Becoming a Man During AmaXhosa Ceremonial Rites of Initiation

A manual for teaching traditional surgeons and attendants about safe circumcision and social and sexual responsibility

April 2005

USAID
FROM THE AMERICAN PEOPLE

USAID Office of HIV/AIDS, AIDSMark (PSI, PATH, MSH)

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AIDSMark is a ten-year, worldwide program, started in 1997, that uses social marketing to combat the spread of HIV/AIDS and other sexually transmitted infections.

This document was prepared by Kirrin Gill and colleagues at PATH for the AIDSMark project.

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Preface and Acknowledgements

Becoming a Man During AmaXhosa Ceremonial Rites of Initiation is a manual designed for teaching traditional surgeons/circumcisers (*ingcibis*) and attendants (*amakhankatha*) about safe male circumcision (MC) practices and how to talk to initiates about social and sexual responsibility during the amaXhosa ceremonial rites of initiation (*ulwaluko)* into manhood. This manual is used as part of a training program in the Eastern Cape of South Africa that provides extended post-MC education to young initiates during *ulwaluko.* In the program, *ingcibis* and *amakhakatha* learn key messages of social and sexual responsibility that are intended to be passed on to young initiates as they heal from their circumcision and go through their traditional initiation rites.

This document was made possible with support from the United States Agency for International Development (USAID) Office of HIV/AIDS through the AIDSMARK project in collaboration with Population Services International (PSI), Program for Appropriate Technology in Health (PATH), Management Sciences for Health (MSH), and the USAID Interagency Gender Working Group (IGWG).

A number of people contributed to this manual. Allen Herman and Helen Lewis of the Medical University of Southern Africa (MEDUNSA) in Pretoria, South Africa, and Mamisa Chabula, a practicing physician in the Eastern Cape, ensured that information herein is relevant to the field and appropriate to amaXhosa culture and initiation rites. Douglas Huber of MSH developed the materials related to safe circumcision. Linda Bruce, consultant, was the primary author of the curriculum and shepherded the manual to its completion. Kirrin Gill managed the project for PATH, and Doug Call was responsible for the oversight of the project at PSI. Daniel Halperin, Nancy Lowenthal, Diana Prieto, and Nomi Fuchs (USAID) reviewed the work and provided insightful comments. We also thank Joseph Mpate, the trainer who tested the curriculum in the field, and Judith Brown, who laid the groundwork for its development. In addition, many PATH staff members were involved in the manual's production, including Patricia Daunas, Imogen Fua, Willow Gerber, Michelle Folsom, and Siri Wood.

Our sincere thanks to Tata Wilfred and the many *ingcibis* and *amakhankatha* from Motherwell and Walmer Townships of Port Elizabeth who freely gave their time and talent to help the production staff to clearly understand the social, cultural, and physical context of MC procedures. Their enthusiastic collaboration was essential to the creation of this curriculum. A special thanks also goes to Dean Peacock of EngenderHealth and Planned Parenthood of South Africa for allowing PATH to adapt exercises from their curriculum entitled *Men as Partners: A Program for Supplementing the Training of Life Skills Educators*.

Acronyms and Definition of Terms

amadoda	amaXhosa man
amakhankatha	attendant taking care of initiate after circumcision
HIV	human immunodeficiency virus
hlonipha	respect
ibhuma	seclusion hut
ikrwala	newcomer to manhood
ingcawa	traditional blanket given to the initiate as part of amaXhosa initiation rites
ingcibi	traditional surgeon/circumciser
inqalatha	peer assistant to the initiate
iphela	cream applied during initiation rites
isilimela	month of June (plural—months of June: zilimelas)
kraal	central location for amaXhosa's cultural life
lobola	to ask for a girl's hand in marriage
MC	male circumcision
MSH	Management Sciences for Health
PATH	Program for Appropriate Technology in Health
PSI	Population Services International
Somagwaza	traditional initiation song
STI	sexually transmitted infection
ukulima	ploughing
ulwaluko	amaXhosa initiation rites
umnqayi	peace stick given to the initiate as part of amaXhosa initiation rites
USAID	United States Agency for International Development

Introduction

Male circumcision (MC) has been associated with lower rates of human immunodeficiency virus (HIV) prevalence in many African countries. It is currently being investigated as a potentially powerful adjunct to HIV prevention strategies. While MC may lower the risk of transmission, it does not protect men against HIV infection. Circumcised men must still practice responsible sexual behaviour and safe sex if they are to avoid HIV and other sexually transmitted infections (STIs).

The amaXhosa culture has ancient initiation rites known as *ulwaluko*, which define the passage of boyhood to manhood. These ceremonial rites centre on MC but also include teaching core moral values. After the circumcision, the following activities take place, all of which are an important part of the *ulwaluko* tradition:

1. The initiate is daubed in white clay—a symbol of purity and new beginnings.
2. He is given an *ingcawa*—a white blanket with a black thread running through it, as a symbol of the purity of man's purpose—a purpose frequently accompanied by the black line of difficulty.
3. He is given an *umnqayi*—a stick of peace, authority, and patience (which he symbolically holds in the middle). The *umnqayi* is different from the fighting sticks of the amaXhosa.
4. He is chased across the river by three mentors—the *ingcibi* (traditional surgeon/circumciser), the *amakhankatha* (attendant), and his father—to clean the white clay off his body. Then his body is covered with *iphela* (cream) that symbolizes his transition from boy to man.

As part of a program in the Eastern Cape of South Africa that provides extended post-MC education, a training program was developed to educate young amaXhosa boys (initiates) on social and sexual responsibility during *ulwaluko*. Amongst the amaXhosa, a boy is considered arrogant, while a man is seen as dignified and graceful under pressure. The cultural constructs that govern initiation include:

- Control (withstanding pain with grace).
- Respect for self and integrity, including physical integrity, health, and well being.
- Respect for family—not harming or bringing shame to the family and clan name.
- Respect for community—making sure one's actions do not put community members at risk.

The training focuses on good clinical practices during circumcision, which include: (1) how to perform safe circumcisions, (2) how to dress wounds, and (3) how to handle and report complications. Exercises addressing responsible social and sexual behaviours were added that *ingcibis* and *amakhankatha* are asked to pass on to initiates during the post-MC initiation rites. The exercises endorse three key messages related to the cultural constructs that govern the amaXhosa initiation rites mentioned above, namely:

- Respect for self by keeping oneself safe and healthy.

- Respect for family by keeping family safe and healthy.
- Respect for the community by protecting the community from harm.

This manual was developed for use by male health educators, medical officers, and other trainers to train *ingcibis* and *amakhankatha* on safe circumcision and responsible social and sexual behaviours that protect young men, their families, and their communities from STIs, gender inequities, and domestic violence. The manual explains how to incorporate these messages into the post-MC initiation rites and education of newly circumcised initiates. The exercises draw on the roots of the amaXhosa culture and incorporate traditional African communication practices such as story telling, which endorse adult learning principles. Because *ingcibis* and *amakhankatha* tend to have limited literacy skills, the exercises are geared for low-literate participants.

The authors also adapted a traditional initiation token, the *umnqayi* peace stick, as a reminder to the trained *ingcibis* and *amakhankatha* and post-MC initiates of the three key messages on sexual and social responsibility. The *umnqayi* stick represents the control that an *amadoda* (amaXhosa man) shows in his actions and the respect (*hlonipha*) that he must earn by safeguarding himself, his family, and his community—ideal values for supporting responsible behaviours. If adapting this manual for other regions, consider other types of tokens as reminders of the key messages—for example—three beads, a special pin, or a ribbon similar to the shape of the AIDS ribbon in colours that have cultural significance.

The manual is divided into two sections:

Section 1: Training the Trainers provides guidance for master trainers on how to strengthen the capacity of health educators and others responsible for training *ingcibis* and *amakhankatha* how to use the exercises in this manual.

Section 2: Exercises for Training *Ingcibis* and *Amakhankatha* includes interactive exercises and activities designed to train *ingcibis* and *amakhankatha* on safe circumcision and how to incorporate the three key messages on social and sexual responsibility into their post-MC education with initiates during the initiation process.

The following table details what the *ingcibis* and *amakhankatha* should be able to do by the end of the training:

Specific Educational Outcomes	Assessment Criteria
Educational Outcome 1 ▪ Understand the initiation process for amaXhosa boys and the relationship between the amaXhosa culture, circumcision, and HIV.	1. Explain the cultural components of initiation that define the roles of an amaXhosa male. 2. Describe the amaXhosa initiation rites (*ulwaluko*) for males. 3. Define the points of transition from boyhood to manhood in the initiation process. 4. Describe the behaviours that make a boy a man within amaXhosa culture. 5. Describe the relationship between the amaXhosa culture, circumcision, and HIV.
Educational Outcome 2 ▪ Describe good clinical practices. ▪ Describe how to perform a traditional circumcision using sterile equipment. ▪ Describe how to dress the circumcision wound using modern and traditional methods. ▪ Describe how to manage wound healing. ▪ Describe how to handle and report complications.	1. Perform a safe circumcision in a traditional setting. 2. Properly use modern surgical devices such as the Tara© clamp when performing circumcisions. 3. Properly dress a circumcision wound using modern surgical dressings. 4. Define traditional wound dressings and know how to use them. 5. Properly identify complications of circumcision and describe the appropriate responses to complications. 6. Properly report complications.
Educational Outcome 3 ▪ Understand what STIs and HIV are. ▪ Describe how to prevent STIs, including HIV. ▪ Develop ways to talk to an initiate about sexual behaviours that protect against STIs, including HIV.	1. Teach initiates ways to care for themselves and protect themselves from STIs, including HIV. 2. Teach initiates responsible social behaviours that keep them healthy and safe from STIs. 3. Teach initiates how to properly use a condom.
Educational Outcome 4 ▪ Define attributes of good relationships. ▪ Raise awareness about domestic violence and gender issues. ▪ Develop ways to talk to initiates about how to be a good husband and how to keep his family safe and healthy.	1. Describe behaviors in a relationship that are controlling or abusive. 2. Describe the repeating pattern of domestic violence. 3. Teach initiates about healthy and unhealthy relationships.
Educational Outcome 5 ▪ Define a man's responsibilities to the community. ▪ Identify types of violence in the community. ▪ Define rape and what constitutes sexual consent. ▪ Develop ways to talk to initiates about how to protect the community from harmful sexual behaviours.	1. Teach initiates about a man's responsibilities to the community. 2. Talk to initiates about rape and what constitutes sexual consent. 3. Teach initiates ways to protect the community from harmful sexual behaviours.

Overview of the AmaXhosa Culture and Initiation Rites

Cultural components of initiation that define the roles of an amaXhosa male

The amaXhosa have ancient and noble ceremonial rites that define the passage of boyhood to manhood. These initiation rites centre on male circumcision (MC), and the father, traditional surgeons, and attendants (all of whom have clearly defined roles) help guide the young male through this vale of pain. In the amaXhosa tradition, a boy must "go to the mountains" when he is old enough to understand the significance of the physical changes of puberty. The amaXhosa have a traditional initiation school, known as "mountain school," where young men, usually in their teens, go to be circumcised and to learn how to become men. A boy will not be accepted as an adult nor will he be allowed to marry if he has not been circumcised.

Traditionally, initiation took place during the same year of the initiation of the chief's son or the son of the first headman, or the community would wait for a year when there was a bountiful harvest. Boys would often be sent for initiation when a rich man took his own son to the mountain. At 12 years old, the boys were taken to the chief's place, where they would stay and observe the workings of the clan. These boys would go to initiation with the chief's son(s), and the chief would be responsible for the process. The boy who was circumcised after the chief's son would become the headman—the chief's advisor. The tradition has changed, and now the boy himself decides or his father decides on the date of his initiation when he realizes that the time is right and he can afford the event's expense. The father announces the date when he intends to send his son to the mountain, and the community knows that he is sending him to become a man.

The amaXhosa initiation rites for males

The initiation school is traditionally held in the mountains. The teacher is a well-known man who is trusted by men from the same homestead. He is responsible for the health of the initiates and takes on a parental role with the initiates.

The following components make up the initiation rites of the young amaXhosa male:

1. **Control.** During the first eight to ten days of initiation, the boy is taught control in the form of deprivation—he is not allowed to drink any water. The assistants prepare special food and bring it to the initiation village. If the initiate is not healthy after the cleansing period, he will be asked to confess any wrong deed he performed as a boy. (These deeds are usually of a sexual nature.) Traditional herbs are used to heal the young men. The herbs take time to work, and as they wait for their effect, initiates are taught to persevere. Some families choose modern medical treatments to help initiates heal, but using modern methods is controversial in this culture. Many assume that when initiates use Western medicine, they will heal too quickly and not learn how to withstand pain. Some say, "a boy who received modern treatment will never know manhood" because he did not have to endure pain for a long period. Traditional believers feel that a man must be a strong person who can withstand the ups and downs of life, including pain.

2. **Respect/*hlonipha*:** Both words and actions are used to teach respect. For example, childhood nicknames are abandoned and respectful language is used with the initiates, and their heads are covered because amaXhosa men do not walk around bareheaded. Respect is central to the family and clan. Some may say, "I cannot do this because I respect my family name," or "Whose child is this?" or "Whose father would have done such a thing?" The initiates are taught to respect community elders, their parents, and their community.

3. **Dance:** Initiates are also taught how to dance anew by the boys and girls from their community when they return home.

4. **Family affairs:** On the mountain, the father has a duty to teach his son about the affairs of his family. He has plenty of time to tell the initiate about adulthood, customs, traditions, and family lines. The assistant adds to what the initiate has been told by his father.

On initiation day, the boy is taken to the *kraal*—a very important place in amaXhosa culture. The *kraal*, which is normally found facing the front of the houses, is central to the cultural life of the community. It is the place where the initiate has his head shaved as part of initiation. It is also where a goat is slaughtered for him. After the slaughter, a piece of meat is cut from the goat's right front leg and eaten without salt by the boy. Then the whole right leg is cooked as is. After that, a small amount of goat's hair is mixed with hair taken from a cow's tail and woven into something resembling a necklace to put around the boy's neck. The goat and necklace are thought of as medicine—healthy tokens—that will make the boy well while he is on the mountain.

After being shaved, fed, and adorned with his token necklace, men will take the boy to the mountain and carry things that they may need there. On the way the boy will be chased across a river to the circumciser. Crossing the river symbolizes rebirth and baptism. By the time the boy crosses the river, men will have built him a house (seclusion hut) where he will stay to heal after his circumcision.

