



PROTECTION

Enabling men and boys:
condom-focused activities
for workshops

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Introduction to ACTIVITIES / WORKSHOP EXERCISES to use as follow-up to viewings and discussions of the film – or in other condom- awareness contexts

The film 'Protection' opens a wider gaze on issues that frame men's protection of their bodies in the face of the HIV realities so strongly present today. The Facilitator's Guide (inside the DVD and also accessible on this website) supports discussions directly linked to the film - that you might open up with the group who viewed the whole film or specific sections of it.

Condom use needs to be resourced by clear information about condoms – which you and your participants can find clearly explained on the film website under THE ISSUE and USING CONDOMS. You can explore this further via a range of resources listed (with direct links) under RESOURCES (also on the website).

Here, in this workshop document, you will now find some of the activities you can draw on, to follow up the more immediate discussions of the film.

Enabling boys and men to be prepared and able to use condoms depends on many things – not just the delivery of facts about condom use.

For condoms to be a useful option in boys' and men's sexual lives, they need the chance to understand, discuss and debate actively the contexts and issues that surround attitudes to and understanding of condoms – making the reality of the sexual decisions more vivid in local and immediate terms.

The following activities/ workshop exercises can support that process.

Use some or all with your group. You might also find it useful to explore some of the remarkable tool-kits that have inspired these (see under RESOURCES) - for example those created by the International HIV/ AIDS Alliance, Stepping Stones or IPPF.

1. The different ways we think

Aims: To stimulate discussion of held ideas about condoms
Materials: 3 flip chart pages prepared with headings AGREE, UNSURE and DISAGREE
Time: 30 minutes

1. Place the AGREE sign at one corner of a room. Place the DISAGREE sign in opposite corner. In the middle between them place the UNSURE on the floor.
 2. Everyone stands in middle of the room.
 3. You are now going to read out the statements below (or ones you have added). As you read out the statements, people move to stand near what they believe - AGREE or DISAGREE – or UNSURE (in the middle).
 4. Ask, after each statement and repositioning, if anyone could articulate from each position why they have moved to where they now are.
 5. When people are explaining why they have chosen to take up their position – ask, at several different times, if anyone would like to change position having heard these reasons.
- Suggested statements (add others you can think of as relevant):
- A. Condoms are immoral
 - B. Condoms are a ‘tool of life’
 - C. Condoms are very effective. They usually only fail when not used properly
 - D. ‘Flesh to flesh’ sex is so much better, without a condom, that its worth taking the risk
 - E. If men do not have sex regularly, it affects their health
 - F. Sex with condoms is the most pleasurable because, as well as physical pleasure, you know you and your partner are safe from unwanted consequences
 - G. If a man has had unprotected sex before or outside his main relationship, he should always use a condom with his partner or wife until he has tested for HIV to ensure his partner’s safety
 - H. Educating about condoms encourages promiscuity
 - I. Now there are ARV medications, you needn’t bother with condoms
 - J. If you are circumcised, you don’t need to use condoms
 - K. Having two long term partners at the same time puts you at higher risk of HIV
 - L. Sex feels good with condoms
 - M. A man using condoms confidently is his partner’s best friend.

2. The Condom debate

Aims: To air discussion of different attitudes to condoms

Materials: None

Time: 30 minutes

1. Explain there is an imaginary line down middle of the room.
2. Have half the participants on one side of it, sitting in a line. The other half the other side facing them (a random division)
3. Find a way (drawing sticks, tossing a coin) to designate one side to be opposed to condom education and skeptical about condoms- arguing against them, the other side to be strongly supportive of need for all boys and men to be informed about condoms and all their uses and advantages.
4. Clarify that people are now NOT speaking their OWN beliefs, but making the argument for the side you have designated after everyone has sat down.
5. Give into the activity some form of pretend microphone (a pen or bottle) Start a 'debate'. In order to speak, the microphone has had to be passed to you.
6. Once three people maximum on one side have spoken – the microphone must go to someone on the other side. Once three there have spoken, it must cross sides again.
7. Continue for 10 – 15 minutes.
8. Finally, back into circle – and discuss things that arose during the activity, what it felt like making those arguments or listening to them.
9. Refer people (where appropriate) to the website, under RESOURCES –to the easily accessible (by direct link) booklets and articles about condoms.

