex. And NO means just that: not “maybe” or “yes” but NO.

- Friends and peer groups often influence men’s negative behavior – and these are important targets for promoting positive sexual behavior and health.
Healthy Images of Manhood

Module Four: Communication Skills
Module Four, Session 1
Importance of Clear Communication

Objective:
By the end of the session, participants will learn communication skills as they practice the correct way to put on a condom.

Time: 1.5 hours

Materials:
- Newsprint
- Markers
- Penis model (note: if no model is available, use a cucumber, banana or other object.)
- Condoms (at least two per participant plus extras for demonstration)
- Handouts

Advance Preparation:
- Obtain a penis model and condoms
- Review
  - Trainer’s Resource 21: Using Clear Communication to Instruct on Use of Condoms,
  - Trainer’s Resource 22: Common Questions about Male Condoms, and
  - Trainer’s Resource 23: Myths and Facts about Condoms.
- Make copies for each participant of
  - Handout 11: Instructions for Condom Use,
  - Handout 12: What Condom Users Should Not Do, and
  - Handout 13: Correcting Misinformation about Male Condoms.

Process:
This session will help participants understand the importance of clear communication. In addition, participants will learn about correct condom use. The session will also identify barriers to condom use and factors that promote condom use, including cultural challenges to talking openly about condoms. Participants will discuss messages that can encourage men use condoms consistently and correctly.

a. Brainstorm (30 minutes)

Draw three columns on the newsprint labeled “Slang for male sexual organs” “Slang for female sexual organs” and “Slang for having sex.” Ask participants to tell you some of the words that are commonly used in their community (slang) for male and female sexual organs (e.g., breast, vagina, testicles, anus), and for having sex.

Record them on the newsprint as follows:

<table>
<thead>
<tr>
<th>Slang for male sexual organs</th>
<th>Slang for female sexual organs</th>
<th>Slang for having sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Trainer’s Resource 25

Learning Pyramid

- Lecture: 5%
- Reading: 10%
- Audio-Visual: 20%
- Demonstration: 30%
- Discussion Group: 50%
- Practice by Doing: 75%
- Teach Others: 90%
<table>
<thead>
<tr>
<th>Topic(s) discussed</th>
<th>Target group(s)</th>
<th># Males</th>
<th># Females</th>
<th>Total</th>
<th># Condoms distributed (M)</th>
<th># Condoms distributed (F)</th>
<th>Next steps for follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Summary:**
Total # group discussions: _____  Total # Males: _____  Total # females: _____  Total # M&F: _____  Total # M condoms distributed: _____  Total # F condoms distributed:_______

List any questions or situations you found difficult:
1. Basic knowledge on HIV/AIDS
2. Proper condom use and disposal
3. Safe sex practice
4. Misconceptions about HIV/AIDS
5. Sexually transmitted infections (STIs)
6. Women and HIV/AIDS
7. Family planning methods
8. Masculinity
9. Other (Specify)

**Box 1: Topic(s) discussed**
1. Basic knowledge on HIV/AIDS
2. Proper condom use and disposal
3. Safe sex practice
4. Misconceptions about HIV/AIDS
5. Sexually transmitted infections (STIs)
6. Women and HIV/AIDS
7. Family planning methods
8. Masculinity
9. Other (Specify)

**Box 2: Target group(s)**
1. Driver
2. Official workers
3. Leaders (management)
4. Dependants of employees
5. Farm workers
6. Industrial workers
7. Technical engineers
8. Hospital workers
9. Students
10. Village officer/Leader
11. Villagers
Healthy Images of Manhood

Appendix: Evaluation Tools
### Healthy Images of Manhood: Pre- and Post- Test

**Instructions to Participant:** Read the question and circle the correct response.

<table>
<thead>
<tr>
<th>Module 1: Getting Started</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Women’s roles in society are determined by their biology.</td>
<td>True False</td>
</tr>
<tr>
<td>2. Gender refers to both men and women</td>
<td>True False</td>
</tr>
<tr>
<td>3. Since gender roles and behaviors are created by society, people and society can these roles.</td>
<td>True False</td>
</tr>
<tr>
<td>4. Reproductive health is related to men’s and women’s ability to have children.</td>
<td>True False</td>
</tr>
<tr>
<td>5. Reproductive health only affects women.</td>
<td>True False</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Module 2: Understanding Men and Women</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6. People are taught that different male and female behaviors and roles are “normal.”</td>
<td>True False</td>
</tr>
<tr>
<td>7. Sometimes, society’s messages about how to be a real man can harm his health</td>
<td>True False</td>
</tr>
<tr>
<td>8. “Real” men do not need to use a health clinic when they are sick</td>
<td>True False</td>
</tr>
<tr>
<td>9. Men who abuse alcohol and drugs are more likely to get STIs and HIV/AIDS.</td>
<td>True False</td>
</tr>
<tr>
<td>10. The work that men do is more important than the work that women do</td>
<td>True False</td>
</tr>
<tr>
<td>11. Women are better at caring for children than men</td>
<td>True False</td>
</tr>
<tr>
<td>12. The lower value society gives to women’s roles leads people to value women themselves less</td>
<td>True False</td>
</tr>
</tbody>
</table>
The moMENtum Campaign: Business Mobilizing Men for Family Health