If after a certain number of days away bad news is reported about the boy's health, the first question the elders will ask is, "Was a goat slaughtered for that boy, and was he given a piece from the leg to eat?" If the answer is "no," a goat will be slaughtered for him so he will become well again. The amaXhosa believe that once a goat has been slaughtered for an initiate and he has eaten from it, he will get well.

During circumcision, it is important that the father, attendant, and *ingcibi* are present. The father must make sure that everything is carried out according to plan, and the *amakhankatha* will see to the well-being of the initiate. The *amakhankatha* must have the following qualities:

- He must be clean at all times, because he is going to be responsible for health issues.
- He must not be afraid or shy when dressing the boys' wounds.
- He must be a person who can keep a secret because the boys may emulate him.

- He must take great care in his role as a nurse for the boys.
- He must enjoy his work and understand how important it is; the initiates' lives depend on him, and parents trust him with their sons.
- He must be able to teach the boys helpful things about the mountain.

After the men have prepared the boy, the *ingcibi* will be brought in to do his work. The *ingcibi* must be:

- A respected person.
- A well-known person.
- A trustworthy person who does not mislead people.
- Someone who has his own cattle and house.

The *ingcibi* goes straight to the boy and performs the operation with a spear that is used for no other purpose than circumcision. After the operation the initiate will say, "I am a man." He says this only to himself; he does not tell the *ingcibi.* In doing so, he is also telling himself that he is no longer a child, he is now an adult. Then he will be daubed with white clay for the following reasons:

- To set him apart from other people, to show a change in status.
- To close the skin's pores so cold temperatures cannot affect him as quickly while he sleeps on the floor.
- To be attractive and beautiful and so he can have smooth skin when he comes down from the mountain.
- To show that he is a man and that his heart has been washed and is now pure.

Depending on the area's geography, initiation activities may be done in many different ways on the mountain. However, at the ceremony that takes place on the eighth day, all the activities are done the same way. On the eighth day the initiate can eat any type of food. A sheep may be slaughtered for him on that day.

During his stay on the mountain the initiate's relatives show support by sending him a goat, a sheep, or a chicken to slaughter. Learning to slaughter is considered important because it means the young man will know how to be a responsible provider when he gets married. Since he will have eaten well during his stay at initiation school, the initiate may return looking very fit and strong, and people may think that being on the mountain was very nice.

A young boy called an *inqalatha* (assistant) may sometimes accompany the initiate. The initiate will send the *inqalatha* to his relatives' homes to ask for meat. When he arrives, the *inqalatha* will sit behind the *kraal* and cover himself until the initiate's father sees him and gives him meat for his son. If the *inqalatha* returns without food, the initiate will send another young boy to tell his father of his presence. He will be given whatever is available, even if it is a sheep, and he will take it to the bush. If he is not given anything, he will return to the bush. If he comes across a sheep or a goat on his way, he will grab it as a gift and smear it with the white clay, for in this culture anything smeared with white clay is to be given.

In the past, the period of initiation traditionally lasted eight weeks. Now, it rarely lasts longer than three weeks. A boy normally goes to the initiation school during winter or summer school holidays and by the time he goes, his return date is already known. This is considered a very important and joyful occasion.

Points of transition from boyhood to manhood in the initiation process

The times for getting the young men from the mountain differ from place to place. In some places boys are gotten in the early morning, while elsewhere they may be gotten in the evenings. When the initiates are gathered by the village's men and teenage boys, the teenagers carry two sticks. The men chase them to the river, where they are cleansed of the white clay, returning it to the mountain where it belongs. When they get back from the river, the young men will joke and engage in mock stick fights until they arrive at the *ibhuma* (seclusion hut). When they reach the *ibhuma*, another important ceremony takes place—"the smearing of butter."

A man chosen by the initiate's family, perhaps the father or grandfather, smears the initiate with *iphela* (butter/milk cream taken from a healthy beast). The man separates the cream from the milk and brings it with him for the ceremony. As he smears the boy's body with the *iphela*, he gives him instructions and encouragement. The amaXhosa believe that the boy will take after the person who smears him, so it is important that the man be a respected member of the community—someone the community regards as doing good work. The traditional amaXhosa also believe that boyhood is an arrogant time, and when the initiate returns from the mountain as a new man, he is expected to be considerate and in control of himself. He must have the dignity befitting an adult.

After the "smearing of butter," the boy is covered with a white *ingcawa* (blanket). The *ingcawa* symbolizes victory over childhood and its hardships, while the colour symbolizes the cleansing of the heart. The white *ingcawa* has a black line running through it, indicating the difficult times and hardships of manhood. Even as his life becomes difficult and the road to success may at times be invisible, the amaXhosa man is expected to persevere, recalling how the black line is so small in proportion to the rest of the white blanket; he knows that problems will come, but they will go as well.

Then the *ikrwala* is given an *umnqayi* (stick)—the most important stick in amaXhosa culture. The *umnqayi* is not used for fighting but rather as a symbol of peace and of manhood; the bearer holds it in the middle to show that he is not aggressive. Carrying the *umnqayi*, the *ikrwala* may go places he was not allowed to before and no one will trouble him there as long as he has his stick. Everyone knows that a man with an *umnqayi* is a man of peace.

People also carry it when they go to *lobola* (to ask for a girl's hand), to show that the negotiators are men of peace and that they have come to build relations between two families. Even the negotiators on the girl's side carry *umnqayi* sticks. To the African this stick is for building a home. It is also carried when someone visits a traditional doctor.

After everything has been carried out on the mountain, the attendant and initiate will leave the initiation school while other men remain behind to burn the *ibhuma*. The *ikrwala* is told to not look back and see his *ibhuma* on fire, for he must never see his demons and childhood burning. He can only hear sounds of the burning branches.

The *ikrwala* goes home covered by a blanket and play fights with his mountain school mates on the way. They sing initiation songs such as *somagwaza*. When they arrive home, the young men are taken to the *kraal*. The men take them to the *kraal* to thank the ancestors for taking care of them on the mountain. At home the people ululate, and it is a happy day. On the night of the new man's arrival, the boys and girls of the village do not sleep. They teach the *ikrwala* how to dance as a young man since he is no longer a boy. The girls who sang for him before he left for mountain school now also emerge from childhood and become the girls of young men. On that day as well, the girls will give him his manhood name. The *ikrwala* is told about manhood and how weddings help the community.

The next day, at a predetermined time, people will celebrate. Everybody attending the event will be very happy. The new man is taken to the *kraal* for instruction and given presents in the form of money, sheep, goats, cows, etc. He is told that he should have animals in the *kraal*, which is coded language that means "We accept and welcome you as being in another stage of life, that of an adult." In keeping with tradition, the new man should now have ambitions of building a home. The amaXhosa tradition also states that he should work very hard so he can have many possessions.

Behaviours that make a boy a man within amaXhosa culture

After initiation the young man will work towards changing his *ikrwala* clothing. He will work to get cattle for paying *lobola* (getting a wife), and after finding a wife, he will work to get his own plot upon which to build his own house. He will build *kraals* with entrances facing the houses. The gifts he received for initiation should be kept in his *kraal(s)*.

The amaXhosa traditionally mark the year by initiation periods—a year begins in the month of *isilimela* (usually June). When counting the years of manhood, people ask, "How many *zilimelas* (months of June) do you have?" They want to know how many years someone has been a man. The amaXhosa make their living through agriculture. The word *isilimela* comes from the word *ukulima,* which means ploughing, and once the *isilimela* is seen for the first time on the eastern horizon, people know that it is time to plough. This counting of years marks the beginning of the cycle of growth; land is prepared for ploughing new crops of maize, wheat, pumpkins, beans, and such, and new life begins when boys come from the mountain as new men.

Section 1

Training the Trainers

Instructions for Training of Trainers

Section 1 of this manual is designed to strengthen the capacity of health educators, medical officers, and other trainers responsible for training *ingcibis* and *amakhankatha* on participatory training techniques. The approach used to train the trainers is based on the concept of "learning by doing." It gives the health educators an opportunity to familiarize themselves with the content of the manual, use the participatory training methods while conducting the exercises, and receive support and advice from their colleagues and the master trainer prior to training *ingcibis* and *amakankatha*. It also allows the master trainers and health educators to make any final adjustments to the curriculum before training.

Master trainers skilled in the content of this manual and in participatory techniques should use the steps below for training the health educators.

1. Review the suggested agenda for **Training the Trainers.** If need be, adjust the agenda depending on the needs and capabilities of the health educators and other trainers.

2. Give the **Introduction for Trainers** found in this section.

3. Have a clinical expert give the training on safe male circumcision (MC) skills found in **Section 2: Exercises for Training *Ingcibis* and *Amakhankatha*** of this manual.

4. Conduct the participatory training techniques exercises found in this section.

5. Subsequently, divide the health educators into three or four small training teams, depending on the number of participants in the training (there should be at least two health educators per team).

6. Give each training team the exercise(s) they will be responsible for. The exercises can be found in **Section 2: Exercises for Training *Ingcibis* and *Amakhankatha*** of this manual. A list of team assignments can be found in the **Suggested Agenda for Training the Trainers** on pages 12 and 13.

7. Explain to the small training teams that they will be training their fellow participants (the other teams in the workshop) so they can practice conducting the exercises before delivering workshops for *ingcibis* and *amakhankatha*.

8. Give the training teams time to prepare for their sessions. (For preparation time, see the **Suggested Agenda for Training the Trainers** on pages 12 and 13.)

9. According to the agenda, have the training teams give their respective sessions.

10. After each session, encourage all participants to provide feedback on the session. Ask participants what went well, what could be improved, and how the exercise might be

adjusted for the *ingcibis* and *amakhankatha.* As the master trainer, add anything you think is important that the group did not mention.

11. At the end of each day, conduct an evaluation of the day using the **Evaluation for Training of Trainers** found on page 24. Make enough copies of the evaluation form for all health educators in the training to complete one for each of the four days.

Suggested Agenda for Training the Trainers

Day One – Introduction and Safe Circumcision

8:00 – 9:00 Introduction for trainers in Section 1 – *master trainer*
- o Introduction, expectations, ground rules, agenda
- o Purpose of the training program
- o AmaXhosa culture, circumcision, and HIV
- o Initiation rites of amaXhosa boys
- o Role of trainers

9:00 – 12:00 Safe circumcision from Section 2 – *clinical trainer*
- o Good clinical practice(s)
- o Dressing wounds
- o Tea break

12:00 – 1:00 Lunch

1:00 – 5:00 Safe circumcision – continued
- o Handling and reporting complications
- o Tea break
- o Conduct daily evaluation (for Training the Trainer)

Day Two – Participatory Techniques and "Keeping Oneself Safe and Healthy" exercise – *master trainer and health educators*

8:00 – 10:00 Participatory techniques from Section 1 – *master trainer*

10:00 – 12:00 Give out assignments – *master trainers*
- o Prepare to conduct exercises from Section 2 – *health educators*
- o Tea break

12:00 – 1:00 Lunch

1:00 – 5:00 Keeping oneself safe and healthy – *group 1*
- o Conduct exercises – except the role-plays (3 hours)
- o Tea break (30 minutes)
- o Process the training and review any adjustments needed to the exercise (30 minutes)
- o Conduct daily evaluation (for Training the Trainer)

<u>Day Three</u> – Keeping Family Safe and Healthy and Protecting the Community from Harm – *health educators*

8:00 – 12:00 "Keeping family safe and healthy" exercises – *group 2*
- o Conduct exercises – except the role-plays (3 hours)
- o Tea break (30 minutes)
- o Process the training and review any adjustments needed to the exercise (30 minutes) – *master trainer*

12:00 – 1:00 Lunch

1:00 – 5:00 "Protecting the community from harm" exercises – *group 3*
- o Conduct exercises – except the role-plays (3 hours)
- o Tea break (30 minutes)
- o Process the training and review any adjustments needed to the exercise (30 minutes) – *master trainer*

5:00 – 6:00 Closing of workshop – *master trainers*
- o Review the strategy for training *ingcibis* and *amakhankatha*
- o Conduct daily evaluation (for Training the Trainer)

Introduction for Trainers

Time: 60 minutes

Learning Objectives:

- Understand the roles of boys and men in the amaXhosa culture.
- Describe the initiation process.
- Describe the relationship between amaXhosa culture, circumcision, and STIs, including HIV.
- Understand the purpose of the training.

Materials and Advance Preparation:

- Have newsprint and markers available.
- Prepare newsprint with the ground rules and the agenda.

Arrange chairs in a semicircle. If there are desks, arrange for health educators to sit three to four at a desk. Arrange the desks in a friendly manner. Try not to make the training room look like a traditional classroom.

Instructions:

1. Make introductions.

2. Discuss participants' expectations for the training.

3. Review the ground rules and agenda. (**Note to trainer:** Have the ground rules and agenda posted on newsprint prepared beforehand.)

4. Explain the purpose of the training program.

5. Discuss the roles of amaXhosa boys and men.

6. Review key points about amaXhosa culture, circumcision, and STIs, including HIV:
   a) Circumcision represents a transition from a period of sexual abstinence to one of acceptable sexual behaviour.
   b) Acceptable sexual behaviour in amaXhosa culture includes:
      - Recognition of the nuclear family as the basis for such activity.
      - Consent at the community level (for example, *lobola*) and individual level.
   c) Procreation is central to family life, and those couples without children are seen as "bewitched."
   d) STIs reduce the likelihood of fertility and increase the likelihood of childhood morbidity and mortality.

7. Discuss the initiation rites of amaXhosa boys.

8. Explain that the exercises in this manual focus on safe circumcision practices and key messages on responsible social and sexual behaviours that *ingcibis* and *amakhankatha*

will be asked to pass on to initiates during post-MC initiation rites. These key messages are related to the cultural constructs that govern amaXhosa initiation rites: (1) respect for self by keeping oneself safe and healthy, (2) respect for family, and (3) respect for the community. These key messages will be linked to the *umnqayi stick*—a traditional token symbolizing the passage into manhood.