3. Visualising realities of HIV transmission: the heart of the matter

Aims: To clarify how men acquire HIV and generate explicit discussion of the vulnerability of the sexual body

Materials: None

Time: 25 minutes: 10 in pairs, 15 minutes feedback and comment

1. Ask the group to get into pairs, and, once in pairs, ask them to discuss the following question:

How exactly can a MAN or BOY become infected by HIV?

Explain that each pair should attempt to describe the process in as full detail as possible.

2. After 5 – 10 minutes, request feedback into main group and write up the ideas that emerge on flip chart paper.
3. Then open discussion using these (below), or other appropriate questions.

Here first are the questions on their own – but they are repeated below with notes about important details to ensure are included in/ added to the discussion:

- What were the first images of infection routes or risk mentioned in your pair?
- If a woman is living with HIV, where is the HIV concentrated in her body and how can it be transferred into the man's body during sex?
- Was there new information in the group from these detailed discussions?
- What does this exercise tell us about safer sex information that is generally available?
- If a man is living with HIV, where is the HIV concentrated in his body and how can it be transferred into another man's body?
- When you were in your pairs, how clearly, in what detail, did you discuss the sexual information about exactly how the virus gets into a man's body?
- Did some people clearly discuss sexual contact involving blood?

QUESTIONS REPEATED WITH NOTES:

- If a woman is living with HIV, where is the HIV concentrated in her body and how can it be transferred into the man's body during sex?

If a woman is living with HIV, it will be concentrated in her vaginal 'juices', in her blood (and in her breast milk). Men need to have clear understanding about the natural, life-long moisture/'juices/lubrication' that keep a woman's vagina healthy all her life (like the eye stays moist, or the mouth – so does the vagina). If a woman is living with HIV, it will be concentrated in this natural daily liquid. Boys and men very often don't visualise this. So during contact of the man's penis with the outer moist lips of the vagina (even before penetration), or with the moist lining inside the vagina, his penis risks picking up the virus. It enters his body via the moist, thin skin at the tip of his penis or under his foreskin (with the risk of passing the virus into her body if he has HIV). If there is blood from her vagina or anus during sex, the man's penis can again pick up the HIV from this blood (see below).

- If a man is living with HIV, where is the HIV concentrated in his body and how can it be transferred into another man's body?

If a man is living with HIV, it will be concentrated in his semen and his blood. During sex with another man, if his semen or blood makes direct contact with the blood of his uninfected partner, the virus has a high risk of being transmitted to this partner. Anal sex needs to be done carefully - very slowly and with lubrication. When anal sex occurs, there is always high chance of bleeding – so, if one of you has HIV, the risk of the virus passing from one partner to the other is high. So condom use is crucial to reduce this risk. Anal sex always needs to be done carefully - very slowly and with lubrication and always using condoms.

- How clear, in what detail was the sexual information discussed about exactly how the virus gets into a man's body?

If men and boys do not visualise very clearly how the virus can be transmitted INTO a man's body – using a condom doesn't make sense – especially when there are so many myths and peer attitudes NOT to use one. It's not enough just to say 'through sex' – that can be very abstract and remain disconnected in the mind from the dynamic of actual sexual encounters. Many boys and men do not hold a clear image of how 'fluids' from a woman partner can enter their bodies. It is important that

men understand how the virus can be picked up by the sensitive, moist, thin skin at opening tip of penis, or under the foreskin, if uncircumcised; or through tiny abrasions on the penis invisible to the eye (maybe caused by friction/dryness during sex?), or via sores/irritation on the penis due to already contracted sexual infections.

- Did some people clearly discuss sexual contact involving blood?

What needs discussing here is first that getting blood carrying HIV into your body brings high risk of acquiring HIV (shared injecting drug needles, shared unsterilized needles, transfusion from untested blood – and bleeding during sex)

It is important to be aware of the main ways blood during sex can occur:

- A woman's menstrual blood
- Any bleeding caused by violence (tearing inside of vagina or anus or of circumcision scars)
- Any bleeding from a partner's STIs (that start to bleed under pressure from sexual penetration)
- Any bleeding caused by force or too fast pressure on the anus

If a man is already living with HIV – being re-infected with more virus getting into his body can help the virus spread more quickly inside him. Being infected by another strain of HIV causes the spread of different viruses inside the body, intensifying health risks and requiring more complex medications to restrain the HIV and prevent it leading to AIDS.