Healthy Images of Manhood: A Peer Educator’s Workbook

This Workbook Belongs to: ______________________

Training Materials Developed by
Healthy Images of Manhood
A Peer Educator’s Workbook

May 2011

About ESD
A five-year Leader with an Associate Cooperative Agreement, The Extending Service Delivery (ESD) Project is managed by Pathfinder International in partnership with IntraHealth International, Management Sciences for Health, and Meridian Group International, Inc. Additional technical assistance is provided by Adventist Development and Relief Agency International, the Georgetown University Institute for Reproductive Health, and Save the Children.

This workbook was written by:
David Wofford, Senior Commercial Advisor, ESD-Meridian Group International, Inc.
Cate Lane, Senior Youth Advisor, ESD-Pathfinder International

This publication was made possible through support provided by the Office of Population and Reproductive Health, Bureau for Global Health, U.S. Agency for International Development, under the terms of Award No. GPO-A-00-05-00027-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development.
Table of Contents

1. Introduction to the HIM Workbook

2. What Does a Peer Educator Do?

3. What Makes You an Effective Peer Educator?

4. How Should You Plan for Your Peer Education Activities?
   ➢ One-to-One Meetings
   ➢ Small Group Discussions
   ➢ Large Group Discussions
   ➢ Social Activities

5. How Do You Make Referrals?

6. How Can You Make Your Activities Participatory?
   ➢ Brainstorming
   ➢ Values Clarification
   ➢ Case Studies
   ➢ Role Plays
   ➢ Games
   ➢ Videos/Plays/Poems/Songs
   ➢ Icebreakers and Energizers
   ➢ Involving the Larger Community

7. How Can You Use Data to Improve Your Work?

8. How Can You Answer Difficult Questions?

9. How Can You Overcome Challenges?

10. Things to Remember & Final Tips
Congratulations on completing your training in the Healthy Images of Manhood (HIM) program.

This training gave you new knowledge and skills to enable you to address:

- The effects of culture on the health behaviors of men – and women and communities
- Family planning and healthy timing and spacing of pregnancy (HTSP)
- HIV/AIDS, sexually transmitted infections, and other illnesses
- Gender-based violence and sexual harassment

This workbook will help you take what you have learned and use it in your work as a peer educator.

It takes time and practice to get good at all of the skills and techniques learned in the HIM training.

As a peer educator, you are an important person in the community. You can help guide people to make good health decisions.

And, by helping to change the health behavior of your co-workers, family, and neighbors, you will have improved the health of the entire community.

Look at this book whenever you need to refresh your memory.

You will find tips for:

- Planning and different kinds of meetings
- Ensuring people’s participation and interaction, including:
  - “Open-Ended” Questions
  - Brainstorming
  - Values Clarification
  - Case Studies, Role Playing, Games, Drama
- Using good communications techniques
- Making referrals to services
- Responding to difficult questions or challenges

This workbook is your tool for changing your community for the better.
3. WHAT MAKES YOU AN EFFECTIVE PEER EDUCATOR?

A good Peer Educator is first and foremost a good communicator.

The HIM training provided you handouts on good communication techniques. Remember, good communicators are not just people who talk, but are also great listeners.

Second, a good peer educator is trustworthy. People will be more likely to listen to you if they trust you.

You build trust by being:

- **Accurate** – Give only information that you know is true
- **Honest** – Admit when you do not know something or when you have made a mistake
- **Responsible** – Do what you say you will do
- **Helpful** – Find out what people need and help them get it
- **Consistent** – Practice the behaviors you are encouraging others to adopt

For instance, if you do not know the answer to a question someone asks, say you don’t know (honest and accurate).

But then be sure to tell the person that you will find the answer to the questions (helpful) by:

- Finding out the answer yourself or
- Referring them to someone who knows the answer, such as a doctor, nurse or a counselor.