9. Explain the role of the cultural post-MC token.

> During the initiation process, the young initiate is given a special stick (*umnqayi*) and he will be told how to handle it. The *umnqayi* is not for fighting. It is the most important stick in amaXhosa culture:
>
> - It is the stick of peace, and the bearer holds it in the middle to show that he is not aggressive. Boys are barred from certain places in the community, but a new initiate carrying this stick can go to these restricted places and no one will trouble him. Everyone knows that he is a man of peace when he carries this stick. The respected elders give new initiates the *umnqayi* as a symbol of the right to be a man.
>
> - Carrying the *umnqayi* also means that the bearer is a person who can control himself; he does not bring harm or shame to his family or community, and he respects women, elders, and community members.
>
> - The *umnqayi* is carried when people go to the community to ask for a girl's hand (*lobola*), to show that the negotiators are men of peace and that they have come to build relations between two families. Even the negotiators on the girl's side carry *umnqayi* sticks. To the African this stick is a symbol for building a home.

10. Explain that the three <u>key</u> messages on responsible social and sexual behaviours are linked to the *umnqayi* stick. The *ingcibis* and *amakhankatha* can help initiates associate the traditional symbol of their passage to manhood with their responsibilities as men—to keep themselves, their family, and their community safe and healthy.

Participatory Training Techniques

Time: 2 hours

Learning Objective:

- Demonstrate participatory training techniques.

Materials and Advance Preparation:

- Have newsprint and markers available.
- Copy the graph on retention rates (Retention rates after 60 days) found on page 23 onto a transparency sheet or draw it on newsprint.
- Write the seven adult learning principles (listed under point #11 on the next page) on newsprint.
- Using half-sheets of paper, write the following words: *bored, confused, sleepy, inattentive, attentive, and understanding*—each word on a separate sheet of paper. Fold in half for use later in the training.

Instructions:

A. Adult learning principles (30 minutes)

1. Begin the session by asking participants, "Who has the greatest attention span—adults or children?"

2. Allow a couple of minutes for discussion, and then explain that while adults can physiologically concentrate for a longer period of time, children actually have a greater attention span when it comes to learning.

3. Ask why that might be.

4. If not mentioned, explain that it is harder for adults to pay attention because they have so many things on their minds. For example, people in a training may be thinking about the groceries they need to buy, what they are going to make for dinner, how they are going to get their sick child to the doctor, why they had a fight with their spouse, when lunch is coming because they are hungry, and so forth.

5. Mention that because adults have so many things on their minds, trainers need to use techniques that engage the trainee's attention.

6. Ask participants to close their eyes and think about when they were in primary school. Ask them to think about things such as:
   - How the classroom was arranged.
   - Where the teacher sat.
   - What their classmates were like.
   - What their roles were as students.

7. Ask participants to open their eyes and tell you what primary school was like. Probe into details of what primary school was like, using questions such as:

   - What were the teachers like?
   - What were your classmates like?
   - Were there tests?
   - When were students expected to use what they learned (in the future)?
   - How did they go from one grade to the next?

8. Write the responses on newsprint.

9. Ask participants how this training is different from the primary school classroom.

10. If not mentioned by participants, cover the following points:

    - The training room is not set up like a classroom.
    - The trainer is there to help you learn, not punish you for wrong answers.
    - You are allowed to debate and challenge ideas.
    - Your fellow participants are resources to you; you can ask them for help during the training, unlike your classmates in school.
    - You can use what you learn the same day you learn it, unlike much of what students learn in primary school, which they use years later.

11. Review the following seven principles that help adults learn. (**Note to trainer:** Have these seven principles written on newsprint prepared beforehand.)

Adult learning principles

- Focus the training on real world problems.
- Emphasize how the learning can be used.
- Relate the learning to the trainees' past experiences.
- Allow the trainees to debate and challenge ideas.
- Listen to and respect the opinions of the trainees.
- Encourage trainees to be resources to you and to each other.
- Treat trainees like adults not children.

B. Participatory training techniques (30 minutes)

1. Show the overhead transparency of retention rates found on page 23.

2. Explain the following:

- If training only consists of lectures (telling), trainees will only remember about 20 percent of what the lecture was about, which is about seven hours of a four-day workshop.

- If a training has lectures and demonstrations (show + tell), trainees will only remember about 45 percent of what the lecture was about, which is a little over a day and a half of a four-day workshop.

- If a training includes lectures, demonstrations, and opportunities for participants to talk about and practice what they have learned (tell + show + do), trainees will remember about 70 percent of what the lecture was about, which is around three days of a four-day workshop.

3. Explain that trainees learn better and remember more information if they can participate in the training (rather than just being lectured) and if they can practice what they have learned.

4. Mention that the participatory exercises in this manual are based on adult learning principles and are designed to encourage the *ingcibis* and *amakhankatha* to "learn by doing."

5. Explain ways that trainers can make training participatory.

   - Include many different training methods in the training. Examples of training methods include lectures, games, live demonstrations, small and/or large group discussions, role-plays, case studies, field tours, etc.

   - Use many different training aids such as videos, slides, newsprint, transparencies, models, equipment, etc.

   - Develop exercises where trainees participate in the learning, such as case studies where trainees must develop the solutions or telling a story without an ending and asking participants to come up with an ending.

   - Let trainees practice the skills they have learned. This allows them to "learn by doing" and it allows the trainer to assess the trainees' skills and make necessary corrections.

6. Mention that training is important. As trainers we need to make the learning fun and appealing to trainees so they will pay attention and so they will be able to remember as much information as possible.

7. Explain that you are now going to review **good training techniques**, which allow trainers to:

   - Assess how the training material is being received by the trainees.

- Respond to the participants' learning needs.
- Keep trainees engaged in the training.

8. Mention that there are three skills a trainer can develop to facilitate learning. These are:

   (1) attending skills (paying attention to the trainee),
   (2) observing skills (and then responding appropriately), and
   (3) questioning skills.

C. Attending skills (20 minutes)

1. Mention that you are now going to discuss attending skills. These skills help the trainer let participants know that she/he is interested in them. This helps keep participants engaged in the training process.

2. Dramatize the "**do's**" of good attending behaviours:
   - Face the participants—eye to eye.
   - Scan the entire group—look at everyone.
   - Walk toward the trainee (to indicate interest).
   - Smile at participants—show them that you enjoy being with them.
   - Nod affirmatively—encourage participation.
   - Circulate throughout the room during exercises. This will create a more friendly connection and you can answer participants' questions and assess how they are doing more closely.

3. Dramatize some things not to do:
   - Do not talk to the newsprint or overhead slide. (Instead, look at the trainees.)
   - Do not distance yourself from the trainees by standing far away from them or standing behind a lectern or desk. (This discourages conversation and dialogue.)
   - Do not stand in a fixed position all the time. (Instead, walk around the participants.)
   - Do not keep your back to the trainees (such as when you are showing slides and talking to the slides, not the participants).
   - Do not only look at one person; look at everyone in the room.
   - Do not look at your watch, shuffle papers, or point pens or pointers at the trainees. (This is distracting and can indicate a lack of interest.)

4. Summarize these points by explaining that paying attention to trainees helps to keep their attention and encourages participation.

D. Observing skills (20 minutes)

1. Explain that good observing skills are key to assessing how well the trainees are receiving the information.

2. Ask for five volunteers.

3. Distribute the five pieces of paper (prepared beforehand) to five volunteers. (Each piece of paper should have one of the following attitudes written on it: bored, sleepy, confused, inattentive, attentive, and understanding.)

4. Ask one of the volunteers to demonstrate his/her attitudes toward the training, and have other participants guess how that volunteer is feeling.

5. Once the attitude is correctly identified, ask participants how you could adjust the training to better meet the participants' needs. (**Note to trainer:** List responses on a flipchart.)

6. Do this for each of the five volunteers.

7. Review the following, if not mentioned by participants.

If you notice that trainees are:	Then:
Bored	a) Speed up the pace of the training. b) Take a break. c) Stop talking and encourage more participation, such as asking open-ended questions, conducting role-plays, or allowing trainees to practice training. d) Change the training style and use different training techniques such as role-plays, case studies, small group work, and practice. e) Use good attending skills.
Confused	a) Ask questions to clarify trainees' understanding of the topic. b) Give examples. c) Have others in the group explain the topic. d) Demonstrate. e) Let participants practice and provide hands-on assistance if necessary.
Sleepy	a) Make sure the room is not too warm or stuffy. b) Make sure there is enough light. c) Use a variety of training methods and aids. d) Conduct icebreakers. e) Take a break.
Inattentive (talking to neighbours, writing, looking at their watches, shuffling papers)	a) Stop talking and ask the participants questions. b) Use good attending behaviours, especially walking around trainees. c) Have participants practice. d) Ask others to explain the topic. e) Speed up the pace. f) Change your training technique. g) Stop talking for a minute.
Attentive and understanding	Keep going.

8. Summarize the session by explaining that effective training techniques help trainers engage people's participation, assess how well participants understand the training, and adjust training techniques to make sure that the content of the training is being properly received.

E. Questioning skills (20 minutes)

1. Mention that it is important to know how to ask good questions and how to respond to questions, especially difficult ones.

2. Explain that asking open-ended questions helps to elicit discussion and feedback.

3. Ask participants to give examples of open-ended and closed-ended questions. (**Note to trainer:** Write responses on newsprint.)

4. If necessary, give examples of open-ended and closed-ended questions.

Closed-ended questions	Any questions where the answer is **yes** or **no**. For example: Do you dress a wound by doing X, Y, and Z? ▪ Should we talk about HIV on the sixth day post-MC? ▪ Do men harm women?
Open-ended questions	Questions that begin with **how**, **what**, **when**, and **why**. For example: ▪ How do you dress a wound? ▪ What do you think will help boys to stay healthy? ▪ When would be a good time to introduce HIV education into post-MC education? ▪ Why would men want to harm women?

5. Mention that closed-ended questions have their purpose, but open-ended questions tend to invite more participation among participants.

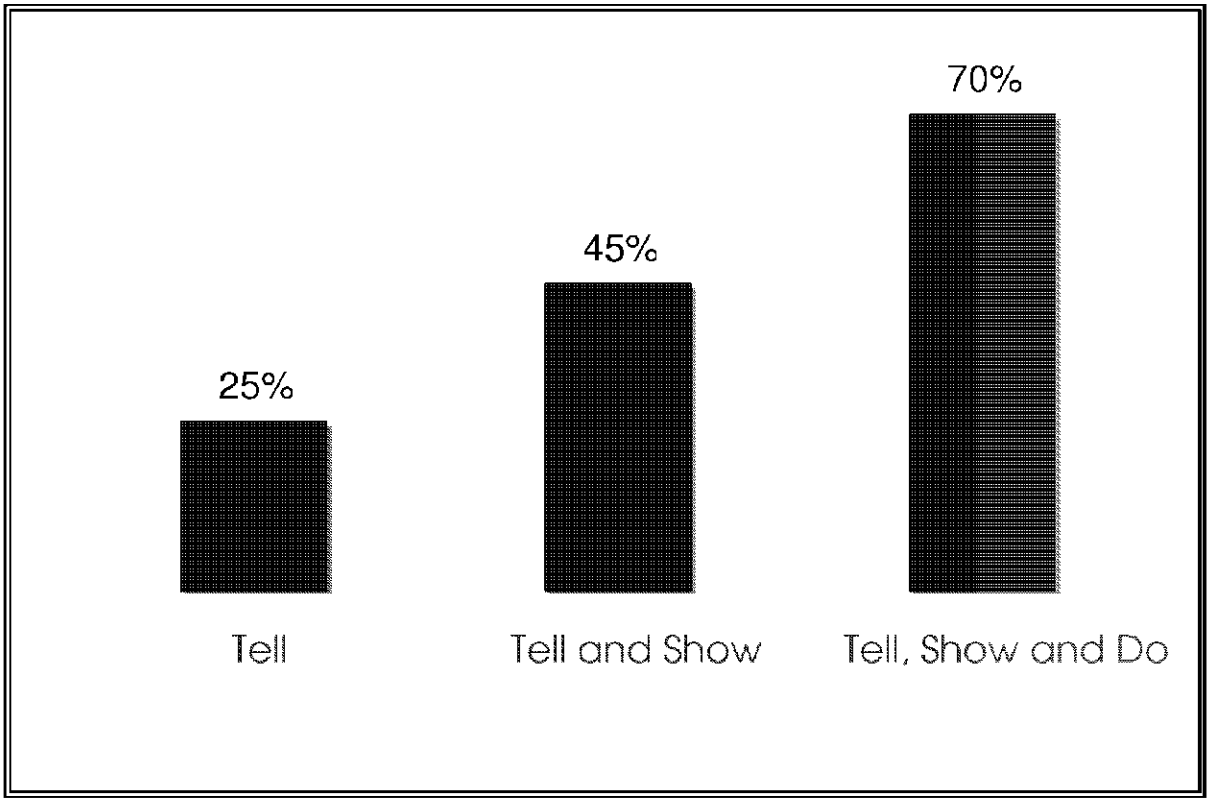
6. Ask participants how they would handle difficult questions.

7. Review the following ways to handle difficult questions, if not mentioned by participants:

   - Always acknowledge the effort of the trainee, regardless of the type of question. "That is a good question" is always a good response, no matter how difficult or inappropriate the question is.
   - Minimize potential embarrassment for wrong or inappropriate questions by deferring to the break to answer the question. For example, you could say, "That is a good question. Why don't we talk about it during break?"
   - Invite the group to answer a trainee's question.
   - Defer prolonged discussions that are taking you away from the topic to the break.

8. End this session by explaining that we will review good participatory and training techniques after each training team conducts its exercises.

Retention rates after 60 days



Evaluation for Training of Trainers

Logistics

What went well?

What did not go so well?

How can we improve?

Workshop content

What did you like most?

What did you like the least?

What changes to the training do you suggest?

Section 2

Exercises for Training *Ingcibis* and *Amakhankatha*

Instructions for Training *Ingcibis* and *Amakhankatha*

Section 2 is to be used by health educators and other trainers who will be training *ingcibis* and *amakhankatha* on safe circumcision and safe social and sexual behaviours. The messages on safe social and sexual behaviours are related to how the amaXhosa culture expects boys that have been circumcised to behave:

- They must keep themselves safe and healthy.
- They must keep their families safe and healthy.
- They must protect their communities from harm.

The exercises in this section draw on the roots of the amaXhosa culture and incorporate traditional African communication practices, such as story telling, that endorse adult learning principles. They are also designed to be used with participants who have low-literacy skills. Follow these steps for conducting the exercises.