- Was there new information in the group from these detailed discussions?
- What does this exercise tell us about safer sex information that is generally available?
- Does anyone have any further questions or wish for further clarification?

There are often silences about men's bodies - silences that sexual and gender norms often encourage us to glide over. There are frequently cultural taboos or habits (or jokes and banter) that discourage men from talking to boys or other men about the realities of sex and the vulnerabilities of their own bodies. (To women also, men's bodies can seem very unknown and daunting – and no-one talks clearly about them.) Safer sex awareness needs to have a framework of ease in talking about men's bodies in detail, to give boys and men the greatest chance to understand how to avoid HIV getting into their bodies – whether HIV negative OR positive.

4. Sources of advice and information

Aim: To identify together where boys and men get information and advice about condoms and safer sex, what messages they receive – and what might be the best sources

Materials: None

Time: 30 minutes

1. Present to the group the situation of a young man seeking information and advice about using condoms
2. Ask the group to make a list of specific people in the community who might give this young man information and advice – their opinions about what the young man ‘needs to hear’- (e.g. mother, father, uncle, partner, wife, same age friends, elders, priests/minister or imam, traditional leader, teacher, radio, - other?)
3. Ask for volunteers to play each of these roles, getting into character and thinking what they would say. (more than one can take up each role)
4. Ask for a volunteer to role-play ‘the young man’ – and walk round to each of these ‘advisers’ (so, for example, to consult all the volunteer ‘father’ characters first, then ‘the friends’ etc) who will speak their mind to him, while all the rest of the group listens.
5. Ask the rest of the group not ‘playing’ to say, as themselves, how they felt listening to the advice
6. Finally, ask the ‘young man’ volunteer to line up the advisers in order of what he felt to be the best to the worst help. Then ask him to say:

How did he decide which advice was good to follow among all the different things he heard?

What different things was he thinking about when deciding?

What influenced him to prefer some advice to others?

What could have made the help he was seeking more useful?

5. Communicating about condoms 1

Aims: To get participants thinking through how to communicate clearly about good condom use – and practice speaking easily about them – learning from each other, becoming familiar with condoms and learning skills for their correct use

Materials: A supply of condoms

Time: 50 minutes

Facilitator support:

The facilitator can go over beforehand what ‘content info’ is important to include. Go to www.protectionthefilm.com for a detailed explanation about condoms and correct condom use that can help prepare for this activity.

1. Everyone should get into groups of 4
2. 10 minutes to discuss and make a list together of what it is important to know in order to use condoms correctly.
3. Everyone should then be given a condom each.
4. Everyone should now open the condoms, in each group, and together go over correct use, each in turn applying the condom to a suitably shaped object (or onto fingers) representing the erect penis – correcting things forgotten and advising each other on aspects of correct use. (10 minutes). Laughter and unease is fine here, as people overcome awkwardness or uncertainties together.
5. Next, give each group a role-play to prepare (10 minutes). Each group is going to present a situation of supportive condom information being communicated between men. So, in front of the full group, each group will choose one of their members to ‘teach’ the other three about condoms – what they are, why useful in face of HIV, what they are for, how to use them correctly.

Give each group a ‘situation’ they must prepare: E.g. a father talking to a son; a Christian minister talking to a group of young men; a traditional leader talking to husbands; an imam addressing a group of fathers; young men informing their fathers; young men educating younger siblings; a schoolboy explaining to his grandfather; a political leader speaking to his staff; an uncle talking to his nephews etc.

6. Each group acts out their scenario (30 minutes). People comment after each on how they did it: did they get the right tone? The right approach? Where did it leave the ‘learner’ in each situation role play? What was difficult or easy? Were important bits of information left out?
7. What was interesting about this activity? Go round in a circle with everyone commenting briefly what it brought up for them.