Finally, get back to the person with the answer (responsible) or to make sure he/she was able to speak to someone.

Third, a good peer educator helps people reach good health decisions – and learn new behaviors – on their OWN. Your job is NOT to tell people what to do.

People are more likely to change their ways if they make the right choice for themselves.

Fourth, a good peer educators offers to help people take action. You are an important source of health information. But your job is more than just giving information. It is to help people act on the information – especially when they have decided they want to go to a
people liked most or least about the discussion.

• **Be prepared for other issues to be raised.**

Small group discussions about a health issue or health behaviors may raise other ideas or concerns that people have. Since your time may be limited, think about what those other issues might be, and be prepared to suggest options for addressing them.

- Would people like to schedule another discussion on these concerns?
- Do people need any help to address these concerns?
- Would people like information from health experts or community leaders on these concerns?

3. **Large Groups**

Large groups of 15 - 25 or more are more challenging to manage than small groups. You should plan for a large group meeting as you would plan for a small group meeting.

*It is just as important to get people in a large group to talk, share thoughts and participate, rather than just listen to you lecture. Even with a very large group, you can find ways for the group to participate actively.*

A larger group, however, means that you will have less time to discuss a lot of information, especially if many people want to talk or share their experiences.

Manage a large group by:

• **Keeping the group focused** on the topic even if people try and raise other topics.
• **Focusing on a little bit of information**. People can learn only a small amount at any one time.
• **Maintaining a positive environment** by making sure everyone is respectful of others’ opinions and ideas, even if they disagree.

*A large group is much easier to manage if you have help from another person or two, such as other Peer Educators.*

If you have other people help you with a large group meeting, assign specific roles. For example, you will be in charge of presenting the information, and your colleagues will help manage the discussion by keeping people focused on the
9. How Should You Answer Difficult Questions?

You will likely hear the same questions over and over again. This is because many people have common concerns and fears based on misinformation or myths.

Below are suggested answers to such questions. We have left extra space write down answers in your own words to the questions as well as space for new questions you hear and answers to them.

<table>
<thead>
<tr>
<th>Question</th>
<th>Suggested Answer/Your Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Do birth control pills cause cancer?</em></td>
<td>No, they do not. Birth control pills have been used all over the world for many years by many women. They are very safe.</td>
</tr>
<tr>
<td><strong>Your Answer:</strong></td>
<td></td>
</tr>
<tr>
<td><em>Does the injectable contraceptive make you infertile?</em></td>
<td>No, it does not. When you do decide to stop using the injectable, it may take some time before you are able to get pregnant. This is just a delay, it is not permanent.</td>
</tr>
<tr>
<td><strong>Your Answer:</strong></td>
<td></td>
</tr>
<tr>
<td><em>Why should I wait 2 years before trying to have another baby when my husband or family wants another baby right now?</em></td>
<td>If a woman uses family planning and waits at least 2 years after having a baby before getting pregnant again, she is more likely to have a healthy pregnancy and a healthy baby than a woman that does not wait 2 years. In any case, it is important for any pregnant woman to get antenatal care.</td>
</tr>
</tbody>
</table>
10. **Things to Remember & Final Tips**

Here are a few key points to remember as you to apply your new knowledge and skills as a peer educator:

- **Be a Role Model**
  *
  *Practice what you preach!*
  Adopt the new health behaviors *yourself* that you are asking others to adopt. Behavior change starts with you.

- **Use good communication skills**
  This means:
  - ✔️ Listening carefully
  - ✔️ Being respectful of all opinions and non-judgmental
  - ✔️ Being open, friendly and relaxed
  - ✔️ Using open-ended questions

- **Promote participation in your activities**
  *
  *People learn by doing.*
  Participation is fun. The more fun people have, the more they will participate, and the more they will learn.

Sometimes you will need to use a lecture, but *keep the lectures short.* And make sure people have plenty of time to discuss the lecture.

Use the following to make your outreach participatory:
- ✔️ Brainstorming
- ✔️ Values Clarification
- ✔️ Case studies
- ✔️ Role play
- ✔️ Games
- ✔️ Videos/Poems/Songs
- ✔️ Energizers

And work with your colleagues and supervisor to *involve the larger community* in your health education.

- **Don’t tell people what to do**
  Why? Because it rarely works. People like to make their own decisions and *find their own answers* to questions.

Your responsibility is to give people accurate information and help them make good choices about their health. The educational activities you organize can help people think about what they do and the changes they can make to improve their health and the health of others.

Your ongoing support can help people to act on their decisions and behave in healthier ways.