1. Review the training exercises in this section and decide which ones you will use in your training. You may use all of the exercises or parts of them, depending on the time you have to do the training and the capacity of the *ingcibis* and *amakhankatha* (their literacy level, their availability to attend the training, etc).

2. Review the sample agenda for suggested times and sequence of the exercises. Adjust the agenda according to your needs.

3. Translate all case studies, stories, and discussion questions into the local language before the training begins.

4. Prepare for each exercise according to instructions accompanying the exercises.

5. Allow time for the *ingcibis* and *amakhankatha* to discuss topics brought up during the training, but be mindful of the agenda and keep things moving.

6. At the end of each day, conduct an evaluation of the day. If the participants have low literacy skills, draw a happy face ☺ , a mediocre face 😐 , and a sad face ☹ and ask participants to put a check (√) beside the face that best represents how they felt about that day's training. If the participants are literate, distribute the evaluation form found on page 87. Make enough copies of the evaluation form for all participants to have one for each of the three days of training.

Suggested Agenda for Training *Ingcibis* and *Amakhankatha*

Day One – Introduction and Safe Circumcision

8:00 – 9:00 Introduction and overview
- Introduction, expectations, ground rules, agenda
- AmaXhosa culture, initiation, circumcision, and STIs, including HIV

9:00 – 12:00 Safe circumcision – *clinical trainer*
- Good clinical practice(s)
- Dressing wounds
- Tea break

12:00 – 1:00 Lunch

1:00 – 5:00 Safe circumcision – continued
- Handling complications, etc.
- Tea break
- Conduct daily evaluation

Day Two – "Keeping Oneself Safe and Healthy" and "Keeping Family Safe and Healthy"

8:00 – 12:00 Keeping oneself safe and healthy
- Conduct exercises/practice (3 hours, 30 minutes)
- Tea break (30 minutes)

12:00 – 1:00 Lunch

1:00 – 5:00 Keeping family safe and healthy
- Conduct exercises/practice (3 hours, 30 minutes)
- Tea break (30 minutes)
- Conduct daily evaluation

Day Three – "Protecting Community from Harm" and Closing

8:00 – 12:00 Protecting the community from harm
- Conduct exercises/practice (3 hours, 30 minutes)
- Tea break (30 minutes)

12:00 – 1:00 Closing of workshop
- Review the strategy for training *ingcibis* and *amakhankatha*
- Closing remarks
- Conduct daily evaluation
- Tea or lunch

Introduction for *Ingcibis* and *Amakhankatha*

Time: 60 minutes

Learning Objectives:
- Understand the roles of boys and men in the amaXhosa culture.
- Describe the initiation process.
- Describe the relationship between amaXhosa culture, circumcision, and STIs, including HIV.
- Understand the purpose of the training.

Materials and Advance Preparation:
- Prepare ground rules and agenda on newsprint.
- Arrange chairs in a half-circle. If there are desks, arrange for three or four trainees to be at a desk. Arrange the desks so people are comfortable. Try not to make the training room look like a classroom.

Instructions:
1. Introduce yourself and have participants introduce themselves.

2. Ask participants what they expect from the workshop.

3. Review ground rules and workshop agenda. (**Note to trainer:** Have the ground rules and agenda posted on newsprint prepared beforehand.)

4. Explain the purpose of the training.

5. Discuss the roles of boys and men in amaXhosa culture.

6. Discuss the components that make up the initiation rites of the amaXhosa boys:

    a. Control
    b. Respect (*hlonipha*)
    c. Initiate's dance
    d. Father's role
    e. Cultural tokens used after circumcision: Blanket (*ingcawa*) and peace stick (*umnqayi*)

7. Ask what the *ingcawa* represents.

8. If not mentioned, cover the following points about the *ingcawa*:

    a. The blanket's colour is white to depict cleansing of the heart—to be born again.
    b. The blanket represents victory because the boy returned from the mountain (and his circumcision) victoriously.

c. The blanket has a dark line on it because in manhood there are difficult times and hardships.
d. Men must persevere; they know there is much less black in the blanket than there is white, which tells them that problems will come and go.

9. Ask what the *umnqayi* represents.

10. If not mentioned, cover the following points about the *umnqayi:*

    a. It is a stick of peace.
    b. Only a man can carry the *umnqayi.*
    c. It represents control.
    d. It represents respect for men, women, elders, and the community.
    e. It represents a man's duty to keep his family and community safe from harm and shame.

11. Review key points about how the amaXhosa culture, circumcision, and STIs, including HIV, are all related:

    a. Circumcision represents a transition from a period of sexual abstinence to one of acceptable sexual behaviour.
    b. Acceptable sexual behaviour in amaXhosa culture includes:
        - Recognition of the nuclear family as the basis for such activity,
        - Consent at the community level (for example. *lobola*) and individual level,
    c. Circumcision is the time when a boy becomes a man and takes on the responsibility and actions of a man to protect himself, his family, and his community.
    d. Procreation is central to family life and couples without children are seen as "bewitched."
    e. STIs reduce the likelihood of fertility and increase the likelihood of childhood sickness and death.
    f. HIV is sexually transmitted and puts the man, his family, and the community at risk. HIV is <u>not</u> curable.

12. Explain that during the training we will review how to safely circumcise the boys. We will also discuss messages on social and sexual responsibility that *ingcibis* and *amakhankatha* should give to boys during the seclusion period after they have been circumcised.

Safe Circumcision

Time: 7 hours

Learning Objectives:

- Describe good clinical practice(s).
- Describe how to perform circumcision safely.
- Show how to dress wounds using modern and traditional methods.
- Describe how to manage wound healing.
- Describe how to handle and report complications.

Materials and Advance Preparation:

- Review and translate the case studies and corresponding questions into the local language before the workshop.

Instructions:

Good clinical practice(s)

1. Review good clinical practice(s) with participants:

    - Circumcise with one disinfected or sterile blade—**one blade, one boy**. If this is not possible, make sure the blade is free of HIV and hepatitis B by washing and disinfecting it very well.

    - Do circumcision in the morning. If it is done in the afternoon, people may not see the boy until the next morning, which may be too late to help him if he is sick.

    - Apply dressings/bandages—traditional or modern—properly.

    - Change dressings often, especially in the first day or two.

    - Make sure that dressings are firm, but not too tight.

    > **Suggestion:** Check the head of the penis (glans) for hardness and size. The penis should not be too hard. The boy should be able to urinate. If the boy only passes urine when his dressings are being changed, then the bandages are probably tied too tightly.

    - Make sure the boy has enough water to drink.

2. Mention that boys can continue other medications they need. It is not a bad thing for them to take the medicines they need.

3. Discuss the reasonable number of boys being cared for by one *amakhankatha* and how far apart they can safely be.

4. Explain that it is the responsibility of the *amakhankatha* to visit each boy every day and more often the first day or two.

5. Mention that if the *amakhankatha* wants to get more money, is therefore serving too many boys in distant locations from each other, he will not be able to visit all the boys very often, so their bandages will not be changed enough. This can be dangerous for the boy who is not being properly looked after. It can also be trouble for the *amakhankatha*, and he could lose his livelihood.

Safe circumcision

1. If available, show the video of a bad circumcision.

2. If there is no video, tell a story about a bad circumcision.

3. Talk about what went wrong and how the negative consequences could have been avoided.

4. Ask participants how to do a safe circumcision.

5. Correct any information that is not right.

6. Have a doctor talk about how to do a safe circumcision.

7. Answer participants' questions.

Handling and reporting complications

1. One at a time, review the most common complications that happen during circumcision.

2. After each complication is mentioned, have a doctor discuss how to handle these complications. Mention at what point the *amakhankatha* should take the initiate for medical treatment. See the following chart on pages 32 and 33.

3. Discuss when and how to report complications.

Medical Complication	Description of Medical Complication	Severity
Infection	Erythema (redness of skin) more than one cm beyond incision line	Mild
	Purulent discharge (pus) from the wound	Moderate
	Cellulitis (infection spreading under the skin) or wound necrosis (gangrene or black, dead tissue) requiring hospitalisation	Severe
Excessive bleeding	Dressing/bandage soaked through with blood at a routine follow-up visit	Mild
	Bleeding that requires a special visit by the attendant for medical attention	Moderate
	Bleeding that requires a visit to hospital or clinic and surgical re-exploration to control	Severe
Excessive skin removed	Client concerned, but there is no discernable abnormality	Mild
	Skin is tight, but additional operative work not necessary	Moderate
	Requires re-operation or transfer to a medical facility to correct the problem	Severe
Insufficient skin removed	Foreskin partially covers the head only when extended	Mild
	Foreskin still partially covers the head and re-operation is required to correct	Moderate
	Not applicable	Severe
Swelling or hematoma (collection of blood)	More swelling than usual, but no significant discomfort	Mild
	Significant tenderness and discomfort; no surgical procedure needed or only minor surgical re-exploration required	Moderate
	Surgical re-exploration or visit to hospital or clinic required to correct	Severe
Damage to the penis	Mild bruising or injury, not requiring treatment	Mild

Damage to the penis (continued)	Bruise or injury to the head or shaft of the penis requiring pressure dressing or additional surgery to control or repair	Moderate
	Portion or all of the head or shaft of the penis severed	Severe
Pain	Pain lasting longer than usual, but no intervention needed and no other complications	Mild
	Pain increasing after day three, requiring changes of dressing to relieve pain	Moderate
	Pain progressing after day three and accompanied by infection requiring treatment or hospitalization	Severe
Delayed wound healing	Healing takes longer than usual, but no extra treatment necessary	Mild
	Additional non-operative treatment required	Moderate
	Requires re-operation to correct or visit to clinic or hospital required	Severe
Problems with passing urine	Temporary complaint that resolves without treatment	Mild
	Requires a special return to the clinic, but no additional treatment required	Moderate
	Requires referral to another facility for management	Severe
Dehydration	Severe thirst, but passed urine in past 24 hours and no dizziness	Mild
	Severe thirst, and becoming light-headed, with no urine in past 24 hours	Moderate
	No urine in past 24 hours and lost consciousness or required visit to hospital or clinic to provide fluids or to treat related medical problems, such as kidney failure	Severe

Practice

1. Read a case study to the group.
2. One at a time, ask the questions that follow the case study.
3. Encourage input from the entire group on each question.
4. Allow plenty of time to discuss the answers to each question.

5. Correct any misinformation or misconceptions.

6. Conduct as many of the case studies as time permits.

> **Note to trainer:** The case studies that follow are based on problems and solutions for traditional circumcision in Eastern Cape Province, South Africa. Details of male circumcision procedures and postoperative care may be different in other places. These are only examples. For other locations the case studies will need to be changed or new case studies must be created to be relevant to local practices. The answers to questions are not complete and there may well be other good answers provided by trainers and participants.

Case Study 1:
(Read to participants)

A new *amakhankatha* is caring for ten boys in a group of 30 initiates. These ten boys were only visited once on the first day. On the second day one boy complains to another *amakhankatha* that he cannot pass urine. The head of his penis is very swollen and hard. The *amakhankatha* for this initiate has not yet arrived, and the second one notes that the head of the penis is large, hard, and shiny. The original bandage (made of traditional materials) is still in place and appears to be tied tightly.

Ask the following questions, one at a time:

1. What is the most likely problem(s), if any? What other information would you wish to know?

2. Should the initiate be punished for complaining?

3. What may be some reasons for any problem(s) you found?

4. What should be done first to correct the problem?

5. Should anything be done for the other initiates being cared for by the new *amakhankatha*?

6. What should be done to help prevent the problem(s) in the future?

Case Study 1 – Answers
(For trainer's use and post-case study discussion purposes)

1. The original dressing/bandage has apparently not been changed and is now too tight. The dressing is probably acting as a tourniquet that causes more swelling of the penis and is causing problems with proper blood flow in the head of the penis. Difficulty in passing urine may occur if the bandage is so tight that urine cannot pass through the urethra (tube for passing urine), especially if the boy has received enough water and has the urge to urinate.

2. Initiates are not supposed to complain about pain; however, increasing pain or other problems such as this may be a sign of a medical complication that could become severe. The *amakhankatha* needs to know when something has gone wrong so that he can correct it before great harm occurs. If the head or shaft of the penis loses its blood supply, amputation may be required to save the boy's life.

3. If the *amakhankatha* does not have a lot of experience tying a dressing or if he did not learn the proper technique, he may be tying the bandage too tightly. If the dressing is not changed and not loosened within four to eight hours after the circumcision, there could also be a problem. The delay of the *amakhankatha* is an important contributing factor. He may be delayed because:

   - He is taking care of too many boys.
   - The initiates are located too far away from each other so that the *amakhankatha* has no time to see all of them properly.
   - He does not have experience.
   - He is not paying close attention.
   - He is using materials for the dressing that do not stretch at all.
   - He may be drunk (using alcohol).

   The *amakhankatha* may be delayed for other reasons that are not in his control, for example, he may be injured or sick.

4. The dressing should be removed, the wound examined, and a new dressing put on, preferably with antiseptic materials that can also stretch a little if the penis swells. See if the boy passes urine after releasing the dressing. If there is pus or the boy has a fever, he will need to go to a doctor for examination and treatment for infection. If the head of the penis is black and hard after releasing the dressing, the tissue may be dead and serious infection can occur, so the boy must go to the hospital right away.

5. Problems that one initiate is having may also be happening to others cared for by the same *amakhankatha*. Therefore, the other boys of this *amakhankatha* should be examined and their dressings changed if needed.

6. The *amakhankatha* should be shown the proper technique to bandage the circumcision area and be strongly encouraged to correct any improper behaviours (such as neglecting

the boys or drinking alcohol while he is working). The *amakhankatha* is expected to behave well—the initiates' families and the community depend on him, and according to his cultural tradition and values, he must act properly. If his poor practices do not change, the *amakhankatha* may be stopped from practicing by the community or by legal regulation (particularly in South Africa).

Case Study 2:
(Read to the participants)

An *ingcibi* circumcises initiates with a traditional spear, using his bare hands and not washing the initiate's foreskin or applying any antiseptic. One of his fellow *ingcibis* told him that this could lead to infection for the boy and possibly for the *ingcibi*. An argument followed, in which the *ingcibi* performing the circumcision pointed out that his initiates have no more infections than others, and that he always cleans the spear by washing it after two boys: using one edge for one, then the opposite edge for the second.