Finally: where appropriate, encourage participants to read the sections on condom use on the film website – and to talk to two people, friends or family, about things they have learned or thought about regarding condoms with this activity.

You can also all view together the 7 minute long EXTRAS - ‘A Condom Lesson in Cape Town’ and ‘Condoms if you care’ (on the DVD and also on the film website).

6. Communicating about condoms 2

Aim: To encounter the challenges of communicating clearly about condom use, and clarify own knowledge of correct condom use.

Materials: Flip chart and marker; a supply of condoms

Time: 45 minutes total: 10 minutes in pairs, 15 minutes in full group, 20 minutes practicing handling condoms and preparing and presenting posters

This exercise is about facilitating clear and detailed visualisation, to appreciate the limits of the usual way we communicate about condoms, to provide fuller information about correct condom use and become more relaxed handling actual condoms.

For this exercise, the group is going to educate the facilitator about condom use... as if he/she were a young person of 13 or 14 who hasn't heard about condoms, and needs to know everything to understand what they are, where they can get them, etc. and what they need to remember in order to use condoms correctly.

1. Staying seated in the circle, each person should talk to a partner for a few minutes about the key information that needs to be communicated to build good understanding of condoms and their correct use.
2. After the groups have had chance to discuss the issues, the facilitator stands by the flipchart and lists the information as it is spoken by members of the group.
3. Keep asking – “But what else do I need to know before I get to this point?” or stating “That isn't really clear to me – can you explain more?” as often as is appropriate. You want the group to explicitly talk you through all the stages necessary for informed and proper condom use.

You can use questions like these to provoke detailed information from the group:

- But what exactly is a condom, how does it work, what is its point?
 - What does it look like, feel like?
 - Where do you get them (locally to where people live)?
 - Are there different kinds? What do the packets look like?
 - What do you ask for?
 - What do they cost? Are they available free?
 - How do I know they are a good make?
 - When do you use them? What does it feel like to use them?
 - What myths might I hear about condoms?
 - What is important to know to use them correctly?
 - How do you actually use them correctly?
 - What must you take particular care to do or not do?
 - Why is it important to understand about lubrication and condom use?
 - What happens to condoms at end of sex?
4. At the end of the 'lesson', people should go into pairs and all be given condoms. Using actual condoms, they now take it in turns to apply a condom to a suitably shaped object (or onto fingers) representing the erect penis – correcting things forgotten and advising each other on aspects of correct use. (10 minutes). Laughter and unease is fine here, as people overcome awkwardness or uncertainties together.
 5. Finally, each pair should design a living statue poster to encourage condom use. They must decide who the poster is aimed at and then invent a picture and condom use slogan. Each pair can then take it in turns to pose as the picture, while someone reads out loud the slogan.

7. Men, masculinity and sex

Aim: To begin a discussion of how the gender system familiar to participants positions men and women, and see if gender norms are putting men at risk of HIV contraction and transmission

Materials: Paper and pen for each group, flip chart and coloured pens

Time: 50 mins total: 20 minutes in groups, 15 minutes feedback, 15 minutes discussion

1. Organise participants into groups of 3 or 4 (with men in different groups from women, if women are participating).
2. Ask for one person willing to take notes in each group
3. IMAGINE: Everyone is to imagine that there is a newly born baby boy, born into their family or to their neighbours, near where they live. The baby knows nothing of the world around him. But, now, imagine the young man aged 20 he might become, under the influence of the culture he is born into.
4. Then ask all the small groups to discuss the following question, remembering their own growing up, or watching a boy child grow up in their family:

What are the main pressures, expectations, vulnerabilities and difficulties the child will probably encounter and have to navigate on his way to becoming a man in your culture today? In the community, street, families, friends and personal lives? What kind of behaviour is expected of him? How easy will it be to fulfil expectations?

5. All back together again; ask each group to feed back their responses. List on a flip chart all the issues boys/men face, grouping each. (If a mixed group, ask the men to list their responses first, then add to these what the women have listed.) There will probably be some duplication in the lists produced by each group, so as the feedback continues, ask groups to add any new ideas to the combined list.