Ask the following questions, one at a time:

1. Who do you agree with? Is there a problem(s) with this practice? What may these be?

2. What are other ways of performing circumcision?

3. Would the community, the initiate's family, and the initiate accept these other ways of doing circumcision?

4. If these other ways are not acceptable, how could changes be made?

Case Study 2 – Answers
(For trainer and post-case study discussion)

1. Some infections, such as HIV, AIDS, and hepatitis, can be caused by using a traditional spear, especially if it is used on more than one boy without enough sterilization or disinfection. Other infections of the wound will also be more common if the blade is not sterile, the tool is not cleaned, and antiseptic is not applied to the skin. The *ingcibi* may also become infected by blood from the boy if he does not use gloves, especially if he has any cuts or open sores on his hands.

2. Some *ingcibis* use a sterile scalpel blade or a clean disposable knife, such as a box cutter, and then give the blade to the family along with the foreskin. One blade is used for only one boy and then it is buried by the family. Gloves worn by the *ingcibi* help protect both the boy and the *ingcibi* from becoming infected with HIV, hepatitis, or other diseases. Cleaning the foreskin and applying an antiseptic (such as an iodine solution) before circumcision will reduce the chances of the cut becoming infected.

3. Some families, initiates, and *ingcibis* do not agree that disposable blades should be used in place of the traditional spear. However, other *ingcibis* have changed their practices and have not lost any clients.

4. Progressive *ingcibis* have told families and boys about the advantages of using only one blade for one boy. This can be very good news in places where there is fear of spreading HIV and AIDS. The *ingcibis* also support the tradition by giving the blade to the family so they can bury it along with the foreskin. This practice is safer than reusing the traditional spear, unless the spear is sterilized by boiling or soaking it in a very effective antiseptic for 20 minutes.

Case Study 3:
(Read to the participants)

An initiate was circumcised five days ago using a traditional spear, then his wound was covered with traditional leaves. He now has a yellow creamy discharge coming from under the dressing, and he is not feeling well and cannot go around with the other initiates.

Ask the following questions, one at a time:

1. What is the problem?

2. What should be done?

3. How could such problems be prevented?

4. When and why should the boy be sent to a doctor?

5. What may happen to the *ingcibis* and *amakhankatha* in the community if several problems like this occur? How can they protect themselves from losing the confidence of the community?

Case Study 3 – Answers
(For trainer post-case study discussion)

1. The problem is most likely a bacterial wound infection, especially at five days after the circumcision. Most infections of the wound will occur within three to five days of circumcision, but some may occur later.

2. The boy needs antibiotics prescribed by a doctor. Bacterial infections with pus (the yellow discharge) respond to antibiotics, unlike HIV, AIDS, or hepatitis. The dressing should be changed and, if possible, the wound should be cleaned using clean or sterile dressings. Modern dressings can often be put on after the first day, even if the family wants the first dressing to be done with traditional materials that are not clean.

3. Use sterile blades and clean the foreskin with soap, water, and an effective antiseptic before circumcision. Dress the wound with Kaltostat or a similar sterile or antibacterial dressing, using gloves to keep the wound clean. Change the dressing often and check the wound for signs of healing and infection. Redness, swelling, and pus at the wound site are signs of infection.

4. Redness, swelling, and pus should be treated by a doctor, <u>especially</u> if the boy has a fever, is not feeling well, or his wound has a lot of pus or swelling. In some cases, if the infection is minor, the doctor may suggest that the *amakhankatha* or medical officer use antibiotics. The doctor should be the judge in this case. Having a good relationship between the medical officers and the *ingcibis* and *amakhankatha* is important so that referrals can be made to doctors when needed.

5. If infections or other complications are hidden or not referred early enough to a doctor, the problem may become severe and require hospitalization. Then the community will not respect the *ingcibis* and *amakhankatha*, and families will not choose them to initiate their sons. They could also be at risk of legal actions if the boy suffers injury or serious illness. *Ingcibis* and *amakhankatha* can help each other make sure that they are following good practices for safe circumcision. It is in everyone's interest that they help each other avoid complications, and the *ingcibis* and *amakhankathas* should feel comfortable letting medical officers and doctors know when a complication does occur. There will always be some complications, even with good practices, so the *ingcibi* and *amakhankatha* should be respected when they send an initiate for medical treatment when it is needed.

Keeping Oneself Safe and Healthy

Total Time: 3 hours and 30 minutes

Learning Objectives:
- Understand what sexually transmitted infections (STIs) and HIV are.
- Describe how to prevent STIs, including HIV.
- Develop ways to talk to initiates about sexual behaviours that protect against STIs, including HIV.

Materials and Advance Preparation:
- Review the instructions below.
- Prepare to conduct the following exercises. Be sure to read the advance preparation for each exercise. If time is limited, select the exercise(s) best suited to the situation.

  1. Story of Kahawa on page 43.
  2. Burning questions about STIs on page 47.
  3. The HIV handshake on page 51.
  4. Condom steps on page 54.

- Translate the stories, case studies, and questions into the local language before the workshop. If necessary, adapt all activities to the level of the audience.

- Develop three or four scenarios to use during the role-plays in the practice session so that *ingcibis* and *amakhankatha* can practice talking to initiates about STIs, HIV, and safe sexual behaviours.

Instructions:
1. Read the story about Kahawa, an African prince.

Story of Kahawa (30 minutes)

Story of Kahawa, an African Prince

Kahawa, an African prince, left his tribe on a clear, warm morning before daybreak. He had just been initiated into manhood and had experienced the pain and isolation of *ulwaluko*. He decided that he wanted to explore the world. He left behind his best friend, Mpushu, and the ways of his boyhood. "I will miss you Mpushu," he thought as he walked along the great river of his people, "but I must do this alone." He thought of the qualities of a man—strength and control in the face of danger; respect for himself, his family, and his tribe; and the grace that should accompany all activities.

After a long and arduous journey, Kahawa arrived in a great city. He became part of a large group of young men who worked in the local mines and spent their nights seeking the pleasures of the city. Every night they looked for places to go drink, and some of the young men went in search of young women. But Kahawa, who was naïve in the ways of city men, spent many nights alone on his sleeping mat. He remembered his father saying, "Women are the sacred vessels of the tribe. Do not be disrespectful. When the urge to have sex is upon you, make your request to the woman you love. If she refuses, for whatever reason—remember to accept her decision with grace." After spending a lot of time alone, Kahawa felt a growing urge to be with a woman.

One night, he went with a group to the most popular drinking place in the city. This *shebeen* had a reputation for finely brewed beer, and many young men and women gathered there each night. Kahawa was a striking young man, who soon became the centre of attention—he was a graceful dancer and was adept at the *umteyo*. He was the most skillful dancer of his group when he became an *abakweta* and was initiated into manhood. In the city he learned other dances—the stamping dances of the Nguni, the pipe dances of the Pedi, and the striding dances of the Sotho. He seemed to have a capacity for beer and fighting, and over time he became the leader of his group.

That night, he had sex for the first time, but not in the way his father described; it did not reflect respect for women. It was over with a suddenness that was disappointing, but the pleasure was intense and he sought out many different women after that. He often woke up in the morning with a stranger on his sleeping mat. One day Kahawa noticed that he had an intense burning sensation when he urinated. There was a yellow substance coming out of his penis and he felt quite ill. One of his men congratulated him on becoming a real man and reassured him that the pain would go away. "Remember that you may become sick and lose the ability to father a child if you have many different partners," said the voice of his father in his head. He silenced the voice of wisdom and continued to spend his evenings in the *shebeens* of the city. He had three more episodes of fever and discomfort—each lasting a few days.

2. Ask what has happened to Kahawa.

3. Ask what advice you would give young initiates about women.

4. Ask what kind of illness Kahawa might have.

5. If STIs or HIV come up in the conversation, ask participants what they know about these illnesses.

6. If STIs or HIV are not mentioned, bring up these illnesses in the conversation. You could say something like, "Has anyone heard of other diseases, like those transmitted through sex?"

7. Ask participants what they know about STIs, and ask how a man protects himself against these infections.

8. Ask participants what they think will happen to Kahawa.

9. Mention that amongst the biggest health risks facing the community are STIs, including HIV.

Burning questions about STIs (60 minutes)

1. Conduct the "Burning Questions about STIs" exercise found on page 47. (**Note to trainer:** Be sure to translate questions and answers into the local language.) Allow 45 minutes for the exercise.

2. Ask what should *ingcibis* and *amakhankatha* do when they see that their initiates have symptoms of STIs.

3. Explain that HIV is one of several STIs. Start a discussion around the following questions:
   - What is HIV?
   - What is AIDS?
   - How does a person get HIV?
   - How do you protect yourself against HIV?

HIV handshake exercise (45 minutes)

1. Conduct "The HIV Handshake" exercise found on page 51. (**Note to trainer:** Be sure to translate instructions into local language.) Allow 30 minutes for the exercise.

2. Ask participants how one can avoid getting STIs, including HIV.

3. If not mentioned, review ways to prevent STIs, including HIV:
    a. Abstain from having sex.
    b. Be faithful to your partner or wife.
    c. Use a condom correctly and consistently every time you have sex.

4. Emphasize that if a man does not abstain from sex, using condoms consistently and correctly each and every time he has sex is the most important way he can take care of himself, his family, and his future.

Condom steps (30 minutes)

1. Conduct the "Condom Steps" exercise found on page 54. Allow 20 minutes for the exercise.

2. Correct any misinformation about how to put on or use a condom.

Message development (15 minutes)

1. After conducting all of the exercises, ask what responsibilities a young initiate has in keeping himself safe and healthy after he becomes a man.

2. Ask *ingcibis* and *amakhankatha* what some of the health messages on sex and STIs, including HIV, are that they can give their initiates.

3. Link the messages on how a man should take care of himself to the meaning of the *umnqayi* stick. (It represents that the carrier is a man of peace and respect. That respect is also earned by taking care of oneself, one's family, and one's community.)

4. Ask when is a good time during the post-MC period to talk to initiates about these health messages.

5. Encourage *ingcibis* and *amakhankatha* to give these messages after the first seven days when the boys are not in such pain and can listen to advice.

Practice (30 minutes)

1. Have *ingcibis* and *amakhankatha* practice how they will talk to initiates about keeping themselves safe and healthy when they become men.

2. Conduct at least three or four role-plays or similar practice sessions. (**Note to trainer:** Allow plenty of time for practice and role-plays; helping the *ingcibis* and *amakhankatha* to practice giving these messages to initiates is important.)

3. Review each role-play, point out each person's good teaching points, and review areas that could be improved.

4. If not mentioned, review (or discuss) how the *ingcibis* and *amakhankatha* can link messages on staying healthy and safe to the symbolic meaning of the *umnqayi* stick.

Burning Questions About Sexually Transmitted Infections[1]

Time: 45 minutes

Objectives:

- Understand basic information about sexually transmitted infections (STIs).
- Recognize ways to prevent getting STIs.

Materials and Advance Preparation:

- Review the "Burning Questions about Sexually Transmitted Infections" on page 48. If time is limited, choose several key questions to ask during the training.
- Translate the questions and answers into the local language before the workshop. If needed, adapt the questions and answers to the level of the audience.
- Read **Educators Resource Guide for Trainers** found on pages 49 and 50.

Instructions:

1. Read the first question from the "Burning Questions About Sexually Transmitted Infections."

2. Ask the group to answer the question. Encourage the group to talk about the subject.

3. Correct any misinformation that is shared.

4. One at a time, continue with the rest of the questions. Ask as many questions as time allows.

5. Consult the **Educator's Resource Guide for Trainers** on pages 49 and 50 to make sure all the important points are covered for each question.

[1] Adapted from EngenderHealth and PPSA, *Men as Partners: Training of Life Skills Educators*, 2nd edition. New York: EngenderHealth and PPSA; 2001.

Burning Questions About Sexually Transmitted Infections

1. What are sexually transmitted infections (STIs), and how do people get them?
2. What are the most serious STIs?
3. How do I know if I have an STI?
4. How can I protect myself from STIs during sexual activity?
5. Can someone without any symptoms of STIs still be contagious?
6. What should I do if I think I might have an STI?
7. If I do have an STI, can it be cured?
8. If I ignore my symptoms, will the STI go away?
9. Why are so many people getting STIs?

Talking Points for Answering the Handout "Burning Questions About Sexually Transmitted Infections"

1. **What are sexually transmitted infections (STIs), and how do people get them?**
   - STI stands for *sexually transmitted infection*. STIs are a group of infections that are passed from one person to another through sexual contact.
   - STIs are most often passed via oral sex, vaginal sex, or anal sex.
   - Some STIs, including HIV and syphilis, can be passed from a mother to her child during pregnancy, delivery, or breastfeeding.
   - In order for an infection to occur, one person must be infected and pass the infection to his or her partner.
   - HIV and some other STIs can also be passed through unclean injection needles, skin-cutting tools, and blood transfusions (when the blood is not tested).

2. **What are the most serious STIs?**
   - HIV infection, which causes AIDS, is fatal.
   - Syphilis can be fatal, but it can be treated effectively with drugs.
   - Gonorrhoea and chlamydia, if left untreated, can cause infertility in both men and women.
   - The human papilloma virus (HPV) is an STI that has different strains, some of which produce genital warts, and some of which can lead to cervical cancer in women.
   - The presence of any STI increases the risk of contracting HIV.

3. **How do I know if I have an STI?**
   - Many people who have STIs have no symptoms. When symptoms appear, they may include:
     - Abnormal discharge from the vagina or penis.
     - Pain or burning with urination.
     - Itching or irritation of the genitals.
     - Sores or bumps on the genitals.
     - Rashes, including rashes on the palms of hands and soles of feet.
     - In women, pelvic pain (pain below the belly button).

Talking Points for Answering the Handout
"Burning Questions About Sexually Transmitted Infections" (continued)

4. How can I protect myself from STIs during sexual activity?

- Have sex only with an uninfected partner who has sex only with you.
- If this is not possible, or if you do not know if your partner is infected, do the following:
  - For vaginal or anal sex, use condoms each and every time.
  - For oral sex, use a condom over the penis, or plastic wrap or a condom cut open to cover the vagina or anus.
  - Engage in other forms of sexual activity, such as using your hand to stimulate your partner (always wash your hand immediately afterward).

5. Can someone without any symptoms of STIs still be contagious?

Yes! Many people who have STIs have no symptoms, but they can still pass the infection on to others. For example, many people infected with chlamydia and gonorrhoea have no symptoms, and individuals infected with HIV may show no signs of infection for many years, but they can still pass the virus on to others.

6. What should I do if I think I might have an STI?

- Go to a clinic, and have a medical professional check you as soon as possible. Do not wait and hope the STI will go away.
- If you have an STI, it is important to tell your most recent sexual partners, if possible, so they can also get treatment.

7. If I do have an STI, can it be cured?

Many STIs can be treated with antibiotics. However, viruses like HIV, hepatitis B, and genital herpes cannot be cured. Genital warts can be removed, but they can return.

8. If I ignore my symptoms, will the STI go away?

No. The symptoms may go away, but the STI will remain. If the STI is left untreated, it will continue to harm the body.

9. Why are so many people getting STIs?

- Many people who are infected do not realize that they have an STI.
- Many people have multiple sex partners but do not use condoms.
- Because proper diagnosis and treatment of STIs are not always available, many people with an STI go untreated and pass the infection on to others.

The HIV Handshake[2]

Time: 30 minutes

Objectives:

- Understand the ways that HIV can be transmitted from one person to another.
- Understand how HIV can spread rapidly in a community through sexual partners.
- Recognize ways to prevent becoming infected with HIV.

Materials and Advance Preparation:

- Pencils or pens.
- Small cards (or pieces of paper). Have as many small cards as there are participants.
- Do the following: Mark one card with an "X." Mark one-third of the remaining cards with a "C," and one-third of the cards with an "N." Leave one-third of the cards blank.

Instructions:

1. Give a card to each participant in the room.

2. Ask the participants to sign their names in the top right-hand corner of the card. Their names identify their cards. The participants should keep track of their cards throughout this activity.

3. Ask the participants to go around the room, and shake hands with five other participants. (**Note to trainer:** If the group is smaller than 15 people, you should ask them to shake hands with only three participants.)

4. Instruct the participants to sign each other's card after they shake each person's hand. Once each participant has shaken hands with five other people, he or she should have five signatures on his or her card. After the task is completed, ask the participants to return to their seats.

5. Inform the group that this is an exercise to demonstrate how quickly HIV can spread within a community.

6. Explain that HIV needs an infected host in order to spread. Therefore, for the purposes of this exercise, you will need a participant to represent a person infected with HIV. Remind the group that the person who is chosen to have HIV is not really infected, but instead is being used in this activity to make a point.

7. Ask the participants to look at their cards and see if there is an "X" on their card. Ask the one person with the "X" to stand up.

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[2] Adapted from EngenderHealth and PPSA, *Men as Partners: Training of Life Skills Educators*, 2nd edition. New York: EngenderHealth and PPSA; 2001.

8. Inform the group that for the purposes of this exercise, you are going to say that the person standing up is infected with HIV. Make the point that you cannot tell if someone has HIV simply looking at the person. Most people who are infected with HIV do not show any visible signs or symptoms. In fact, many individuals with HIV do not even know that they are infected.

9. Ask the group if HIV can be spread by shaking hands. Acknowledge that HIV cannot be passed from shaking hands. However, for the purposes of this exercise, you will say that shaking hands represents having sex with another person. Therefore, the participants will be considered at risk for HIV from anyone with whom they shook hands.

10. Ask the participant with the "X" card to state the names of people on his or her card. Next, ask those who hear their names to stand up when called. Note that all of those standing are now also infected with HIV. Ask those standing to share the names of those with whom they shook hands. Those who hear their names should also stand when called. Continue to do this activity until all of the participants are standing. If a person's name is called more than once, remind the participants that this signifies a re-infection.

11. Explain that in a world of unprotected sex, HIV can spread very quickly through the social networks of a community. Remind the participants that a single handshake does not mean that every time a person has one act of unprotected sex with an infected person, the virus is passed, but the chances are high.

12. Introduce the idea of **prevention**. Remind the participants that HIV infection can be prevented several ways. Ask the participants to see if they have an "N" on their card. Inform the group that every person with an "N" on his or her card said "no" to sex and, therefore, is not infected with HIV. Those with an "N" may sit down.

13. Ask the participants if they have a "C" on their card. Inform the group that those with a "C" on their card used a condom consistently and correctly every time they had sex and, therefore, were protected from HIV. Those with a "C" may sit down.

14. Inform the group that those still standing did not say "no" to sex, did not use a condom, and, therefore, are infected with HIV. Remind the group that this is just a game, and allow everyone to sit down.

15. After the exercise, discuss the following questions:
    - How many people started out being infected? (Remind the group again that this was just a game and the person who had the "X" card is not really infected with HIV.)
    - How many people ended up being infected? Did the original person who was infected directly infect every person in the room?

- How does this exercise help explain how HIV can spread so quickly in a community?
- Did anyone realize that he or she was infected before passing on HIV to someone else?
- Does anyone think in real life that HIV is often passed from one person to another without someone realizing that he or she is infected? Why is this?

Condom Steps[3]

(This exercise is for literate participants)

Time: 20 minutes

Objectives:

Examine the correct steps for using a condom.
Identify places where people make mistakes using condoms.

Materials and Advance Preparation:

- Cards (or pieces of paper) with condom steps written on them (see below).
- In large letters, print on the cards (or pieces of paper) each of the 16 following steps that are necessary for proper condom use. Write one step per card. (**Note to trainer:** This is the suggested order for using condoms.)

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

[3] Adapted from EngenderHealth and PPSA, *Men as Partners: Training of Life Skills Educators*, 2nd edition. New York: EngenderHealth and PPSA; 2001.

Instructions:

1. Randomly give each participant a card with a condom step on it.

2. Ask the participants to arrange the cards in the correct order of how a condom should be used.

3. Allow the group plenty of time to think about the sequence of the cards and change the order until everyone agrees on the order.

4. Discuss the reason for any of the steps being different from the order suggested under "Materials and Advance Preparation."

5. Discuss the activity using the following questions:

   - Were you unsure of the order of any steps? Why?
   - Could some of the steps have gone in more than one place?
   - Do you think most people who use condoms follow these steps? Why or why not?

Keeping Family Safe and Healthy

Time: 3 hours and 30 minutes

Learning Objectives:

- Define attributes of good relationships.
- Raise awareness about domestic violence and gender issues.
- Develop ways to talk to an initiate about how to be a good husband and keep his family safe and healthy.

Materials and Advance Preparation:

- Review the instructions below.
- Prepare to conduct the following exercises. Be sure to read the advance preparation for each exercise.
  - "Healthy and Unhealthy Relationships," found on page 58.
  - "Controlling Relationships," found on page 60.
  - "The Repeating Pattern of Domestic Violence," found on page 66.
- Translate all the stories, case studies, and questions into the local language before the training. If needed, adapt stories, case studies and/or questions to the level of the audience.
- Develop three or four scenarios to use during the role-plays in the practice session so that *ingcibis* and *amakhankatha* can practice talking to initiates about healthy relationships, domestic violence, and gender issues.

Instructions:

Healthy and unhealthy relationships (45 minutes)

1. Conduct "Healthy and Unhealthy Relationships" exercise on page 58. Allow 30 minutes for the exercise.

2. Conclude the exercise by asking participants what their role is as a man to keep or make relationships with their spouse healthy.

Controlling relationships (About one hour, 15 minutes)

1. Explain that some relationships are unhealthy because someone in the relationship is controlling.

2. Conduct "Controlling Relationships" exercise on page 60. Allow about an hour or so for this exercise. This is a sensitive topic, so allow time for ample discussion.

3. Mention that violence between partners is really about power and control. Explain that we are going to look at how domestic violence happens.

Domestic violence (30 minutes)

1. Conduct "The Repeating Pattern of Domestic Violence" exercise found on page 66. Allow 30 minutes for this exercise.

2. Allow ample time for discussion, as this exercise may stir up some difficult issues for the participants.

Message development (30 minutes)

1. Ask participants what a man can do to help ensure that he contributes to healthy relationships.

2. Ask participants what a man can do if he sees that his relationship with his family is becoming unhealthy.

3. Ask participants what can they tell initiates about being a good husband and having healthy relationships that keep families safe and healthy. (**Note to trainer:** This may take some careful facilitating.)

4. Link messages on how to keep the family safe and healthy to the meaning of the *umnqayi* stick. (The carrier of the stick is a man of peace and respect. Respect is earned by taking care of one's family and not dishonouring the family by shameful acts.)

Practice (30 minutes)

1. Have *ingcibis* and *amakhankatha* practice how they will talk to initiates about healthy relationships, domestic violence, and gender issues.

2. Conduct at least three or four role-plays or similar practice sessions. (**Note to trainer:** Allow ample time for practice and role-plays. Helping the *ingcibis* and *amakhankatha* practice giving these messages to initiates is important.)

3. Review each role-play and point out each person's good teaching points and review areas that could be improved.

4. If not mentioned, review how they can link messages on keeping families safe and healthy to the symbolic meaning of the *umnqayi* stick.

Healthy and Unhealthy Relationships[4]

Time: 30 minutes

Objective:

- Identify healthy and unhealthy behaviours that exist within relationships.

Materials and Advance Preparation:

None

Instructions:

1. Ask participants what the qualities of a good husband are.

2. Ask participants to describe the qualities of a healthy relationship.

3. If not mentioned, ask about respect, equality, responsibility, and honesty. Try to get a consensus on these qualities.

4. One at a time, read the situations in the box below out loud.

5. After each situation, ask participants whether what you have read is "healthy," "unhealthy," or "it depends."

6. If the participants are divided on the issue, return to the qualities of a good husband and good healthy relationships (including respect, equality, responsibility, honesty, and happiness) to see if these apply to the situation.

7. Allow time to discuss the issue if there is some disagreement about what is healthy and what is not healthy.

8. Conclude the exercise by asking participants what their role as a man is to keep or make relationships with their spouse healthy.

[4] Adapted from EngenderHealth and PPSA, *Men as Partners: Training of Life Skills Educators*, 2nd edition. New York: EngenderHealth and PPSA; 2001.

Situations

- The most important thing in the relationship is sex.
- You never disagree with your partner.
- You spend some time by yourself without your partner.
- You have fun being with your partner.
- Your partner is still close to his or her ex-boyfriend or ex-girlfriend.
- You feel closer and closer to your partner as time goes on.
- You will do anything for your partner.
- You and your partner do not talk about sex.
- One person usually makes every decision for the couple.
- You stay in the relationship because it is better than being alone.
- You are in control and you are able to do what you want to do.
- One person hits the other in order to have this person obey him or her.
- You talk about problems when they arise in the relationship.
- You argue and fight often.

Controlling Relationships[5]

Time: One hour and 15 minutes

Objective:

- Identify behaviours in a relationship that are controlling or abusive.

Materials and Advance Preparation:

- Review "Signs of a Controlling Relationship" and related questions (pages 62 through 65). Depending on how long the workshop is, tailor the number of questions that you will ask accordingly.
- Translate the questions into the local language before the workshop. If needed, adapt the questions to the level of the participants.

> **Note to the trainer:** Many people do not realize that abusive behaviours within relationships are part of an attempt to control the other person. Very concrete examples of these controlling behaviours help both women and men understand this important aspect of abusive relationships. After an exercise like this, participants find it easier to categorize these behaviours and refer back to them in general ways in future discussions.

Instructions:

1. Mention that we are now going to talk about unhealthy relationships and what makes them unhealthy.

2. Explain that sometimes one of the partners in the relationship becomes abusive.

3. Tell the participants that any relationship can become abusive when one person regularly tries to exert control and power over the other. So it is important to take some time to look at what a "controlling relationship" means.

4. Tell the participants that abuse in relationships can come in many different forms. The most common forms of abuse are physical abuse, emotional abuse, and financial abuse.

5. Under each type of control, discuss the questions from "Signs of a Controlling Relationship" (pages 62 through 65), which lists many examples of how a partner might behave in a controlling manner.

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[5] Adapted from EngenderHealth and PPSA, *Men as Partners: Training of Life Skills Educators*, 2nd edition. New York: EngenderHealth and PPSA; 2001.

6. Talk about each type of control with the participants, and see if they can come up with a few examples themselves related to these types of control.

7. Discuss the following:

   - Did you recognize yourself in some of these situations, either as someone who controls or someone who is controlled?
   - What things surprised you? Why?
   - What could you change easily so that you are less controlling in some of your relationships?
   - What would be much more difficult for you to change? Why?
   - Why do people feel a need to control things in a relationship? Are there times when people are not even aware they are trying to control things?

8. Summarize the discussion as follows: ***Violence between partners is really about power and control.*** Physical violence is only one piece of a larger effort to control the other person in the relationship. There is usually a fundamentally unhealthy relationship before violence starts. Healthy relationships involve understanding and accepting and respecting oneself and the other person in the relationship.

Questions for the Exercise on Controlling Relationships

Signs of a Controlling Relationship

Control through criticism

- Does your spouse, partner, husband, wife, or parent make you feel as if you never do anything right? Is nothing you do ever good enough for this person?
- Does this person make you feel as if you are not loving and supportive enough?
- Does this person dislike the way you carry yourself in public, cook, sew, dress, or have sex?
- When you confide in this person, does he or she tell you to stop acting like a baby and grow up?
- Does this person call you names?
- Does this person feel that only he or she can do things right?
- When and if you socialize with your family, are you nervous that this person will embarrass and humiliate you?

Control through mood, anger, and threats

- If you are five minutes late, are you afraid this person will be furious?
- Does this person expect you to read his or her mind? Are you angry when you cannot figure out what this person is thinking?
- Do you walk around nervously because you never know what will make this person angry?
- When you do something that this person thinks is "wrong," does he or she get angry and then refuse to speak with you?
- Does this person sulk in silence so that you must figure out what you have done "wrong" and apologize for it?
- Are you responsible for keeping this person happy all the time? If this individual is not happy, does he or she assume that this is your fault?
- Does this person make threats against you unless you do what he or she says?
- Does this person tell you that you will never be able to leave—that he or she will not allow you to leave—and that no one will ever believe you?

Signs of a Controlling Relationship (continued)

Control through "caring too much"

- Does this person tell you that he or she wants you home all the time because he or she worries about you?
- Is this person jealous when you speak with family, with friends, or with new people you meet?
- Does this person show up at your place of work to "check up" on you?
- Does this person do the shopping and banking, get insurance, and keep all records, claiming that you should not have to be bothered or that you are too stupid to do them?
- Does this person tell you what you should and should not wear, or insult you, saying it is "for your own good"?