6. The lists provide a kind of 'gender map', and the rest of this exercise involves discussing in the larger group responses people have to this 'map.' Open general discussion of responses, as people look at this map, in the full group again

7. Men, masculinity and sex {continued}

These questions can help guide the discussion:

- A. What gets encouraged and affirmed in a boy growing up?
- B. What do you think about the vulnerabilities and pressures men can face? What do men feel when they see the list? Is there anything on the 'men's difficulties' flip chart that some of you find surprising?
- C. What risks do men confront, in society today? Are there any expectations that urge men to take risks? Be involved in risk-taking activities?
- D. How do people treat a boy/man who does not conform to expectations of a 'man'? What attitudes or comments might he then expect?
- E. What or who protects or supports men in face of problems?
- F. Are there any contradictory messages the boy receives about becoming a man?
- G. Are there particular sexual pressures or challenges he might face?
- H. What aspects of this map of familiar masculinity expectations could support men using condoms? What aspects might put a man at risk of contracting HIV? What might be difficult to manage if he were HIV positive? What might support him living well with HIV?

Follow up from the exercise:

Where appropriate, the facilitator could have the gender map typed up, and hand it out to everyone later, asking them to discuss the issues raised by the exercise with a friend, partner, members of their family or someone at work.

If there are women in the group, run the whole exercise with single sex groups first discussing and feeding back. Now the initial exercise should be replayed imagining a 'girl baby' and the woman she will become – the expectations, pressures, vulnerabilities and difficulties she will face becoming a woman. Women should feed back first – followed by things the men have discussed.

This exercise opens up new ways of seeing familiar gender norms – and prepares for discussion of risk, damage and potential positive changes in gendered behaviour and attitudes in relation to HIV.

8. Condom challenges: problem wall and solution tree

Aim: To identify together the possible challenges condom use with a partner might pose, and collectively build clarification or look for solutions

Materials: A blackboard or flipchart paper (fixed to wall or on ground); chalk or small pieces of paper and sticky tape

Time: 30 minutes

Boys and men can face a range of different challenges regarding condom use with partners. These range from myths, misinformation, half-knowledge – to uncertainty or anxiety as well as practical challenges – like availability or cost. This exercise can help bring some of these issues into the open for discussion and strategies to respond to the challenges.

1. On the blackboard – or on flipchart paper – draw a wall made of bricks on one large section, and a tree with big, separately spaced leaves on another section (half the blackboard for each, or 2 flipchart sheets for each – the drawings need to be big!)
2. Invite participants to think about challenges or problems boys or men might face regarding condom use with their partners. Ask them to write them onto separate bricks on the PROBLEM/CHALLENGES WALL. They could write them with chalk on the board or on post-its / or small squares of paper that they stick on with tape onto the board or paper.
3. The group can then hear the range of issues identified read out.
4. Divide people into small groups, and allocate different issues identified to different groups. Give 10 minutes with people in small groups discussing the challenges/ problems.

5. Ask each small group to think of solutions to the problems written on the bricks, and write these on new pieces of paper that will be stuck to the TREE LEAVES on the Solution Tree
6. Finally – see if there are ways that some of the suggested solutions can be taken forward by the group and more available to boys and men in their networks and community. Can there be an action plan?

For the facilitator:

Make sure that issues identified include issues that surface for men everywhere: myths/beliefs about condoms (these often concern safety, pleasure, size, ‘western interference’, ‘not needed’ myth – e.g. are on ARVs, circumcised); real availability and accessibility – so issues of supply; partner’s acceptance to use them; men’s strong cultural resistance to using them with wives or long term partners; abandoning of condoms because of ‘trust’ without testing; lack of understanding of risks of anal sex; condoms and alcohol use. In the ‘Resources’ section on the website there is a direct link section about condoms – including Myths, Perceptions and Fears: Addressing Condom Use Barriers. (IPPF and UNFPA, 2005).