Control through "mind games"

- Does this person act cruelly, and then say that you are too sensitive and cannot take a joke?
- Does this person talk to you in a serious way and later laugh at how "gullible" you are? Are you often left wondering whether something is true or "just a joke"?
- Does this person promise to do things but not do them, and then claim that he or she never promised to do them?
- Does this person cause scenes in public or at a family event, and then accuse you of making the whole thing up?
- Does this person tell you that you are crazy and need psychiatric care?
- Does this person ever hit you, and then ask you how you got hurt?
- Does this person make you cry, and then call you hysterical or overdramatic?
- Does this person often tell you what is wrong with you, and then claim that he or she will take responsibility for "fixing" it?

Control by ignoring your needs

- Does this person expect you to drop everything when he or she wants your attention but never attends to your needs?
- Does this person interrupt you when you try to speak and twist around anything you say?
- Does this person come and go as he or she pleases but never allows you to go out and threatens you if you try?
- When you try to speak with this person, does he or she ignore you or make fun of you?

Signs of a Controlling Relationship (continued)

Control through decision-making

- Does this person have to have the final word on everything?
- Do you decide on something, and then this person does the opposite just to spite you?
- Does this person tell you to know your place and that you are too stupid to make decisions?

Control through money

- Does this person control all the finances?
- Do you have to account for every dollar you spend?
- Does this person deny you money and still expect you to make ends meet?
- Does this person make you ask for everything you need, and then insult you if you do not "behave"?
- Does this person give you presents and treats, and then remind you how you could never make it on your own?
- Does this person make you work, and then take or steal the money from you?

Control by laying blame and accusing you of being responsible for his or her problems

- If you complain to this person, does he or she accuse you of nagging and pick apart your personality?
- Does this person say he or she hits, drinks, and yells because you are impossible to live with?
- Does this person tell you that if you ever leave, he or she will hurt himself or herself, and that this will be your fault?
- Does this person not have a job and blame you?
- Does this person say he or she would not lose his or her temper if you would just keep quiet or keep the children quiet?
- Does this person say how much everyone else likes him or her, so it must be your fault when he or she loses control?

Signs of a Controlling Relationship (continued)

Control through isolation

- When you want to go out, does this person start a fight?
- Does this person say you care more about your parents, friends, or children than about him or her?
- Does this person question your whereabouts whenever you return home?
- Does this person accuse you of thinking about or being with other men or women?
- Has this person caused you to lose your job?

Control through intimidation

- Does this person block the door so that you cannot get out during an argument?
- Does this person stand close to you with clenched fists during a fight to scare you?
- Do you stop an argument and apologize because you are afraid of what this person might do?
- Does this person drive recklessly just to scare you?
- Does this person destroy your clothes, favourite possessions, or sentimental items?
- Does this person refuse to leave if you ask him or her to?
- Does this person continually wake you up and not let you sleep?

Control through physical violence

Does this person:

- Throw things?
- Throw things at you?
- Kick you?
- Choke you?
- Shove or push you?
- Hit or punch you?
- Threaten you with a weapon?
- Force you to engage in sexual acts?
- Hurt you, and then refuse to get you medical attention?

(Questions adapted from *Domestic Violence Training Manual*, Nefesh Conference, November, 1996, Baltimore, MD.)

The Repeating Pattern of Domestic Violence[6]

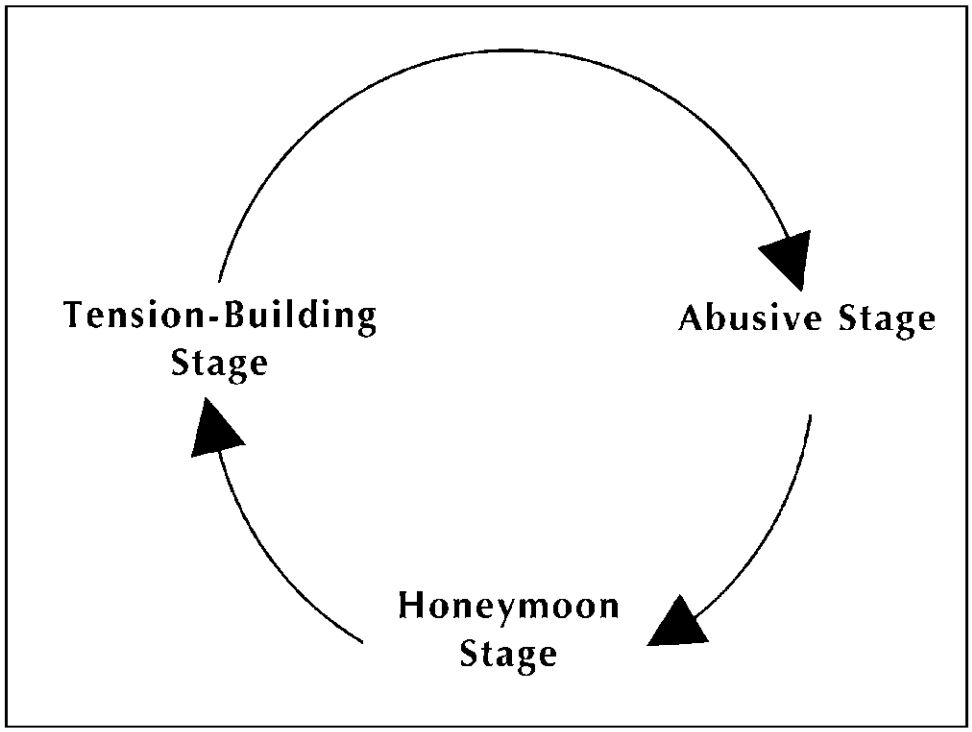
Time: 30 minutes

Objective:

- Understand the typical pattern of domestic violence.

Materials and Advance Preparation:

- Newsprint or overhead transparency.
- Make an overhead of the illustration below, or draw it on flipchart paper so that you can refer to it as you explain the cycle of domestic violence.
- Read the lecture on the cycle of violence. Translate the lecture into the local language before the training. If needed, tailor it to the level of the audience.



Instructions:

1. A mini-lecture presentation may be the most efficient way to begin this exercise, as the concept is probably new to many.

[6] Adapted from EngenderHealth and PPSA, *Men as Partners: Training of Life Skills Educators*, 2nd edition. New York: EngenderHealth and PPSA; 2001.

The Repeating Pattern of Domestic Violence

The lecture
Violence within a relationship does not occur randomly. There seems to be a definite pattern to domestic violence. This pattern is called the *cycle of violence*. There are three stages in this cycle. The first stage is the *tension-building stage*. This is followed by the *abusive stage*, the period in which the violence actually occurs. The third stage is the *honeymoon stage*, in which the abuser apologizes. The process is described as a cycle because after the honeymoon stage, the tension-building stage begins again and the stages continue to follow each other. Each stage has definite characteristics, as follows: (Note: The examples are about men as abusers, but women can also be the abusive ones.)

The tension-building stage
In this stage, the abuser's tension begins to build. He might blame the tension on the victim. The victim does everything she can do to make the tension go away, but to no avail. The victim often blames herself and feels responsible for the tension the man expresses. Once the woman has been through this process several times, she realizes that she is going to get hurt no matter what she does. This produces a high level of anxiety in the woman. As a result, sometimes the woman will provoke the man into violence in order to get it over with. The woman has learned that the more tension her husband experiences, the more severe the violence will be. This particular dynamic creates an even greater sense of confusion for the woman. She might feel that she is somehow "sick" because she asks for this violence, when in reality she is just acting in a way that will make her punishment less severe and will relieve her anxiety.

The abusive stage
This stage occurs once the tension has moved to the point where the man feels out of control and unable to stop himself. The man might abuse the woman verbally, physically, and/or sexually. This is usually a brief phase, although in some cases it can last throughout the night or over several days. As the relationship progresses, the abuse usually becomes more severe and occurs more frequently.

The honeymoon stage
In this stage, the abuser apologizes and does many things to lure the victim back to the relationship. He may send flowers, make promises, and beg her not to leave him. He often says that he will stop the abuse, and both the victim and the abuser usually believe this. This stage reinforces the relationship while maintaining the violence. Although most abusive relationships experience this honeymoon stage, some do not. Some abusers never feel sorry for what they do.

2. After you have explained these stages, ask the following questions:

   - Have you ever been aware of relationships that have included this type of behaviour?
   - What are some warning signs that the abuser has entered the tension-building stage?
   - What stage is the best opportunity for a victim to get out of the abusive relationship? (The honeymoon stage is the opportunity that most victims use to get out. Unfortunately, more often than not the victim continues in the relationship and the cycle continues.)
   - Why would it be difficult to get out of a relationship that has a cycle of violence?
   - Why would the victim remain in this relationship?

Protecting the Community From Harm

Time: 3 hours and 30 minutes

Objectives:

- Define a man's responsibilities to the community.
- Identify types of violence in the community.
- Define rape and what constitutes sexual consent.
- Develop ways to protect the community from harmful sexual behaviours.

Materials and Advance Preparation:

- Review the instructions below.
- Prepare to conduct the following exercises: Be sure to read the advance preparation for each exercise.
  - "Defining Rape and Sexual Assault," found on page 72.
  - "Exploring Attitudes About Rape and Establishing Why It Is Wrong," found on page 74.
  - "Re-examining Sexual Consent: Case Studies of Acquaintance Rape," found on page 79.
- Develop three or four scenarios to use during the role-plays in the practice session so that *ingcibis* and *amakhankatha* can practice talking to initiates about social and sexual responsibility, and sexual consent that protects the community from harm.
- Translate all the situations, statements, and stories into the local language before the workshop.

Instructions:

1. Ask *ingcibis* and *amakhankatha* what men's responsibilities are toward people in the community where they live—including women, children, and elders.

2. Ask *ingcibis* and *amakhankatha* to give examples of how a man protects his community from harm.

Violence in the community [7] (30 minutes)

1. Mention that violence is a threat to communities all over the world. We are going to talk about different kinds of violence that affect our loved ones.

2. Ask participants to share one or two examples of how people might be exposed to the following five types of violence: (**Note to trainer:** Very tactfully ask about these five areas. Tailor your questions to the level and participation of the participants.)

[7] Adapted from EngenderHealth and PPSA, *Men as Partners: Training of Life Skills Educators*, 2nd edition. New York: EngenderHealth and PPSA; 2001.

- Violence in the media
- Crime
- Sexual violence
- Physical violence
- Neglect

3. Ask the participants to think about how these types of violence affect an individual and the community. What types of behaviour might people exhibit as a result of being abused by a violent person?

4. Explain that sexual coercion or rape is also a form of violence and disrespect for women.

Defining rape and sexual assault (30 minutes)

1. Conduct "Defining Rape and Sexual Assault" exercise on page 72. Allow 30 minutes for the activity.

2. After processing the previous exercise, mention that the groups are going to talk about attitudes about rape and sexual assault.

Exploring attitudes about rape and establishing why it is wrong (60 minutes)

1. Conduct "Exploring Attitudes about Rape and Establishing Why It Is Wrong" exercise, found on page 74. Allow 60 minutes for the exercise.

2. Link the exercise to the one that follows, "Re-examining Sexual Consent: Case Studies of Acquaintance Rape."

Re-examining sexual consent: Case studies of acquaintance rape (40 minutes)

1. Conduct "Re-examining Sexual Consent: Case Studies of Acquaintance Rape" on page 79. Allow 40 minutes for the exercise.

2. Conclude this session by asking participants what they can do to protect the community from violence.

3. Ask what participants can tell their sons and daughters about avoiding violence or being a perpetrator of violence.

Message development (20 minutes)

1. Ask participants what advice they would give their sons and future initiates about their responsibilities to the community and how to earn community members' respect.

2. Ask participants what messages they will give initiates about protecting the community from harmful sexual behaviours and violence.

3. Link the messages on how a man should protect his community to the meaning of the *umnqayi* stick.

Practice (30 minutes)

1. Have *ingcibis* and *amakhankatha* practice how they will talk to initiates about social and sexual responsibility, and sexual consent that protects the community from harm.

2. Conduct at least three or four role-plays or similar practice sessions. (**Note to trainer:** Allow ample time for practice and role-plays. Helping the *ingcibis* and *amakhankatha* practice giving these messages to initiates is important.)

3. Review each role-play and point out each person's good teaching points and review areas that could be improved.

4. If not mentioned, discuss how they can link messages on protecting the community from harm to the symbolic meaning of the *umnqayi* stick.

Defining Rape and Sexual Assault[8]

Time: 30 minutes

Objective:

- Establish a clear legal definition of rape.

Materials and Advance Preparation:

- Read the situations on rape (page 73) and select the questions you will use for your workshop. You may use all or a portion of them.
- Translate each situation into the local language before the workshop. If necessary, tailor the situations to the level of the audience.

Instructions:

1. Explain to the participants that you are going to be discussing the very serious and sensitive subject of rape. In order to have a good discussion, everyone in the group needs to agree to listen to each other and to respect each person's right to his or her opinion. Other participants may make some comments that you might not agree with. The important point is to allow everyone the right to his or her own opinion. Although people might have different opinions, when discussing rape, people must remember that it is important to understand that rape is not acceptable in South African society. It is against the law; it is a crime.

2. Ask the participants to give a definition of rape. If they are having a difficult time with a definition, ask them for an example of what actions they might call a rape. Try to come to a group consensus on how to define rape. Explain that **rape is any forced or coerced genital contact or sexual penetration**.

> **Note to trainer:** Another term people will use for rape is "sexual assault." Sexual assault can include rape but also includes any form of undesired sexual contact, including but not limited to forced kissing and unwanted touching of a person's body.

3. One at a time, read the situations below (or the ones that you have selected).

4. For each situation, discuss whether the actions in the situation constitute a rape. Bring up the comments in italics if the participants fail to point them out.

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[8] Adapted from EngenderHealth and PPSA, *Men as Partners: Training of Life Skills Educators*, 2nd edition. New York: EngenderHealth and PPSA; 2001.

5. After each situation, go back to the definition that was presented for rape. (**Note to trainer:** Each situation below is a rape as defined by the definition "any forced or coerced genital contact or sexual penetration.")

6. Complete the activity by asking the participants if they can identify any other situations in which there might be some doubt whether or not the actions would be considered rape.

Situations

- A man forces his wife to have sex with him when she does not want to.
  It is always rape if the woman does not consent, no matter what her relationship with the man. The Prevention of Family Violence Act of 1993 makes rape through marriage illegal throughout South Africa.

- A woman says that she wants to have sex with a man. She takes off her clothes, but then decides that she does not want to have sex with him. He forces her to have sex with him anyway.
  Even if a person changes his or her mind after originally consenting to sex, it is still rape if the perpetrator forces sex upon a person against his or her will at ANY time.

- A man attacks a woman sexually but does not have sex with her.
  This is a crime. It is called sexual assault. It is not rape because the man did not have genital contact or penetration, but it is still a major violation of an individual's rights.

- A man has a girlfriend. The couple has had sex together before. The man forces his girlfriend to have sex one night when she does not want to.
  This is rape. Even though the couple has a sexual history, the girlfriend never gave her consent for this sexual encounter.

- A father has sex with his daughter.
  This would be classified as incest, a form of sexual abuse, but it could also be classified as rape. Regardless of how it is classified, it is a crime. When children are sexually abused, adults use force, tricks, bribes, threats, and pressure to engage them in sexual activity. The use of force is rarely necessary to engage a child in sexual activity because children are trusting and dependent. Sexual abuse is an abuse of power over a child, and a violation of a child's right to normal, healthy, and trusting relationships.

Exploring Attitudes About Rape and Establishing Why It Is Wrong[9]

Time: 60 minutes

Objectives:

- Examine attitudes and beliefs about rape.
- Discuss thoughts about what causes rape to occur.

Materials and Advance Preparation:

- Review and, if need be, adapt the statements about rape on page 75.
- Translate the statements into the local language before the workshop.
- Review the story "The Rape of Mr. Hadebe" on pages 77 and 78, and translate the story into local language before the workshop. If necessary, adapt the story to the participants' level of understanding.

Instructions:

1. In this exercise, each participant will be asked to share his or her opinions about rape and sexual assault.

2. One at a time, read the statements below (or the ones that you have selected).

3. After each statement, ask whether the statement is right or wrong and why.

4. Bring up the comments in italics if the participants fail to point them out.

5. Explain to the participants that rape is a violation of an individual's right to autonomy. People often unfairly blame the survivor for the attack.

[9] Adapted from EngenderHealth and PPSA, *Men as Partners: Training of Life Skills Educators*, 2nd edition. New York: EngenderHealth and PPSA; 2001.

Statements

- Some women ask to be raped because of the way they dress and act.
  Dressing attractively and flirting are an invitation for attention and/or admiration, but they are NOT an invitation for rape. The survivor is never responsible for a rape, only the rapist is.

- Women are often raped because they have many sexual partners.
  The number of sexual partners has nothing to do with a woman's sexual rights. Regardless of her number of partners, a woman has the right to say "no" to any unwanted sexual advance. Women who have many sexual partners still give consent to each partner every time sex occurs.

- Every man or woman has the right to say "no" to sexual activity at any time.
  This is a basic right of any individual. Even if a person has already agreed to have sex or is engaging in sex, he or she has a right to say "no" for any reason, at any time.

- When a woman says "no," she often really means "yes" to sex.
  It is true that both women and men sometimes play games of "hard to get." Many times, this makes people falsely believe that every person means "yes" when he or she says "no." If a person says "no," this means "no." A person must establish consent with a partner before engaging in sexual activity. If consent is not established, any sexual activity that occurs is rape. A person can easily establish consent by asking, "Is this okay?" or "Are you okay?"

- It is worse for a man to be raped than for a woman to be raped.
  Rape is a terrible thing to happen to anyone. No one, male or female, should ever have to experience such a traumatic event. While men do not run the risk of becoming pregnant from a rape, they do run the risk of contracting STIs, including HIV. The emotional pain of rape is horrible for both men and women. Empathizing with rape survivors can help bring about awareness of the pain that rape can cause an individual.

- If a woman gets a man sexually excited, it is acceptable to rape her.
  A man does not have the right to rape a woman under any circumstance. If a woman sexually stimulates a partner, that does not represent consent for sex.

The Rape of Mr. Hadebe

1. Have two male participants volunteer to read aloud "The Rape of Mr. Hadebe." (**Note to trainer:** If the literacy level of the participants is such that they are not able to read the role-play, you and an assistant or participant who can read should read the role-play.)

2. After reading the role-play, ask the participants what the point of the story is and how it relates to sexual violence. The responses should include something like: "Blaming the victim of a robbery for being robbed is absurd. However, in our culture we often blame the person who was raped for the rape."

3. Present this brief lecture to the participants:

> **Lecture**
> Many people believe that rape occurs because of strong sexual urges that men cannot control. But we know that men can control sexual urges and delay sexual gratification. Research has shown that rape is more associated with power than with sexual gratification. Most rapists commit their crimes so that they can feel powerful and in control. In fact, many rapists fail to get an erection or ejaculate. Combine this with the fact that most women who are raped show absolutely no sign of sexual response and a person can understand that rape would not be a very sexually gratifying act. Instead it is an act of *violence*.

4. Ask the participants to think about this concept. Ask:

   - Why do they think rapists commit this crime?
   - Do they think it has more to do with sex or power?
   - What forces exist in a society that make rape more likely to occur?

> **Note to trainer:** When discussing forces that make rape more likely to occur, be sure to point out that living in a society where violence is accepted makes people feel as if they can get what they want by using violence (rape). Other societal forces that make rape more likely to occur are the unfair and unequal treatment of women, the representation of women in the media and in pornographic materials as nothing more than sexual objects, and a widespread acceptance of rape.

The Rape of Mr. Hadebe

In the following situation, a lawyer questions a holdup victim.

Lawyer: "Mr. Hadebe, you were held up at gunpoint on the corner of First and Main Streets?"

Mr. Hadebe: "Yes."

Lawyer: "Did you struggle with the robber?"

Mr. Hadebe: "No."

Lawyer: "Why not?"

Mr. Hadebe: "He was armed."

Lawyer: "Then you made a conscious decision to comply with his demands rather than resist?"

Mr. Hadebe: "Yes."

Lawyer: "Did you scream? Cry out?"

Mr. Hadebe: "No, I was afraid."

Lawyer: "I see. Have you ever been held up before?"

Mr. Hadebe: "No."

Lawyer: "Have you ever given money away?"

Mr. Hadebe: "Yes, of course."

The Rape of Mr. Hadebe (continued)

Lawyer: "Well, let's put it like this, Mr. Hadebe. You've given money away in the past. In fact, you have quite a reputation for giving to the poor and to charities. How can we be sure that you were not *trying* to have your money taken from you by force?"

Mr. Hadebe: "Listen—if I wanted. . . "

Lawyer: "Never mind. What time did this holdup take place, Mr. Hadebe?"

Mr. Hadebe: "About 10 p.m."

Lawyer: "You were out on the street at 10 p.m.? Doing what?"

Mr. Hadebe: "Just walking."

Lawyer: "Just walking? You know that it's dangerous being out on the street that late at night. Weren't you aware that you could have been held up?"

Mr. Hadebe: "I hadn't thought about it."

Lawyer: "What were you wearing at the time, Mr. Hadebe?"

Mr. Hadebe: "Let's see—a suit. Yes, a suit."

Lawyer: "An expensive suit?"

Mr. Hadebe: "Well—yes. I'm a successful businessman, you know."

Lawyer: "In other words, Mr. Hadebe, you were walking around the streets late at night in a suit that practically advertised the fact that you might be a good target for some easy money. Isn't that so? I mean, if we didn't know better, we might even think that you were *asking* for this to happen."

(From "The Legal Bias against Rape Victims [The Rape of Mr. Smith]," Connie Borkenhagen, *American Bar Association Journal,* April 1975.)

Re-examining Sexual Consent: Case Studies of Acquaintance Rape[10]

Time: 45 minutes

Objective:

- Gain a thorough understanding of the relationship of sexual consent to acquaintance rape.

Materials and Advance Preparation:

- Review the two case studies found on pages 81 and 82.
- Translate them into the local language before the workshop.

Instructions:

1. Review with the participants the fact that acquaintance rape is any forced or coerced genital contact or sexual penetration with someone a person knows. An acquaintance rape can occur between two people who are friends, dating, or married, or between co-workers or family members. Date rape is a narrower term that refers to a specific type of acquaintance rape involving two people who have agreed to go out on a date together or who are in a romantic relationship. A major issue surrounding acquaintance rape is that it can be much more difficult to define consent when two people know each other and have a relationship.

2. Tell the participants that the group will be discussing sexual consent. Review the definition of sexual consent: "**Sexual activity that both people want and freely choose.**" Share with the participants the following story, which shows the ambiguity surrounding consent between friends in a nonsexual situation.

> Suppose that Liz wanted to borrow her friend Sarah's car. What would Liz have to do to obtain permission or consent? She could ask Sarah directly whether she could borrow the car and Sarah could either grant or deny permission. Alternately, Liz could assume that since Sarah allowed her to use the car on three previous occasions, it would be acceptable if she uses it this time without her permission. Also, if Liz heard that Sarah lent her car out all the time, she might assume that it would be acceptable to simply borrow it without asking. And what if Sarah was sleeping when Liz needed to use the car? Liz might think that it would be acceptable to borrow the car since Sarah would not need it.
>
> (Story from *Acquaintance Rape: The Hidden Crime*, Andrea Parrot and Laurie Bechhoffer. New York: John Wiley & Sons; 1991.)

[10] Adapted from EngenderHealth and PPSA, *Men as Partners: Training of Life Skills Educators*, 2nd edition. New York: EngenderHealth and PPSA; 2001

3. Ask participants to identify the similarities between this story and those of acquaintance rape situations. Try to bring out the following points:

    - In both cases, people often incorrectly assume that if someone has done something in the past, it is no longer necessary to ask his or her permission to do the same thing again.
    - If a person has demonstrated certain behaviours (having sex with a lot of different partners, lending his or her car to a lot of people), people often incorrectly assume that the person is willing to give his or her consent at any time.
    - A person is often incorrectly considered to be "fair game" if he or she is asleep or drunk.

4. Mention that in all of these situations, consent can be falsely assumed based on a person's past or current behaviour. Also, people incorrectly assume that if a person does not directly say "no" to another individual, then consent exists. In reality, a person must say "yes" in order to establish consent.

5. Read Case Study 1 and ask the questions that follow.

6. Discuss the answers with the group of participants.

7. If there is time, read Case Study 2 and ask the questions that follow. Discuss the answers with the group of participants.

Case Study 1

Mandisa and Lucky have been talking to each other at school for weeks. They know that they are going to the same party this week and are excited about seeing each other there. Mandisa and Lucky meet at the party and dance together very closely for most of the night. After most of the people at the party have left, Mandisa and Lucky begin to kiss in a private room. Things progress quickly, and soon clothing is being taken off. Lucky begins to grope at Mandisa's zipper and tries to take down her pants, when Mandisa pushes him away. Mandisa says, "I have to go." Lucky responds, "You can't start something without finishing it." Mandisa tells Lucky, "I don't want to do this." Lucky replies, "It will be okay," and continues to kiss her against her will. Mandisa pushes him again and says, "No." Lucky says, "I can't stop now. We've already gone too far." Lucky holds Mandisa down while he has sex with her. Afterward, Lucky walks Mandisa home and talks about some people at the party. Mandisa does not say a word. When they get to Mandisa's house, Lucky tries to kiss her, but she turns away. He leaves by telling Mandisa, "I'll call you soon. Maybe we can go out next weekend."

Ask these questions:

1. Did both people give their consent to have sex? Did they both want and freely choose the sexual activity?

2. Why did this happen?

3. What should Lucky have done differently?

4. Could Mandisa have done anything differently?

Case Study 2

Hillary is planning to go out with some of her female friends. She has spent a long time getting ready and looks very sexy. She is wearing a very tight and short skirt that reveals a lot of her body. She goes to a bar and meets a man named Robert. They talk for a while until the bar closes. Robert offers to give Hillary a ride home. She accepts and gets into Robert's car alone. Robert begins to drive in the opposite direction from Hillary's home. When she asks where they are going, Robert says he is taking her to a friend's place to listen to music. They arrive at the house, where no one is home. Robert begins to kiss Hillary, and she fights to keep him off her. Robert locks the door and continues to force himself on her. He eventually holds her down and has sex with her.

Ask these questions:

1. Did both people give their consent to have sex? Did they both want and freely choose the sexual activity?

2. Why did this happen?

3. What should Robert have done differently?

4. Could Hillary have done anything differently?

Closing Ceremony

Time: 60 minutes

Objective:

- Develop a plan for how the *ingcibis* and *amakhankatha* will educate initiates during their period of seclusion and when they take them home.

Materials and Advance Preparations:

- Make certificates or another token that represents participation in the workshop.
- Invite a dignitary, such as the city mayor, to participate in the closing ceremony. Ask the dignitary to present a certificate to each workshop participant as a reminder of what he or she learned in the workshop.

Instructions:

1. As a result of this workshop, ask participants what messages they will give initiates on how to be safe and healthy, how to keep the family safe and healthy, and how to protect the community from violence.

2. Ask how they will link the key messages to the use of the traditional *umnqayi* stick.

3. Together with the participants, discuss how *ingcibis* and *amakhankatha* will give the messages to the initiates. Try to cover:

   a. Key messages to give during the seclusion period.
   b. When to give the key message (on which days during the seclusion period).
   c. Messages for when the initiate is taken home to his family.

4. If the participants have limited literacy skills, on newsprint draw a happy face  , a mediocre face  , and a sad face  . Then, ask participants to put a check (√) beside the face that best represents how they felt about the workshop. If the participants are literate, pass out the evaluation form and ask them to complete it.

5. Thank the *ingcibis* and *amakhankatha* for their participation and interest. Then, have a dignitary talk about the importance of the role of *ingcibis* and *amakhankatha* in helping boys to become men and transferring the important messages they learned during the workshop about the true meaning of manhood: keeping oneself, one's family, and the community safe and healthy.

6. End the workshop with a tea break.

Evaluation of Training for *Ingcibis* and *Amakhankatha*

Logistics

What went well today?

What did not go so well?

How can we improve?

Workshop content

What did you like most today?

What did you like the least today?

What changes to the training do you suggest?