9. Hearing each other out: fishbowl of opinions, feelings and thoughts

Aim: To give space for people to express own opinions and feelings and listen well to others who agree or disagree with them

Materials: Chairs

Time: 30 minutes (or more)

1. Get people to make an inner circle of chairs, facing in, while others make an outer circle of chairs facing out (with the chairs now back to back)
2. Everyone sits down. The outer circle will ONLY LISTEN, and not speak or turn round. The inner circle will discuss questions you propose. You can either just read these out or have them on pieces of paper, and people randomly pick them.
3. In the inner circle people will respond, with their own opinions, thoughts to each question, discussed by as many as want to speak, one at a time. A pen or bottle can be the 'microphone' and people can only speak when holding it. They signal silently to the speaker that they want it passed to them next.
4. After 3 or 4 questions, the people on the outside move into the inner circle, to in turn respond to questions, while the others move to the outer circle to listen.

Here are some suggested questions – but you can select or add your own, or have participants write their own questions about condoms that they would like to hear people discuss – according to issues you want discussed in your context.

If you yourself had a 14 or 15 year old son, what would you advise him to avoid HIV? Would you educate him about condoms?	Why do many men refuse to use condoms with their wives – when they themselves have had unprotected sex before or outside their marriage, and not tested for HIV? Would you be prepared to use condoms with your wife?
What sexual advice and support can help a man if he has tested positive for HIV?	Can you, between you, explain 10 important things to remember in order to use condoms correctly?
Where did you yourself get information about being sexual 'as a man'? About HIV? About condoms?	"It is men who have never used them who speak ill of condoms. Those who have confidence using them know all their advantages" Discuss!
In a time of HIV, what makes a good lover?	Do you think people should test for HIV before marriage?
What do you think are some of the challenges men can face in using condoms?	What are your own preferred strategies for protecting yourself from unwanted consequences of sex? Can you explain why you prefer this?
Is it possible to access ARVs where you live? If so, where and how?	Can you think of ways to check that condoms are available where you live/work. Are they available free anywhere? Where should they be located to ensure access? Are there ways you can mobilise to ensure supply?

10. Tunnel of Conscience: what if...

Aim: To expand empathy between men about the emotional complexities of the unwanted consequences of sex

Materials: None

Time: Total: 35 minutes. 10 organising, 5 minutes each exercise + 5 reflections

1. Ask 12 people to stand in a line, in 6 pairs, facing each other, about 2 metres/2 yards apart. Explain it is crucial that everyone is quiet, listening to what people have to say in turn. So no background chatter.
2. Ask for two volunteers. One will stand representing a character at the end of the 'human' tunnel, 'in character', as facilitator will narrate. The other will 'walk the tunnel' – twice, beginning each time at the end of the 'tunnel' opposite the first person – en route to the waiting person, to tell them the news he/she carries OR NOT. The person walking should be informed that they do not have to actually act out this conversation.
3. The 'walking' volunteer is then given a role to imagine. He/she will walk slowly down this 'tunnel of conscience', to go to meet an assigned person at the other end. During the first walk, he/she will zigzag going to face, in turn, each person along the line, receiving input from each of them. Each time there should be eye contact and a pause to digest the thought or advice that should be spoken loudly so all can hear.
4. The first walk through the tunnel, each person will say out loud one thought that they think might possibly be going through his/her mind, walking to meet that person waiting at the end. (saying it as if they were that person e.g. 'I am afraid', 'She will never forgive me', 'I don't care' etc)
5. Then, returning to the start, he/she will walk again, again stopping face to face, with eye contact, with each person, zigzagging from one row to the other. This time, each person will give one piece of USEFUL advice or help – to deal with the situation or about what they might SAY to the person waiting (or what they might NOT want to say...)
6. At the end of this second walk, the walking volunteer should simply 'arrive home' to be actively welcomed 'at the door' by the waiting person. The two volunteers stand silently facing each other for a few minutes. The role play stops before they have a chance to communicate
7. The facilitator needs to stop the 'game' now – and get everyone to relax, to discuss what has just happened.
8. With everyone sitting down back in a circle again, the walking and waiting volunteers are asked if they would like to say anything about how it felt doing the exercise.
9. Finally, open discussion about why this exercise was effective. (Empathy, listening, emotional connection to real human situations evoked). What did they like about it? .

10. Tunnel of Conscience: what if... {continued}

Here are suggestions for the role-plays the exercise could involve. Add your own scenarios that relate to issues experienced in your own contexts.

Get new volunteers and new members of the tunnel for each scenario/ walk.

WALKING	WAITING
A 40 year old man, who got drunk last night and had unprotected sex with a sex worker	His new partner– who is a sexual health educator and teacher at the local school
He is a 35 year old man, who has just found out he has tested positive for HIV	His 27 year old wife, now is 4 months pregnant with their first baby
He is 29 years old. His male lover has just died from AIDS and he has learned he also has HIV. No one in his family knows he has had a male partner.	His father, who is widowed, who lives in a rural area and is strongly religious
A 20 year old woman, married for 2 years, who has just found out she has tested positive for HIV	Her husband, who was tested at work recently and is not HIV+
A boy of 16 who has had unprotected sex with a woman, and has just heard about how you contract HIV	His uncle, who supports his education, a very strict Moslem
A married Christian minister who has discovered he has HIV	His teenage sons
Other? (Something locally relevant to recent circumstances)	

11. The things men do: sexual contexts and sexual acts

Aim: To open discussion about the diversity of experiences and contexts in which men might be sexually active

Materials: Flip chart and pens or blackboard and chalk

Time: 30 minutes

1. Tell the group (with energetic enthusiasm) you are giving them 3 minutes to list at least 25 reasons why men have sex: 'GO'!
Write them up as a list as people call them out. (People will say a wide range of things – from pleasure to revenge, lust to love etc)
2. Now ask the group to suggest a list of specific sexual activities/acts men might engage in. Write these up on a separate flip chart /section of the board in a list in a middle column, with two small columns each side.
3. Return to the 'reasons for having sex' – and go over the list asking the group if women might have sex for each of the listed reasons?
Then go through it again, asking if young people might have sex together for each of the listed reasons. Then go through it once more, this time asking if two men might have sex together for each of the listed reasons.
4. Now return to the 'sexual activities' list.
Go down this list, one by one, asking if condoms can help make this act safe and underline strongly the acts where condoms CAN support safer sex. Go down it once more this time asking: can this happen with a woman partner? With a man partner? Tick the left column, if yes for man-with-woman sex, and tick the right column beside the same act) if yes for man with-man sex.
5. Open discussion, reflections from the group
6. Ask three last questions for open response:

Do some men who have sex with women also have sex with men?

Do some men who have sex with men also have sex with women?

Why might condom use be important given the diversity of situations, acts and partners people might have?

12. Actions for local condom access and availability

Aim: To encourage awareness of availability of condoms locally and discuss ways of improving that if necessary

Materials: None

Time: 20 minutes

As a group, map out where condoms can be acquired in the area.

This can be done as a list or on roughly sketched map of the village, town on a flip chart or blackboard.

1. Where can condoms be purchased or accessed free?
2. What are the main makes available? Who supplies them, if free? How much do they cost and who is the supplier for the ones you pay for?
3. What are the advantages of accessing condoms in the different places?
4. Are there other places it would be helpful to ensure condoms are available?
5. Could you build an action plan to help expand number of locations willing to make condoms available, in places more accessible to men and boys?
6. Could you mobilize to inform suppliers/policy makers of the need to increase availability and accessibility of condoms for young men?
7. Are there local organizations that could help with this?
8. Any ideas for organizing to ensure continual/increased supply locally?
9. Who can commit to taking this forward?

13. Collaborating for the future

Aim: To move from the general to specific one to one communication, and express desire for collaborative vision

Materials: None

Time: 30 minutes

1. Everyone stands in a circle, and talks a minute in pairs with person beside them, saying to each other, finishing these sentences:

I want you to practise safer sex as a man because...

What I want you to remember about condoms is.....

2. Focused in with the whole group again, ask people to say out loud to the group some of the things just offered to each other.
3. Finally, going round the circle, one by one, ask each person to say one important thing they would like to tell a boy or man they know about preventing infection or re-infection from HIV, or living positively with HIV.

Each person could tell the group to whom they want to say this – friend, mother, child, neighbour, husband etc – e.g. “I would like to tell my son Kwena...” or “I would like to tell Samuel, my best friend...” or “I am going to talk with my father about...” etc.



PROTECTION

Enabling men and boys:

