

Brothers for Life is a national men's campaign that seeks to improve the health and wellbeing of South African men, women and families by addressing the risks associated with having multiple and concurrent partnerships; low levels of HIV testing and disclosure; risky sexual behaviour; lack of male involvement in prevention of mother to child transmission and to promote healthy lifestyles.

The campaign is a collaborative effort led by South African National AIDS Council (SANAC), the Department of Health, USAID/PEPFAR, Johns Hopkins Health and Education in South Africa (JHHESA), Sonke Gender Justice, the United Nations System in South Africa and civil society partners working in the field of HIV prevention and health.

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Disclaimer

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An electronic copy of this guide is available on www.brothersforlife.org.za. Hard copies are available from Johns Hopkins Health and Education, Block D Equity Park, 257 Brooklyn Road, Pretoria, 0001. Tel: 012 366 9300. Fax: 012 366 9301. Email: info@jhuccp.co.za

About Brothers For Life

Brothers for Life is a call to action that seeks to mobilise the silent majority of South African men to action and to be outspoken about the norms and values that actually underpin being a man in South Africa. This recognises that the majority of South African men:

- Do not have multiple and concurrent partners - more than 70% of younger men and 86% of older men do not have more than one partner.
- The majority of young South African Men do use condoms during perceived high risk sexual activity but that there is a need to increase condom usage amongst older men.
- More than 70% of South African men have not committed sexual violence and the majority do not condone violence against women.
- Men want to be involved in the pregnancy of their wives, and in PMTCT and parenting. The involvement of men is critical to women undergoing the PMTCT process.

- Men's rates of testing are lower than that of women and men are not accessing treatment.

How to use this guide

Brothers for Life combines the power of the mass media with interpersonal communication and advocacy to mobilise men into action. The mass media provides the backdrop for the campaign through the development of a set of targeted messages. The interpersonal component of the campaign draws and expands upon the content of the mass media through this facilitator's guide.

The Brothers For Life facilitators guide addresses various issues that affect men such as male sexual health, sexuality, HIV prevention, relationships and parenting.

The guide is to be used by Brothers for Life Facilitators to facilitate group dialogues, one-on-one conversations with men about the issues that affect them, their partners and families.

In preparing for a session, facilitators should select a chapter and work through the

technical information provided to have the facts at your disposal during the workshop. Identify topics that you may consider to be sensitive and develop strategies on how to handle these topics that will best speak to your audience. You should keep the guide on hand during the workshop so that you can refer back to answer questions.

Each chapter outlines the learning objectives and key messages. The key messages should be emphasised throughout the discussion. Each chapter concludes with a conversation guide and exercises. The exercises are there to help you ensure that the session is interactive, fun and involves men in finding their own solutions to the issues that are being addressed.

If you can always refer back to the Brothers for Life website, www.brothersforlife.org or the Sonke Gender Justice Website, www.genderjustice.org.za to check for any updates or new materials that may be made available.

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Sonke Gender Justice

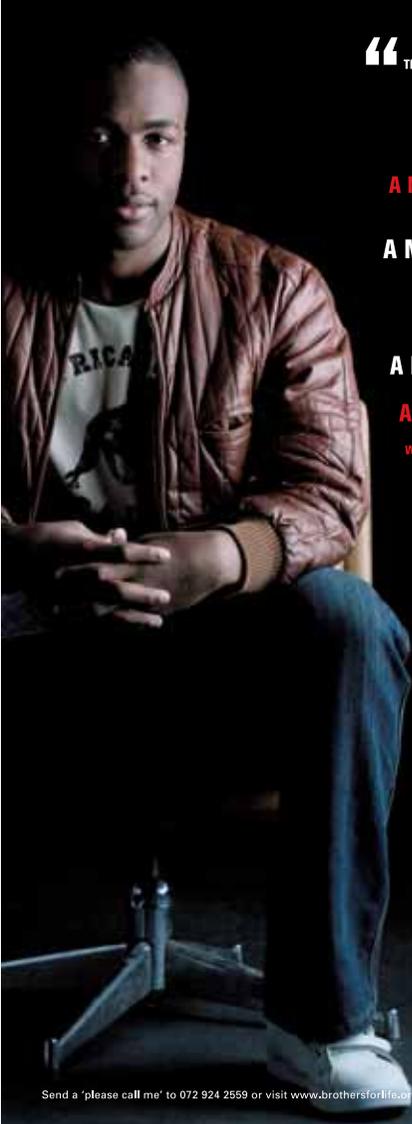
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For HIV/Aids counselling, information and referral services, please call the **AIDS HELPLINE 0800 012 322.**

For further information on dealing with alcohol and substance abuse problems, call the South African National Council on Alcoholism and Drug Dependence (SANCA) **0861 472 622** or **011 781 6410**



“ THERE IS A NEW MAN
IN SOUTH AFRICA.
A MAN WHO TAKES RESPONSIBILITY
FOR HIS ACTIONS.
A MAN WHO CHOOSES A SINGLE PARTNER
OVER MULTIPLE CHANCES WITH HIV.
A MAN WHOSE SELF WORTH
IS NOT DETERMINED
BY THE NUMBER OF WOMEN HE CAN HAVE.
A MAN WHO MAKES NO EXCUSES
FOR UNPROTECTED SEX,
EVEN AFTER DRINKING.
A MAN WHO SUPPORTS HIS PARTNER
AND PROTECTS HIS CHILDREN.
A MAN WHO RESPECTS HIS WOMAN
AND NEVER LIFTS A HAND TO HER.
A MAN WHO KNOWS THAT
THE CHOICES WE MAKE TODAY,
WILL DETERMINE WHETHER WE SEE TOMORROW.
I AM THAT MAN.
AND YOU ARE MY BROTHER.
”

Yenza kahle!
Do the right thing



BROTHERS
FOR LIFE

Send a 'please call me' to 072 924 2559 or visit www.brothersforlife.org to join the **Brothers for Life** movement.

CONTENTS

MODULE 1: BROTHERS AND SEX	PAGE: 2
MODULE 2: BROTHERS AND THEIR SEXUAL AND REPRODUCTIVE HEALTH	PAGE: 8
MODULE 3: BROTHERS AS LOVERS	PAGE: 18
MODULE 4: BROTHERS FOR HEALTH	PAGE: 26
MODULE 5: BROTHERS ARE SIDESTEPPING STIs	PAGE: 38
MODULE 6: BROTHERS ARE BEATING HIV	PAGE: 48
MODULE 7: BROTHERS TAKING A STAND AGAINST VIOLENCE	PAGE: 64
MODULE 8: BROTHERS AS PARENTS	PAGE: 74
MODULE 9: BROTHERS ARE GOOD AT LIFE	PAGE: 84
ALCOHOL USE QUESTIONNAIRE	PAGE: 96
CONTACT LIST	PAGE: 98
REFERENCES	PAGE: 100

MODULE 1: BROTHERS AND SEX

Welcome! In this chapter we are getting straight to the point and talking about sex and sexuality. It is important for everyone to know the facts about sex and sexuality.

This chapter will cover the following:

- Sexuality
- Biological sex
- Gender roles
- Sexual orientation
- Sex

Key messages

Brothers for Life:

- Sexuality, our biology and gender influences the way we behave.
- Our biological sex does not necessarily determine our sexual identity.
- It is against the constitution and the law to discriminate against someone because of their sexual orientation.
- Sex is part of life and we have sex for many

reasons, including to have children or for pleasure.

Learning Objectives

- To develop an understanding that sexuality is made up of many different things.
- To encourage conversation about sex so that we can think about our behaviour more honestly.
- To understand that there are differences between people in the manner in which they view their sexual identities.

What is sexuality?

Sex and sexuality are not the same thing. Sexuality is part of our identity and is influenced by our biology, as well as the society and culture we live in. **Sexuality is about what it means to be a man, how we behave in our relationships and in our lives more generally.** For example, some people believe that a 'real man' has many lovers. Brothers for Life believe a real man chooses a single partner over multiple chances with

HIV. So sexuality is about how we as men see ourselves. Understanding how sexuality can influence our decisions and impact upon our health is very important.

Biological sex

Most people are born with male or female sexual organs (a penis or a vagina). This is our biological sex.

When we reach puberty, our biological sex is further developed by hormones. Both boys and girls experience physical changes in their bodies when they go through puberty.





Gender roles

Gender is shaped by how we are brought up to understand how men and women should behave. Gender roles are things that are accepted by society to belong to women (child raising, home keeper) and men (being tough, earning money). This may be different for different cultures and societies. Most societies have 'rules' that control how men and women behave. For example, it is often considered strange for a man to stay at home and look after the children. But this is changing.

Sexual orientation

Sexual orientation decides who we are sexually attracted to. It can also be called sexual identity. Sexual orientation also influences the way a person understands their personal identity and the kinds of sexual behaviour they enjoy. The most common categories are:

- Heterosexual (attracted to opposite sex)
- Homosexual (attracted to same sex)
- Bisexual (attracted to both sexes)

Many people agree that sexual orientation is along a continuum (scale) from being 100% heterosexual to being 100% homosexual. In between these two points there are many different kinds of sexual identities.

The Bill of Rights in the South African Constitution protects the rights of all sexual minorities and it is against the constitution to discriminate against someone because of their sexual orientation.

Most people are attracted to the opposite sex. So for example, a girl grows up to embrace her identity as a woman. She is attracted to men and society expects her to fulfill the social role of women in her society - such as having children and being a mother. When someone is attracted to the opposite sex, they are called heterosexual.

Some people are attracted to people of the same sex. A man may be attracted to another man and a woman may be attracted to another woman. Sex between people of the same sex occurs in diverse circumstances where experiences, lifestyles and behaviour vary greatly.

Men who have sex (MSM) with men are commonly referred to as gay whilst women who have sex with women (WSW) are called lesbians. However, not all people who have sex with someone of the same sex regard themselves as gay or lesbian. Some men and women who have sex with people of the same sex may get married and have children as this is what society expects from them or because of the social stigma of same sex relationships.

Some people may have sex with someone of the same sex because of their circumstances, such as being in prison, boarding schools and/or hostels, or simply for pleasure but this does not mean that they are gay or lesbian. Other people may be bisexual and be attracted to both men and women.

So we can see that our biological sex does not always match a person's sexual identity. Apart from heterosexual and homosexual, there are also other forms of sexual identity that are not related to biological sex.

Some people are born with male and female sexual organs – they are called intersex. There are transgendered people, who are either men or women, who have willingly undergone a process to change their biological sexual status as they do not feel that their biological gender matches their gender identity (e.g. a man becomes a woman through an operation). Some people are asexual, which means that they are attracted to neither men nor women.

Human sexuality is part of society and is controlled by rules of behaviour for what is



acceptable to that society. What is considered 'normal' in some societies may be very different in others. This will also depend on the culture and religion of people who live in that society. For example, in some cultures men will hold hands and kiss each other when they greet and it does not mean they are homosexual. Whilst in other cultures, heterosexual men never hold hands. All of these things influence our sexuality and our behaviour.

Another thing we need to think about is prejudice and how people who have certain sexual orientations can be discriminated against because of their sexuality. In more traditional cultures, often the only accepted form of sexuality is being straight (heterosexual). People who have sex with people of the same sex can be discriminated against and treated badly or abused.

It is unconstitutional for individuals or groups of people, as well as the State, to discriminate against someone because of their sexual orientation.

The South African Constitution protects the rights of all people regardless of their sexual orientation. In section 9 of the Constitution, which is about equality, it is written "The State may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth."

There have also been some important court cases that have given the gay, lesbian, bisexual and transgendered (GLBT) community greater equality. These court cases have resulted in acknowledging same-sex relationships and giving them the same benefits of heterosexual relationships, such as being able to adopt children and conceive children using donor sperm. South Africa is also the first country in Africa to legalise same-sex civil unions.

Let's Talk about Sex

Sex is part of life. Sex is also about many different things. Sex can be about having children and a family. It can be about the physical feeling or the experience of how our bodies give and receive pleasure. Sex can be about lust and desire. It can be about wanting intimacy and the need to feel close to someone. Sex can also be about power. Or sex can be about having fun and sharing affection and love with your partner. Whatever sex means to you, it is related to different kinds of sexual behaviour.

Sex can be for recreation (pleasure), because you're in a relationship (feeling connected with someone) or for reproduction (having babies). For many of us sex has nothing to do with reproduction (having babies), though this can come later in our lives if we decide to have a family. This means that for most people sex is about having fun and is a normal part of our relationships. Apart from sex just feeling good, it can bring us closer to our partner. There is also masturbation which is when we give ourselves sexual pleasure. Masturbation is a healthy response to your sexual needs and an orgasm is also a great stress release.

Congratulations on completing the first chapter. In this chapter we have learnt about sex and sexuality and how this influences the way we behave. As you might have noticed, we have not talked about safer sex and HIV and STIs. We will talk about HIV and STIs later in Chapters 4 and 5.

CONVERSATION GUIDE: MODULE 1

Exercise 1

The aim of this exercise is to break the ice and to get people to talk about what they think sex and sexuality are. The participants should also be encouraged to use different words and languages in their discussions.

As a big group, answer the following questions:

- What is the first thing you think about when you hear the word sex?
- What other words are used to talk about sex?
- What words or phrases are you comfortable with and which are you uncomfortable with? Why?

Exercise 2

The aim of this exercise is to get everyone to talk about their understanding of sexuality. Remind participants of the need to listen and respect different opinions. This exercise aims to get people to confront their prejudices and to realise that stereotypes can be damaging. You might need to explain what a stereotype is.

Divide the participants into small groups of 4-5 participants. Give each group one of the following stereotypes to talk about, or if you have time they can do all of them. These statements are meant to create discussion and to get participants to think about how Brothers for Life can challenge these stereotypes:

- It is better to be born a man, than a woman.
- Homosexuality is not African.
- Women need to know their place in society.
- It is normal for a man to want many women.
- A man does not belong in the kitchen.
- Gay/lesbian marriage is not real marriage.

Exercise 3

The aim of this exercise is to get men to think about what it means to them to be a man. They should also think about how the way they see themselves influences their behavior. If harmful ideas about what it means to be a man come up in the discussion, confront these ideas and explain that Brothers for Life does not support these ideas.

Divide the participants into smaller groups of about 4 each and ask them to talk about the Top Ten things they think are part of being a man. Then they can talk about what they like least about being a man or the challenges modern men face. You can ask each group to share their ideas with everyone else.

MODULE 2: BROTHERS AND THEIR SEXUAL AND REPRODUCTIVE HEALTH

In this chapter we are talking about our sexual and reproductive health. It is important for all of us to take responsibility for our sexual health. Some of us may think we've heard it all before, but this chapter has practical and accurate information for men of all ages and stages.

This chapter will cover the following:

- Male reproductive system
- Sexual health issues
- Male Circumcision
- Female reproductive system

Key messages

Brothers for Life :

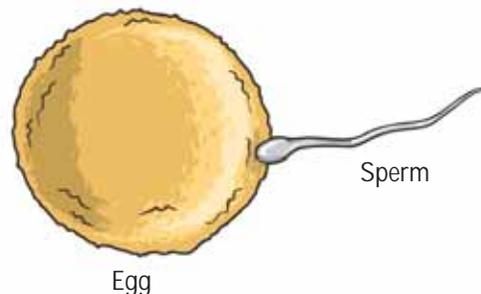
- Take responsibility for their actions.
- Look after their sexual health.

Learning Objectives

- Understanding our bodies.
- Understanding women's bodies.
- Understanding about our sexual health and our partner's sexual health.

Know about a man's reproductive system

It is very important for brothers to understand their reproductive systems. A man's and a woman's reproductive system are different in shape and structure, but both are specially



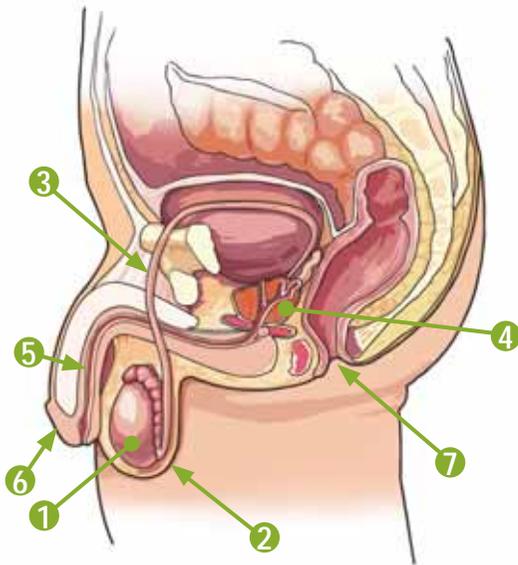
designed for reproduction. When we have unprotected, penetrative sex, the man's sperm enters the woman's body and can fertilise an egg. If the sperm fertilises the egg, the woman falls pregnant and a baby is born. People do not only have sex to reproduce but also for pleasure.

It is important to know about the male reproductive system is because this knowledge encourages us to be responsible for our sexual health and to have responsible relationships.

Part of being a responsible lover is making sure you are free of STIs. Take the necessary steps to prevent the spread of HIV and other STIs and prevent unwanted pregnancies.

We need to take care of our body and respect our partner's body. This understanding makes us better, more responsible lovers. Knowing this information can also help you when you are talking to your child about the changes in their body.

The male reproductive system is made up of:



- 1 The two **testicles** make and store millions of tiny sperm. The testicles are oval-shaped and hang in a pouch of skin outside the body called the scrotum. The testicles also make hormones such as testosterone. Testosterone is the hormone that causes boys to develop deeper voices, bigger muscles and body and facial hair when they go through puberty. Testosterone also stimulates the production of sperm throughout a man's life.
- 2 The **scrotum** helps to control the temperature of testicles, which need to be kept cooler than body temperature to produce sperm. The scrotum changes size to maintain the right temperature.
- 3 The **vas deferens** is a tube that transports semen from the scrotum to the penis. The epididymis connects each testicle to its vas deferens.
- 4 The **prostate gland** makes fluid (liquid) that makes semen when mixed with sperm.
- 5 The **urethra** is the tube that carries the semen to the outside of the body through

the penis. The urethra is also part of the urinary system because it is also the tube through which urine passes as it leaves the bladder and exits the body.

- 6 The **penis** is made up of two parts: the shaft and the glans. The shaft is the main part of the penis and the glans is the tip (sometimes called the head). At the end of the glans is a small slit or opening, which is where semen and urine leave the body. The penis has special blood vessels which can fill with blood and make the penis hard and straight. This is called an erection. The foreskin of the penis is a fold of skin that covers the tip of the penis and may be removed by circumcision. Men get circumcised for many reasons including cultural (Xhosa), religious (Muslim, Jewish and many others) and health reasons. See chapter 6 on HIV for more information on male circumcision.
- 7 The **anus** is the lower opening of the digestive tract. It is associated with the anal sphincter and lies in the cleft between the buttocks.

What does the male reproductive system do?

The biological function of the male sex organs is to produce and release semen into the reproductive system of the female during sex.

The male reproductive system also produces sex hormones. When a baby boy is born he has all the parts of his reproductive system in place, but it isn't until puberty that he is able to reproduce. Puberty takes place usually between 10 and 14. When puberty begins the body releases hormones that stimulate the testicles to produce testosterone.

A male who has reached puberty will produce millions of sperm cells every day. Each sperm is extremely small. When the erect penis is stimulated, muscles contract and force the semen out of the urethra – this is called ejaculation. Each time a man ejaculates (comes), it can contain up to 500 million sperm. When the male ejaculates during sex, semen is released into the female's vagina. A single sperm may fertilise an egg (ovum) but not always.

An erection occurs because of sensory or mental stimulation, or both, that results in blood flowing into the penis making the penis expand. Once the blood flows into the penis, muscles in the penis contract to stop the inflow of blood which causes an erection. When muscles in the penis stop contracting outflow channels are opened that reverse the erection.

Understanding sexual dysfunction

A sexual problem, or sexual dysfunction, refers to a problem which may negatively affect one's ability to experience satisfaction from sex. Both men and women are affected by sexual problems and they can occur in adults of all ages.

Erectile dysfunction

Erectile Dysfunction, or ED, occurs when you can't keep an erection, may keep an erection sometimes and other times not, or are only able to keep an erection for a brief period.

Erectile dysfunction is linked to medical causes such as chronic diseases like diabetes, heart and vascular (blood vessel) disease, kidney

or liver failure. It can also be associated with neurological disorders, hormonal imbalances, alcoholism, drug abuse or the side effects of certain medications.

Psychological causes of erectile dysfunction can be depression and performance anxiety (nervousness over his ability to sexually perform), feeling nervous about sex (perhaps because of a bad experience or because of a previously unsuccessful sexual experience), feeling stressed (including stress from work or family situations), being troubled by problems in your relationship with your sex partner and thinking that your partner is reacting negatively to you.

There is a large silence around erectile dysfunction, as an erection is commonly associated with potency, success and masculinity. Yet many brothers may experience erectile dysfunction in their life time.

If a brother is experiencing erectile dysfunction he should visit his doctor as soon as possible, as erectile dysfunction can indicate that there is a cardiovascular (e.g. heart) problem. Erectile dysfunction can be treated.

Impotence

Impotence differs from erectile dysfunction as it relates to problems that interfere with sexual intercourse and reproduction, such as a low interest in sex (low libido) and problems with ejaculation or orgasm.

Low Libido (Low interest in sex)

Refers to a decrease in desire for, or interest in sexual activity. Reduced libido can result from physical or psychological factors. It has been associated with low levels of the hormone testosterone. It may also be caused by psychological problems (such as anxiety and depression), medical illnesses (such as diabetes and high blood pressure), certain medications (including some anti-depressants) and relationship difficulties.

Different types of ejaculation disorders:

- Premature ejaculation is ejaculation that occurs before or soon after penetration. Premature ejaculation is the most common form of sexual dysfunction in men. It often occurs because a man feels nervous

about how well he will perform during sex. Certain drugs - including some anti-depressants, may affect ejaculation, as can nerve damage to the spinal cord or back.

- Inhibited or retarded ejaculation – occurs when ejaculation is slow to occur.
- Retrograde ejaculation – occurs when, at orgasm, the ejaculate is forced back into the bladder rather than through the urethra and out the end of the penis. This is due to problems with the nerves in the bladder and bladder neck that allow the ejaculate to flow backwards and into the bladder. In other men, retrograde ejaculation occurs after operations on the bladder neck or prostate, or after certain abdominal operations. In addition, certain medications, particularly those used to treat mood disorders, may cause problems.

Treating sexual Problems

Many cases of sexual problems can be corrected by treating the underlying physical or psychological problems.

Treatment strategies may include the following:

- Medical treatment – This involves treatment of any physical problem that may be contributing to a man's sexual dysfunction.
- Medications – Medications may help improve sexual function in men by increasing blood flow to the penis.
- Hormones – Men with low levels of testosterone may benefit from hormone supplementation (testosterone replacement therapy).
- Psychological therapy – Therapy with a trained counsellor can help a person address feelings of anxiety, fear or guilt that may have an impact on sexual function.
- Mechanical aids – Aids such as vacuum devices and penile implants may help men with erectile dysfunction.
- Education and communication – Education about sex and sexual behaviors and responses may help a man overcome his anxieties about sexual performance. Open dialogue with your partner about your needs

and concerns also helps to overcome many barriers to a healthy sex life.

Maintaining good sexual function

While sexual problems cannot be prevented, dealing with the underlying causes of the dysfunction can help you better understand and cope with the problem when it occurs.

There are some things you can do to help maintain good sexual function:

- Follow your doctor's treatment plan for any medical/health conditions.
- Limit your alcohol intake.
- Quit smoking.
- Deal with any emotional or psychological issues such as stress, depression and anxiety. Get treatment as needed.
- Increase communication with your partner.

Male circumcision

Medical circumcision is the full removal of the foreskin, fully exposing the head of the penis. Getting circumcised is beneficial for your health as it:

- Improves your hygiene as it is easier to keep the head of the penis clean.
- Reduces your risk of sexually transmitted infections (STIs) such as chancroid, syphilis, genital warts and herpes.
- Reduces your risk of HIV infection as it decreases the risk of tearing and bruising that can be an entry point for HIV.
- Removes certain cells within the foreskin that act as an entry point for HIV.
- Lowers the risk of penile cancer.
- Reduces your partner's risk of cervical cancer.

All men have the right to safe and hygienic medical male circumcision services.

In South Africa these are available at community health centres and district hospitals all over the country.

In some cases, you may have been circumcised for religious or cultural reasons. Certain religions circumcise their boys soon after birth. Some cultures circumcise their young men as part of an initiation process that marks the passage from boyhood to manhood. Men who are circumcised for religious or cultural reasons need to make sure that they are fully circumcised if they are to take advantage of the health benefits.

What male circumcision does not do

Male circumcision:

- Does not prevent pregnancy.
- Confers only partial protection against HIV infection.
- Does not benefit the partner of an HIV-positive man.
- Does not reduce the risk of HIV infection during anal sex.

Getting circumcised does not prevent pregnancy and **ONLY REDUCES** the risk of HIV infection. This means that you cannot let your guard down.

If you are circumcised, you should still use a condom every time you have sex, keep to one sexual partner and test for HIV to know your status so that you can make the best decision for your health.

If you are HIV-positive, you may also be circumcised, but this does not protect your partner from HIV. If you test positive for HIV you should have your CD-4 cell count taken to determine the strength of your immune system and you will be referred to care and support services. HIV-positive men who choose to be circumcised should continue to use condoms at all times to protect their partners from HIV as well as themselves and their partner from re-infection if both are HIV-positive.

Circumcision does not reduce your risk of HIV infection if you participate in anal sex.

GET CIRCUMCISED. KNOW THE FACTS.

How do I know if I am circumcised?



FULLY CIRCUMCISED

Full health benefits:

- ✓ The foreskin has been completely removed, under medical conditions, from the head of the penis
- ✓ It is easier to keep clean
- ✓ Eliminates bruising and tearing during sex
- ✓ Cells that attract HIV have been removed
- ✓ Reduces the risk of HIV infection by eliminating tearing and bruising
- ✓ Lower risk of STIs and diseases
- ✓ Reduces your partner's risk of cervical cancer



UNCIRCUMCISED

No health benefits:

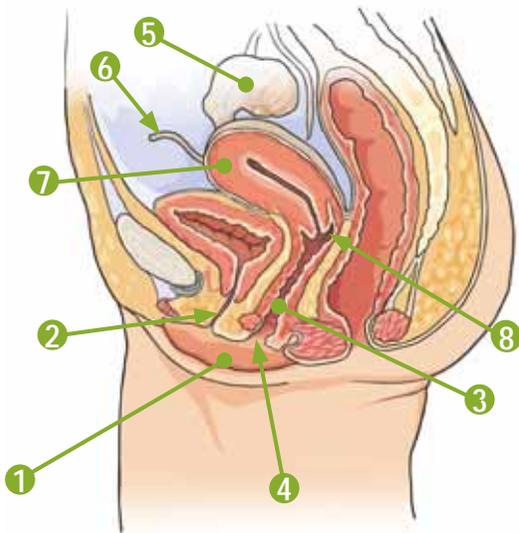
- The foreskin covers the head of the penis and it's more difficult to keep clean
- The skin inside the foreskin is soft, and prone to bruising and tearing during sex that allows an entry point for HIV and can cause discomfort during sex
- The foreskin contains cells that act as an entry point for HIV
- There is a higher risk of HIV infection
- Higher risk of STIs and diseases that affect uncircumcised men
- Men are more likely to get the Human Papilloma Virus which they transmit to their partners, which increases their partners' risk of cervical cancer



PARTIALLY CIRCUMCISED



The female reproductive system is made up of:



- ① The part of the female reproductive system that can be seen on the outside is the **vulva**. The vulva covers the opening to the vagina and is made up of the labia (lips) and the clitoris which is a small sensitive mound of skin. Between the labia are two openings – one to the vagina and one to the urethra.
- ② The **Urethra** is the tube that carries urine from the bladder to the outside of the body.
- ③ The **vagina** is a muscular, hollow tube that extends from the vaginal opening to the uterus. The vagina's muscular walls are lined with mucous membranes, which keep it protected and moist. The vagina has several functions: for sex, giving birth to a baby and for menstrual blood to leave the body.
- ④ The **hymen** is a thin sheet of tissue with one or more holes in it, that partially covers the opening of the vagina. Hymens differ from woman to woman. The hymen may tear and bleed a little the first time a woman has sex, which can cause some pain. But in some women, even if they are virgins, there is no bleeding.
- ⑤ **Ovaries** are the place where human eggs are made and stored.
- ⑥ The **fallopian tubes** are tubes that connect the ovaries to the uterus.
- ⑦ The **uterus (womb)** is the place where the fertilised egg grows into a baby.
- ⑧ The **cervix** is the narrow opening at the bottom of the uterus (womb).

What does the female reproductive system do?

The female reproductive system enables a woman to:

- Produce eggs (ova).
- Have sexual intercourse.
- Protect and nourish the fertilised egg during pregnancy so that it grows into a baby.
- Give birth.

When a baby girl is born, her ovaries contain hundreds of thousands of eggs, which remain inactive until puberty begins. At puberty, the body makes hormones that stimulate the ovaries to produce female sex hormones, including estrogen. The release of these hormones causes a girl to develop into a sexually mature woman. She will develop breasts and hips and grow pubic and underarm hair.

Toward the end of puberty, girls begin to release eggs as part of a monthly period called the menstrual cycle. Approximately once a month, during ovulation, an ovary sends a tiny egg into one of the fallopian tubes. If the egg is not fertilised by a sperm it dries up and leaves the body (together with the blood from the lining of the uterus) about 2 weeks later through the uterus. This is called menstruation (or having a period) and lasts from 3 to 5 days. On average the monthly cycle for an adult woman is 28 days, but the range is from 23 to 35 days.

It's common for women and girls to experience some discomfort in the days leading up to their periods. Premenstrual syndrome (PMS) includes both physical and emotional

symptoms that many girls and women get right before their periods such as; acne, bloating, fatigue, backaches, sore breasts, headaches, constipation, diarrhea, food cravings, depression, irritability or difficulty concentrating or handling stress. Some women also experience abdominal cramps during the first few days of their periods.

A variety of menstrual problems can affect women. Some of the more common conditions are painful periods, very heavy periods, infrequent or irregular periods even though she's been menstruating for a while and isn't pregnant. If your partner has any of these problems she should go and speak to a nurse or doctor at a clinic. Many menstrual problems can be controlled or helped by taking oral contraceptive pills which regulate the hormones in the female body.

Another reproductive health problem that women may experience is an ectopic pregnancy.

An ectopic pregnancy occurs when a fertilised egg doesn't develop in the uterus but instead starts growing in the fallopian tube. Women with this condition can develop severe

abdominal pain and should see a doctor urgently because surgery may be necessary.

Ovarian cysts are common and generally harmless, but they can become a problem if they grow very large. Large cysts may push on surrounding organs, causing abdominal pain. In most cases, cysts will disappear on their own and treatment is unnecessary. If the cysts are painful, a doctor may prescribe oral contraceptive pills to change their growth, or they may be removed by a surgeon.

Congratulations on completing this chapter. In this chapter we learnt about sexual and reproductive health. Brothers for Life take responsibility for their actions and look after their sexual health.

CONVERSATION GUIDE: MODULE 2

Exercise 1

The aim of this exercise is to get people talking about the myths and facts about sex. Make sure that the myths are replaced by accurate information during the discussion. Remember humour is often a great way for people to learn.

Divide the participants into smaller groups where they will talk about all the myths they have heard about sex. As a large group, discuss what they have talked about in their groups. You might want to write these myths up on a piece of paper. Some myths could be:

- If a woman doesn't scream during sex it means that she doesn't like it.
- If a man delays having sex, the sperm will rise to his head and he will go mad.
- Hot baths kill your sperm.
- Men have a higher sex drive than women.
- If you have sex standing up the woman will fall pregnant.

Exercise 2

The aim of this exercise is to encourage understanding about the basics of the male and female reproductive systems and to talk about what the different parts do.

You will need two large pieces of paper or card. Draw the outline of a male body on one piece of paper and the outline of a female body on the other piece of paper. Call on volunteers to add parts of the male and reproductive systems by drawing them on the paper. They should label each part in any language they like and use different words for each part and also talk about what each part does.

Wrap-up exercise

The aim of this exercise is to encourage the participants to think about the chapter in relation to their lives and to give them a practical thing they can go and do.

Ask the participants to think and talk about one new thing, or way of thinking about their lives that they have learnt from this chapter. Then ask them to write down 3 things they commit to doing to take the Brothers for Life campaign into their homes and communities.

www.medicinenet.com/sexual_sex_problems_in_men/page5.htm

<http://kidney.niddk.nih.gov/kudiseases/pubs/impotence/>

<http://familydoctor.org/online/famdocen/home/men/reproductive/109.html>

MODULE 3: BROTHERS AS LOVERS

Welcome! In this chapter we are going to take a look at our relationships and how to get the most out of them. Relationships are part of being human – the sooner we get good at them the better! Relationships can be cool and bring much happiness and fulfilment. Brothers for Life is about men taking responsibility for their relationships.

This chapter includes:

- How to make your relationship even better
- Pressures on relationships
- Talking it through
- Relationship tips for brothers

Key messages

Brothers for Life:

- Stand for responsible relationships.
- Know we need to work with our partner to make our relationship a success.
- Understand that no relationship can work without talking to our partner.

Learning Objectives

- Develop an understanding of what it is that we want from our relationship and being able to tell our partner what we want.
- Develop an understanding that a relationship is built on talking openly and trusting your partner.
- Develop an understanding of the pressures relationships can come under and how to survive them.
- Encourage communication as a way of solving relationship problems.

Making your relationship even better

Relationships are about many things – love, sex and companionship are just some of the things relationships give us. Everyone likes to feel loved and appreciated, but we don't always feel this way in our relationships. Very few people can claim to have a perfect relationship but we can all work towards having healthy and rewarding relationships.

Relationships do not work all by themselves – together with our partners we need to work at our relationships. Now this doesn't mean it's all work and no play. If we didn't get rewards or feel good in relationships, why would we bother? The aim is to find what works for you and your partner. Relationships are about give and take on both sides. Let's learn more about how to be a better partner.



Building Strong Foundations for your relationship

A relationship is like a house and, depending on how it is built, it can either crumble or weather a storm. But even a relationship that has been built on a strong foundation still has to be maintained throughout the years. You need to look after your relationship if you want it to last.

Building a rock-solid relationship or marriage is a journey. You can't build it overnight! It involves trust, commitment and respect from both you and your partner. When it comes to building a solid relationship, it certainly takes two hands to clap! You and your partner must decide if you guys are willing to take the journey together regardless where it may lead to.

When a couple first meet and are deeply in love with each other, each person believes the other is perfect and that their love can withstand any challenges that come their way. This won't last very long because nobody is perfect!

Your real relationship begins when you and your partner realise that you aren't that perfect after all. At this point, one or both of you may

decide to leave the relationship if you guys aren't willing to learn to understand each other.

It is important to talk about what the two of you want or expect from your relationship. Even if you both come from a very similar cultural, religious or economic background, it is a good idea to talk about your expectations of how a good partner behaves. What seems obvious or normal to you may surprise your partner, and vice versa. Take the time to learn about your partner's culture, religion, likes, dislikes, dreams and ambitions. If you are from different backgrounds, be aware that you may need to spend more time and energy to build your relationship.

Once your relationship is built on a strong foundation of understanding, open communication, compromise and respect it is much more likely to survive the storms of life! Both of you now understand that conflicts and differences can still arise but each one is now more giving and forgiving.

Pressures on Relationships

Any reasonable person must expect their relationship to go through ups and downs. This is normal. The important thing is how you as a couple manage these pressures. Here are some of the things that can put pressure on your relationship:

- Your family might put pressure on your relationship for many different reasons, such as cultural, religious, age or racial differences they're unhappy about. They may feel that your partner is not good enough for you.
- Your partner's family will also play a part in your relationship. For many people, families remain an important source of emotional and sometimes financial support. Some people find dealing with their partner's family difficult or frustrating.
- Having other relationships/lovers is a major cause of conflict in relationships. Some of us have relationships outside our main relationship. These 'undercover lovers' are often discovered or suspected and cause problems in your main relationship. Having

sex with more than one partner increases your (and your partner's) risk of STIs and HIV. Apart from the health problems it can cause, having other relationships means that there is dishonesty and a loss of trust. We should think carefully about why we often have many partners at one time. Is it really the right thing to do?

- Money matters can also put strain on your relationship. If you or your partner are having money problems, it is likely that this stress will affect how you behave. Some brothers are bothered when their partner earns more than them – they might feel they have less power in the relationship and want to show they have power in other ways. Remember, relationships are about partnerships and not power.
- Time spent apart and time spent together is another common relationship concern. You might work in another town and see your partner much less than you want to. Or you and your partner might have different needs – she might want to spend all her free time with you and you might enjoy time alone, or with other friends.

- Your health can play a major role in your relationship. Stress, heart problems, diabetes, erectile dysfunction and other illnesses can affect your relationship in many ways.
- Your lifestyle choices can also affect your relationship. For example, alcohol abuse can put a lot of strain on a relationship and could destroy your relationship and family.



- Sex plays a very important role in a relationship. It brings closeness that cannot be achieved in any other way. One of the challenges in long term relationships is that sexual passion can die and people stop having or enjoying sex. You and your partner need to find ways to make time for sex and to have time just for the two of you.

- Having unrealistic expectations can cause a relationship to be unsatisfying and to eventually fail. Each of us enters into relationships with ideas about what we want based on family relationships and our own past relationship experiences.
- Unresolved issues are things that keep starting arguments. Sometimes people find they're fighting battles that have far more to do with the past than the present. Feelings of rejection or betrayal in childhood can create 'hot buttons' that partners press without realizing. For example, if your partner is unreasonably upset about you being late, it could be that her parents were always late and often forgot about her. Perhaps ask your partner if there is a reason why something makes her so upset.
- If there are sensitive or taboo subjects in your relationship that both of you avoid talking about, but are a cause of conflict, you need to find a way of talking about them. If you don't, the issue becomes much bigger than it really is and will explode as some point. For example, taboo subjects can be the negative things your mother-in-law says

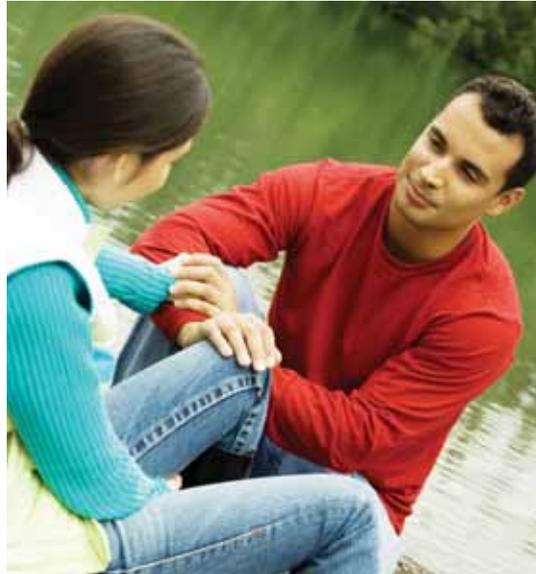
every time she comes to stay. Another taboo subject can be if one of you had an affair. A taboo subject is often something that involves betrayal or dishonesty and can be something you cannot make 'go away'.

- Couples often use topics such as money or housework to fight for their deeper needs. For example, an argument over who should pay for what may really be about who takes responsibility for things. Rows about housework are often about your partner's need to feel respected and valued. And arguing about how often to have sex is nearly always about feeling loved and cared for and the deeper needs for connection and affection.

Remember that sometimes as a couple you might need to call on the help of other people outside of your relationship to help the two of you get over a problem.

Traditionally, parents or other members of the community were called in to listen to a couple's dispute and to help them solve their differences.

The modern lifestyle often means we live far away from our families and some things are



not easy to solve over the phone. Find a way of finding support for you as a couple. Perhaps you want to go for counselling or talk to a priest or someone from your church. Or, you might have some good friends that you can talk to who would be willing to come over and help you guys talk it through.

Talking it through

No relationship can survive without communication. It is very important to talk to our partner about everything – including the

things that are worrying us. A lot of the time we expect our partner to magically know what is going on in our heads without us saying a word! But we should also be realistic about what 'talking it through' means.

Talking is not just about telling your partner information – it is about making sure that there is genuine understanding between the two of you. Does your partner understand what you are really saying? Do you understand what she really wants?

Some guidelines for talking it through better

- **Ask.** It seems simple enough, but often couples fall into the trap of believing their partner should just "know" what the other partner is thinking. If a partner seems upset, ask if anything is troubling them. Sometimes they themselves may not know yet, so ask them to think about it and get back to you.
- **Listen.** Really listen. Being a good listener needs the following: (a) don't interrupt, (b) focus on what your partner is saying rather than on thinking of your own response, and

(c) check that you understand what your partner said. You might say something like: "I think you are saying..." Or "what I understood you to say was..." This step alone can prevent misunderstandings that often cause arguments.

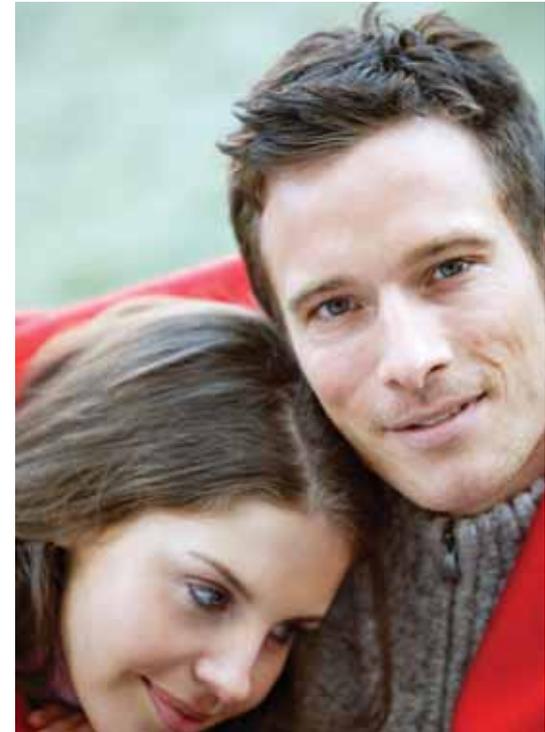
- **Timing counts.** The best time to resolve a conflict may not be immediately. One or both partners might need some time to cool off. This "time-out" period can help you avoid saying or doing hurtful things in the heat of the moment. It can also help you to think about what is really bothering you and how best to tell your partner.
- **Agree to disagree and move on.** Most couples will find that there are some things they will never completely agree on. Rather than continuing a cycle of repeated fights, agree to disagree and find a way to work around the issue.
- **Make your message clear.** It is important to be able to tell you partner what you want or need in a respectful and honest way. In this way you can work out a solution. Saying 'I want to feel loved' is not as clear as 'When you don't let

me know you are going to be late, I feel you don't love me.'

- **Discuss one thing at a time.** It can be tempting to list all your concerns or grievances in one go, but this will probably make your argument very long and not help you to solve your first problem. Do your best to solve one concern at a time.
- **Don't bring up past arguments.** By constantly going back to past conflicts in your relationship you are helping no one – all you are doing is creating a bad feeling and you are not getting around to solving the new issue.
- **Choose a "win-win" solution.** A "win-win" solution means that both of you put your relationship first, rather than one of you "winning" in a conflict situation. "Win- win" means that you both win. Remember all relationships involve some compromise and are about a balance of give and take.

Relationship Tips for Brothers

What's the key to successful relationships?
There is no magic wand you can wave to fix



your relationship problems. There is also no such thing as a perfect relationship.

Here are some of the simple things you need to know to deepen your partnership and make your relationship work.

- Do not expect anyone to be responsible for your happiness. **Accept yourself. Respect**

yourself. **Love yourself first.** Take good care of yourself and focus on your true needs. Too often relationships fail because someone is unhappy and blames their partner for making them that way.

- **Have quality time together.** Without quality time, your relationship will not survive. Make sure you spend at least half an hour a night or sometime in the day alone together. At least one day a month the two of you need to spend time exclusively together.
- **Keep your dependence and independence in balance.** Tell and show your partner how much you need her, but don't cling or be overprotective, as that can make your partner feel trapped. Also make sure that both of you do your own thing – you might watch soccer with the guys and she might have dinner with her friends.
- **Listen to her.** There are few things that are more irritating and hurtful than when you think your partner never listens to you!
- **Show appreciation,** not only of the big things she does but also the small things that are often taken for granted. It's easy to forget to thank your partner for things like doing the shopping or cooking supper when it's part of your everyday routine.
- **Be very open about your sex life** from early on in the relationship. Even though many of us may find talking about sex difficult, it is very important that you and your partner can tell each other what you like and don't like. If either of you is unhappy in bed, it will eventually destroy your relationship.
- **A smile goes a long way!** Giving your partner a genuine and loving smile will restore good feeling in your relationship.
- **Plan your finances together.** Money is a cause of couple conflict. For a relationship to work, you need to talk about your finances and work out a budget.
- **Approach your relationship as a learning experience.** A truly healthy relationship will mean that both partners are interested in learning and expanding a relationship so that it continues to improve.
- **Divide the domestic work equally.** If the domestic work is not divided fairly between you, it will put unnecessary strain on your partner and cause pressure in your relationship. Get the whole family involved, including yourself, in helping your partner with the house work.
- **Share childcare.** If you have children, be involved as much as possible with the childcare. We will talk about this more in the chapter on Brothers as Parents.
- **Bring the passion back.** The sex may come and go over the years, but if sex starts going downhill, don't just accept it. As soon as you notice a slide, question why and then work at bringing it back and keeping it.
- **Resist temptation.** Don't assume you won't be tempted to have an affair as many are. If you do stray, don't feel it is automatically the end of your relationship. Most couples recover, particularly from a one-night-stand, and often find that through working together to get over the affair makes them even closer.



- **Learn how to argue well.** Never say anything that you wouldn't want to hear said to you.
- **Learn to apologise.** Telling her you're sorry will do wonders for restoring her faith, trust, and goodwill. An apology said without sincerity and honesty, or no apology at all, will just deepen the resentment and make the situation worse.
- **Learn how to negotiate.** Each of you states what you want, then both of you work together to find a way forward.
- **Accept the things that won't change.** Some things about your partner are there for life – and you have to face that.
- **Learn to forgive.** Forgive one another. Forgiveness is a decision to let go of the past and focus on the present. Talk about the issue and try to reach a mutual agreement on how to handle the situation in the future and then commit to it.
- **Don't keep score.** The things you do for your partner must always be done because you chose to do them and you want to do them. Do not hold your "good deeds" over their head at a later time. Keeping score in a relationship will never work.
- **Counselling can improve your relationship.** Don't think that going to counselling makes you less of a man or a failure. Counselling can turn a bad relationship around. It can also turn an average relationship into a brilliant one.

Congratulations on finishing this chapter. Together we have talked about ways of making our relationships strong and happy. This chapter has given us a lot of useful information about how to communicate better and how to better understand our partners.

Exercise 1

The aim of this exercise is to break the ice and get all the participants thinking about relationships and what they want from them. It should also get them thinking about those things they struggle with in relationships.

The participants must answer the question 'What do I want in a relationship?' These answers can be written up on a piece of paper. Then the participants are asked to talk about the things they find the hardest or most frustrating about relationships. Write these up on another piece of paper. Use the information to have a meaningful discussion about what the participants think they are bringing to their relationship.

Exercise 2

The aim of this exercise is to get the participants to think about their experience in their past and present relationships and to talk about the pressures that they have personally come across.

You can ask a volunteer to tell the group about a pressure that he has dealt with in a

past or present relationship. It might be one of the pressures we have talked about in this chapter. The volunteer should say how he and his partner coped with the pressure or if it broke the relationship. You can also ask the participants to have this discussion in small groups or to do a role play around pressures on relationships.

Exercise 3

The aim of this exercise is to encourage the participants to think about their relationships and then talk about those things that upset their partners, as well as those things that make her happy.

Divide the participants into smaller groups. Ask them to talk about their experiences in their relationships. They must write up two lists – one must be "My partner doesn't like it when I..." and the second list must be "My partner loves it when I..."

Wrap-up exercise

The aim of this exercise is to encourage the participants to think about the chapter

in relation to their lives and to give them a practical thing they can go and do.

Ask the participants to think and talk about one new thing, or way of thinking about their relationship that they have learnt from this chapter. Then ask them to write down 3 things they commit to doing to make their relationships better.

MODULE 4: BROTHERS FOR HEALTH

Welcome! In this chapter we are going to talk about our health and how to look after ourselves and those around us. Good health is not just the absence of disease, it is being physically and mentally strong and well. Without good health, life is no fun. In fact being unhealthy stops us from living active and fulfilling lives and achieving what we want. If we are sick, we can't work and earn a living. We will also struggle to have good relationships – as partners, as fathers and as friends.

The first thing we need to do is make sure we know more about the things that are bad for our health. Everyone needs to know what they can do to protect their health and the health of those around them. Brothers for Life believe in responsible behaviour. Part of being responsible is taking the necessary steps to make sure you live a healthy lifestyle and reduce your risks of getting infections and other chronic diseases. In this chapter we are not going to talk about sexual health and things like STIs and HIV. We will talk about STIs and HIV in chapters 4 and 5.

In this chapter we will discuss the following

- What makes us sick?
- Understanding our immune system
- Infectious diseases
- Chronic diseases

Key messages

Brothers for Life:

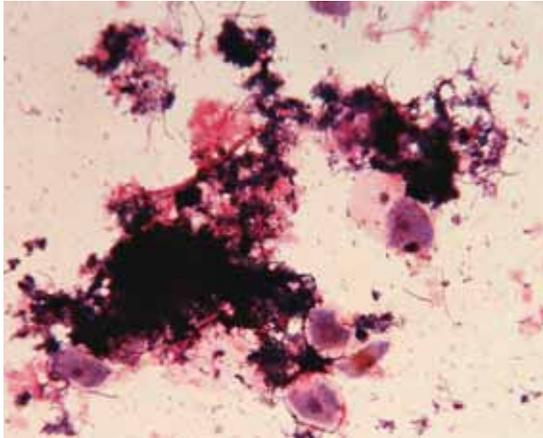
- Take responsibility for their health and encourage those around them to do the same.
- Believe knowledge is power. It is important to know our body, learn about different illnesses and take action.
- Understand that prevention is better than cure!
- Understand that getting treated early helps you recover much quicker – go to the clinic as soon as you feel sick.

Learning objectives

- Encourage understanding about how our immune system works to keep our body healthy.
- Increase knowledge about the different causes of infectious and chronic diseases.
- Encourage finding ways to reduce our risks of infectious and chronic diseases.
- To encourage people around us to take responsibility for their health.

What makes us sick?

Our bodies work best when we are healthy and fit. But as we know from time to time we get sick. Many everyday illnesses are caused by germs. Germs are micro organisms which means that they are very small and can usually only be seen under a microscope. The reason it is useful for us to know about germs is because different germs cause different illnesses and need to be treated in different ways. To simplify things, we are going to talk about the most common causes of illness.



Bacteria

- Bacteria are found everywhere in the world. Not all bacteria are harmful. For example, the bacteria that live in our digestive system help us digest food and are good for our body. But there are also bacteria that are harmful to our bodies and don't belong there. For example, bacteria cause sicknesses such as TB, syphilis, sinusitis, pneumonia, diarrhoea and bronchitis. Bacterial infections are usually treated with antibiotics and most can be easily cured.
- Viruses cannot live outside of a human or animal body. Examples of viruses are colds, 'flu, herpes and HIV. Viruses cannot be

treated with antibiotics and are very difficult to kill, even with antiviral medicines. One of the biggest challenges of treating viral infections is that viruses mutate (change) all the time. This means that many viruses cannot be cured and can only be controlled.

- Fungi can infect our bodies and result in things like athlete's foot, dandruff, thrush and PCP pneumonia. Fungal infections are usually treated with anti fungal creams, ointments or pills.
- Malaria is the most commonly known example of a protozoan infection. Protozoan infections are usually spread by insects and are treated in different ways.



Mosquitoes carry malaria

- We can also be infected by larger parasites which can be seen without a microscope. A common parasite is the tapeworm. Many children get worms, especially if they grow up in areas where rubbish is not thrown away properly and if they get licked by pets. Tapeworms eat the food inside us and use up the energy that we should be getting. That is why people who have worms always feel hungry. Treating worms is easy and affordable.

Understanding our Immune System

The immune system defends our bodies from germs, viruses and bacteria. The basic function of the immune system is to recognise what is part of our bodies and what is not. Germs are not part of our body and they cause infection and illness. This is why the immune system finds germs and destroys them.

Without a healthy immune system our bodies become invaded by many different germs and we get infections and other diseases. Most of us have had the experience of getting 'run down' from stress, lack of sleep, drinking too much alcohol or not eating properly – and

we soon get sick, usually with a cold or the flu. This is a good example of how even when we are generally healthy, if we don't look after ourselves, our immune system is unable to work properly and we are at risk of infection. Let's learn a bit more about the different parts of the immune system and how they work together to help protect us from infections and other disease. The immune system is made up of:

- Skin
- Tears, mucus and saliva
- Lymphatic system

Skin

The most obvious part of the immune system is what we can see. Our skin helps prevent germs from getting into our body.

Tears, mucus and saliva

Your nose, mouth and eyes are obvious places for germs to get inside the body. Tears and saliva are anti-bacterial and fight off infections. Mucus in our nose and lungs gives protection against bacteria and traps germs and prevents them from entering the body.

Lymphatic System

The lymphatic system is responsible for finding and fighting off germs once they are inside the body. The lymphatic system uses white blood cells (or lymphocytes) to fight infection. Different parts of the lymphatic system work together to produce white blood cells, to find germs and to kill them.

The immune system also makes something called antibodies when it finds germs in the body. Antibodies help the immune system to find and kill germs in the body. Antibodies are produced to match particular germs. For



example, if you are sick with TB, your body will be fighting the infection and producing special TB antibodies that it uses to identify and kill the TB bacteria in the body.

Infectious diseases

Infectious diseases are caused by germs. Germs are spread between people through physical contact, such as touching someone who is sick. This is why it is so important to wash our hands before and after caring for a sick person. Infectious diseases can also be spread through liquids, food, body fluids, things that have germs on them and through the air. That is why it is so important for people to cover their mouths and noses when they cough and sneeze. It is better to cough with a tissue or to sneeze or cough into your elbow, rather than your hand.

To help prevent infectious diseases it is important to know how they are transmitted. Good hygiene helps prevent many infectious diseases and keeps us healthy. Hospitals and other health care facilities also need to make sure that they prevent the spread of infections by cleaning properly and throwing away waste correctly. It is impossible



to create a germ-free environment, but there are many things we can do to reduce our chances of infection. Here are some basic steps we can take in our everyday lives to help prevent getting or passing on infections:

- **Make sure you drink 'safe' or clean water.** You can boil water to kill most germs in it, or add 2 drops of chlorine, bleach or iodine to a litre of water to kill the germs.
 - **Wash fruit and vegetables in safe water** before you eat them.
 - **Keep meat and diary products refrigerated.** Chicken, pork and seafood are particularly
- easily contaminated and can cause serious food poisoning and diarrhoea.
- **Cover food** to prevent flies from touching it, as flies spread disease.
 - Do not allow pets to eat off the same plates as you or to lick your face. **Wash your hands after touching pets.**
 - **Wash your hands after going to the toilet,** touching rubbish or waste bins and after changing a baby's nappy.
 - **Wash your hands before you eat** or prepare food.
 - **Sleep under a mosquito net** if you live in a malaria area.
 - **Keep homes and offices well ventilated** (open windows to allow air in and out).
 - **If you are sick cover your mouth and nose when sneezing or coughing.** It is better to cover your nose with a tissue or to sneeze into your elbow, rather than your hand.



- **Keep your home clean.** Sweep and wash the floor and wash the dishes after every meal.
- **Wash your bed linen,** towels and clothes regularly.
- **Wash your body and your hair** regularly with soap.
- **Brush your teeth twice a day** after meals.
- **Use a condom** to help prevent HIV and other STIs.

TB

TB is a common infectious disease in South Africa. TB is spread through the air when people cough or sneeze without covering their mouth and nose. It is then breathed in by other people who are then at risk of being infected. TB spreads easily in overcrowded areas where homes and work places do not have a lot of air moving through them. This is why people who live in informal settlements are at increased risk of getting TB. Poor housing is the perfect environment for TB – informal houses often do not have windows and are damp and dark and difficult to clean.

TB is the most common infection for people living with HIV. This is why it is important for people who are HIV positive to test for TB, and for people who test positive for TB to test for HIV. If you are HIV positive you need to take your TB medication to help cure the TB. If your immune system is weak it is easier for you to get TB because your body cannot fight the infection. TB is diagnosed by going to a clinic. If you have TB symptoms (coughing a lot, night sweats, feeling tired and weak, coughing blood, weight loss) the health care

workers will probably start you on treatment straight away. They will also do an x-ray and take some sputum (what you cough up) and send it to the laboratory to check for TB.

TB treatment has to be taken for 6 months. TB patients stop being infectious to others two weeks after starting treatment. It is very important to finish TB treatment because if you stop taking your treatment you will develop resistance to the medication, which means it will no longer work for you. It also means that new kinds of drug resistant TB (DR TB) are spreading and very difficult to treat. In South Africa people get their treatment using the DOTS systems (directly observed treatment short course) which means that you have to have a treatment supporter who makes sure you take your treatment every day.

Chronic diseases

When talking about chronic diseases, chronic means that the disease is slow to progress and lasts a very long time – usually a lifetime. Chronic diseases are often called lifestyle diseases. This is because many chronic diseases are caused by our lifestyles – what



we eat, how much we exercise, if we drink too much, smoke cigarettes and so on. This means that most chronic diseases can also be prevented by healthy living.

Although infectious diseases, like TB and HIV/AIDS, are still responsible for most illness and death in South Africa, chronic diseases are catching up, fast. In 2005 it was estimated that 60% of all deaths in the world were

caused by chronic diseases (WHO, 2005). A chronic disease needs to be controlled with medication and lifestyle changes throughout a person's life. Living a healthy lifestyle is important for everyone because many chronic diseases can be prevented.

Heart Disease

The main causes of heart disease are hypertension (high blood pressure) and high cholesterol. Blood pressure (BP) is the force of the blood pushing against the walls of the arteries. High blood pressure is a silent killer because it usually has no symptoms. It is very important to check your blood pressure at least once a year at the clinic. Some people may not know they have hypertension until they have trouble with their heart, brain, or kidneys. When hypertension is not treated, it can result in heart failure, kidney failure, heart attack, stroke and even blindness. Once high blood pressure develops, it usually lasts a lifetime but it can be controlled by following a healthy lifestyle and taking medication.



High Cholesterol

More than 5.5 million South Africans are at risk of heart disease because of high cholesterol. Cholesterol is a fatty substance found in the blood, the organs and the nerves. High cholesterol is bad for your health because it starts to block the arteries by making them narrower and harder. High cholesterol is most often linked to either a family history of the condition or to lifestyle. If you have a parent or a brother or sister who has high cholesterol you should go to the clinic to check. High cholesterol can be

caused by being overweight, which most likely means that you have a diet high in fats and don't exercise enough. High cholesterol can increase your risk of diabetes.

Diabetes

Diabetes occurs when the body has high blood sugar (glucose) levels. This happens when the pancreas does not produce enough insulin or when the body cannot use the insulin that it makes. Insulin is a hormone that controls the body's blood sugar levels. There are two kinds of diabetes and it is important to know which kind you have because they are treated in different ways.

- **Type 1 Diabetes:** People with this kind of diabetes are usually born with diabetes and their pancreas does not make enough insulin. People with type 1 diabetes need daily injections of insulin to survive. Common symptoms of Type 1 Diabetes are: excessive thirst, feeling hungry all the time, excessive urination, weight loss for no reason, struggling to breath, changes in vision, feeling tired.

- **Type 2 Diabetes:** This was previously called 'adult-onset' or 'sugar' diabetes because people usually develop this kind of diabetes through having a poor diet with too much sugar or refined foods. Most people in the world have Type 2 Diabetes. People with Type 2 Diabetes can sometimes manage their condition by changing their lifestyles, but most of the time they will also need to take medication. Sometimes they might need insulin.

Many people with Type 2 Diabetes have no symptoms and so they are diagnosed only after they have had diabetes for many years. They may have some similar symptoms to Diabetes Type 1, but the symptoms are usually much less obvious. Early detection of Type 2 Diabetes is very important because it can help save people's lives and also help control the condition so that they can live a normal life. If you are overweight or obese and have hypertension you are at an increased risk of developing Type 2 Diabetes.

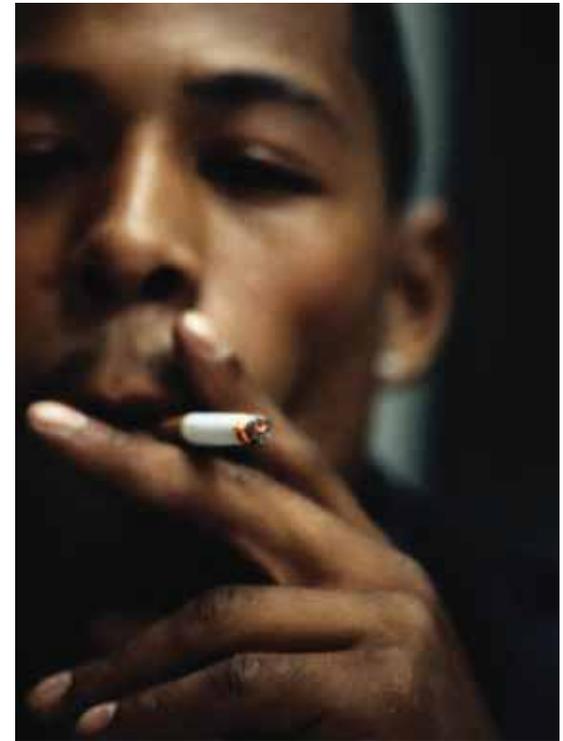
Obesity and being overweight

It might seem strange to think of being

overweight as a chronic disease, but carrying extra weight is not good for our health. The more extra weight we carry the worse it is for our health and the more difficult it is to lose weight and to exercise. Obesity is when someone is very overweight. Being overweight or obese increases our chances of chronic disease, such as cancer, hypertension, cholesterol and diabetes.

Cancer

Cancer is a word used to describe many different kinds of diseases, where the cells reproduce out of control. If not stopped, cancer can spread to other parts of the body. The things that you do in your daily life, such as smoking tobacco, what you eat and how much exercise you do, all play a role in putting you at higher or lower risk of getting cancer. Tobacco is the single biggest cause of cancer. Being overweight or obese greatly increases your chances of developing cancer. Drinking a lot of alcohol has also been shown to increase the risk of throat, mouth, liver and breast cancers. Lung, testicular and prostate cancer are three cancers that most commonly affect men.



Testicular cancer is more common amongst younger men aged 18 – 35. Young men can do a self check once a month after a bath or shower. To feel whether there are any lumps or a change in the size of the testes place your index and middle fingers under the testicle and your thumb on top. Gently roll the testicle between your thumb and fingers. It should feel smooth to the touch. A small firm area can be

felt at the back of the testicle – it is called the epididymis and is normal. Feel for any hard lumps on the testicle. Testicular cancer is curable when detected early.

Prostate cancer is one of the leading cancers in men. Prostate cancer can be prevented by having regular prostate checks to detect and treat any changes early. Early diagnosis increases your chances of successfully treating and beating the cancer. Symptoms are similar to those caused by other less serious conditions but if you experience any of the following you should visit your clinic:

- Blood in the urine
- Needing to pee a lot, especially at night
- Weak or interrupted urine flow
- Pain or a burning feeling while peeing
- Unable to pee
- Constant pain in the lower back, pelvis, or upper thighs

Chronic respiratory diseases

Chronic respiratory diseases affect the lungs and the airways that help us to breathe. Some of the most common respiratory diseases are asthma and chronic obstructive pulmonary disease (COPD).

Asthma sufferers will have regular and recurrent attacks of breathlessness and wheezing where they will struggle to breathe. During an asthma attack the airways become narrower, limiting the amount of air going into and out of the lungs. Even though asthma is not responsible for as many deaths as other chronic diseases, it has a serious impact on the lives of people. You are at increased risk of getting asthma if someone in your family has it or if you live or work in an environment with a lot of pollution and other things (dust, smoke, chemicals, pollens) in the air.

Chronic Obstructive Pulmonary Disease (COPD) is an umbrella term used to describe chronic lung diseases that make it difficult for you to get air into your lungs. In the past you might have been diagnosed with 'chronic bronchitis' or 'emphysema', but these terms



are no longer used and are now included within the COPD diagnosis. The most common symptoms of COPD are struggling to breathe, too much phlegm and a cough that won't go away.

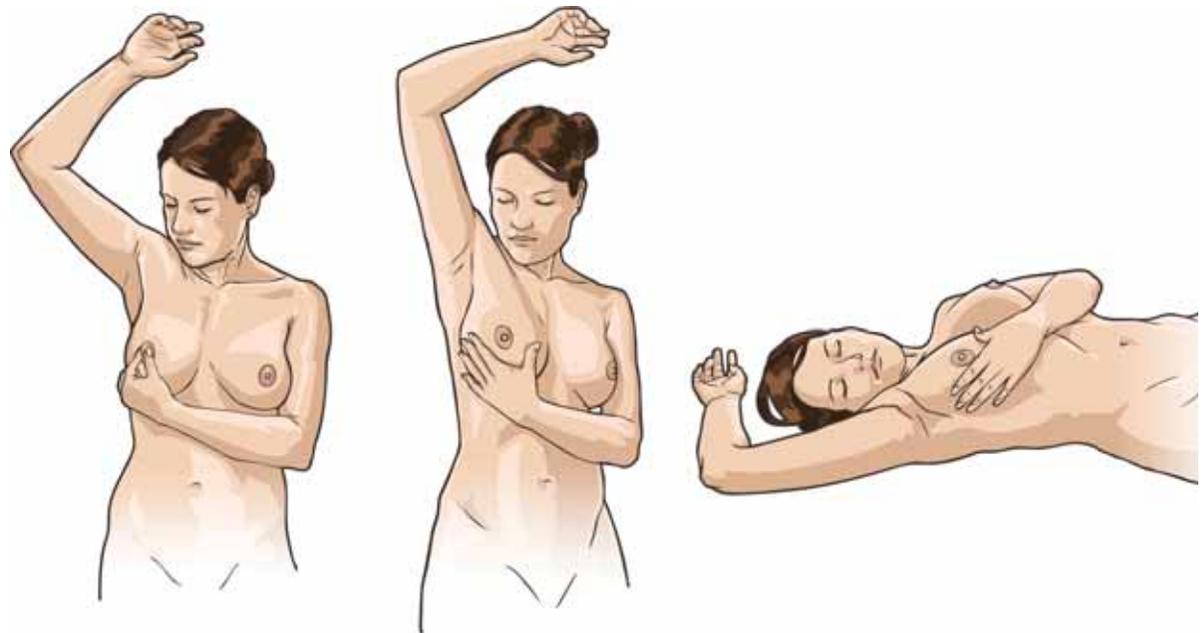
Chronic diseases that affect women

There are also some chronic diseases that are more likely to affect women. It is good to be informed about these illnesses so that you can support your partner's health.

Breast cancer is the second most common type of cancer. In many cases, a woman's partner is the person who first notices that something is not quite right. It is important for women to regularly check their breasts for lumps or unusual tenderness, change in shape, change in skin colour or dimpling. Most breast cancers are not painful. Early detection is very important in assisting with treatment and a better chance of survival. All women over the age of 40 should go for a mammogram every year to check for breast cancer.

Cervical cancer is the second most common cancer among women worldwide and the most common cancer among women in poor countries. Cervical cancer is caused by HPV (human papilloma virus) which is an STI. Cervical cancer does not have symptoms until it is quite advanced. This is why it

is important to get screened regularly for cervical cancer by going for a PAP smear. Encourage your partner to go for PAP every 2-3 years.

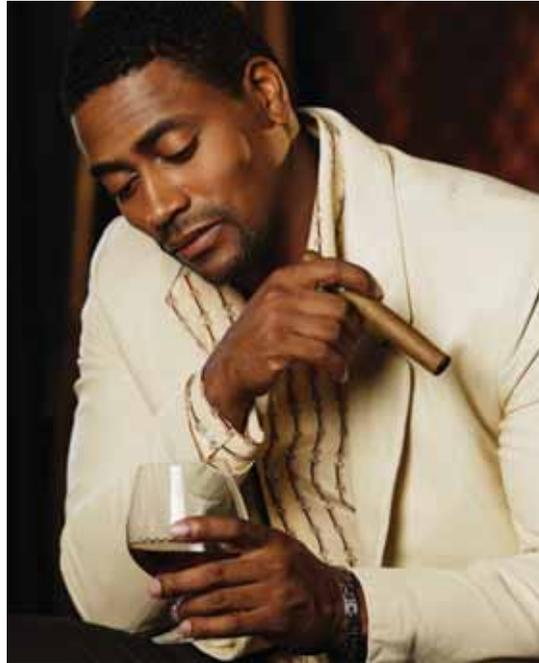


Causes of Chronic Diseases

Chronic diseases are mainly the result of lack of information and how we live our lives. Often we know that something is not good for us, but we don't think it's that serious. Now that we know more about chronic diseases and also what causes them, perhaps it is time to take a closer look our lifestyles and start making some changes that are better for our health. Let's have a look at some of the facts about the major causes of chronic disease.

Smoking and tobacco use is one of the major causes of chronic diseases today. In men, it can also reduce fertility and sexual potency. Tobacco related diseases kill over 44 000 South Africans each year.

In South Africa, 40% of men and 15% of women report that they drink alcohol. As a man, having more than 2 alcoholic drinks a day greatly increases your risks of high blood pressure, strokes and some kinds of cancer. The more we drink the higher the chances of chronic disease. Heavy alcohol use over a period of time can seriously damage the liver.



In South Africa, 9% of adult men and 23% of adult women are obese, while 21% of men and 29% of women are overweight. Being overweight is usually caused by having a bad diet, such as eating junk food, fatty foods and large amounts of red meat together with not doing enough exercise. As we already know, obesity increases your risk of diabetes, hypertension and other chronic diseases. Being overweight or obese can also kill your sex drive and interfere with your sexual performance.

Congratulations on completing this chapter on men's health. We have talked about the importance of looking after our health. Brothers for Life take responsibility for their health.

CONVERSATION GUIDE: MODULE 4

Exercise 1

The aim of this exercise is to encourage the participants to think about what illnesses they fear, how they are caused and how they can be prevented and treated.

In small groups participants need to answer and discuss the following questions:

- What diseases do I fear?
- What causes them?
- How are they spread?
- How do I prevent or treat them?

Exercise 2

The aim of this exercise is to encourage the participants to look at their current risks of chronic disease and to commit to changing one thing to improve their health.

Divide the participants into groups of 4-5. In their groups the men have to talk about their lifestyles and think about those things that could be putting them at risk of chronic disease. They then have to decide on one thing that they are going to do from that day to try and help prevent chronic disease. It could be going for a blood pressure test or quitting smoking.

Wrap-up exercise

The aim of this exercise is to encourage the participants to think about the chapter in relation to their lives and to give them a practical thing that they can go and do.

Ask the participants to think and talk about one new thing, or way of thinking about their lives that they have learnt from this chapter. Then ask them to write down 3 things they commit to doing to improve or look after their health.

MODULE 5: BROTHERS ARE SIDESTEPPING STIs

Welcome! In this chapter we are going to talk about STIs (sexually transmitted infections). Like HIV, STIs are sexually transmitted which means we put ourselves at risk of getting STIs if we have sex with different partners or without using condoms.

This chapter talks about the following topics

- What are STIs?
- Bacterial STIs
- Viral STIs
- Other kinds of STIs
- How to prevent STIs

Key Messages

Brothers for Life

- Stand for responsible relationships.
- Know that STIs are transmitted mainly through unprotected sex with partners.
- Understand that STIs put us at increased risk of getting HIV.

- Prevent STIs and HIV by reducing their partners and using condoms all the time.
- Know to treat STIs early.

Learning Objectives

- Knowing what puts us at risk of being infected with STIs.
- Being able to identify the symptoms of common STIs in men and women.
- Knowing the basics of how STIs can be treated and getting treatment at your local clinic.
- Understanding the importance of reducing the number of sexual partners and using a condom every time you have sex.

What are STIs?

STIs are infections caused by germs that are mostly transmitted during unprotected vaginal, oral and anal sex. STIs can also be passed on by sharing sex toys. There are two main kinds STIs. Bacterial STIs are caused by bacteria and

viral STIs are caused by viruses. STIs can also be other things such as pubic lice.

Having unprotected sex with many partners increases your risk of being infected by STIs. If you are having sex with more than one person at the same time, you are part of a sexual network. This means that you are sexually connected to many people, who may also have more than one partner. If you are part of a sexual network you are putting yourself at very high risk of getting STIs or HIV. Having many partners at the same time is the biggest risk factor for getting an STI and HIV. Most STIs can be prevented by using a condom correctly every time you have sex. If you have an STI it means that you have also put yourself at risk of HIV, so you should have an HIV test. If you, or your sexual partner, have an STI and HIV, the chances of passing on or getting HIV are much higher.

There are treatments for STIs, so make sure you get treated as soon as you think you have one. Don't wait and hope that it will go away. Left untreated, STIs not only ruin your sex life, but can cause serious health problems such as infertility and liver disease. If you think that you have an STI go to your clinic or doctor.

“BE A MAN WHO
**CHOOSES A
SINGLE PARTNER**
OVER MULTIPLE CHANCES
WITH HIV”

Matthew Booth
Professional Soccer Player

Yerzakahle!
Do the right thing

BROTHERS
FOR LIFE

www.brothersforlife.org

Most STIs are treated simply by knowing the symptoms. The three most common symptoms used to decide how to treat STIs are: discharges (drop), sores/blisters and rashes.

If you don't have these symptoms, the STI can also be diagnosed using a swab, urine or blood test. A swab test means that the health care worker will take something that looks like

a cotton ear bud and wipe your penis, cervix or vagina with it and send it to the laboratory to be tested. It could take a couple of days to get the test results back. It is important that you return to your clinic to get the test results and the correct treatment.

Most bacterial STIs have the same symptoms which are pus, fluid or discharge (drop) from the penis, vagina or anus. Or you may have itching or pain, especially when you pee. You might also have swollen glands in your groin. If you have these symptoms the health care worker will put you on antibiotics and ask you to come back for a check-up. Viral STIs, such as HIV, Human Papilloma Virus (HPV), herpes, and hepatitis have no cure but their symptoms can be controlled with treatment. There are vaccines available to help prevent both HPV and Hepatitis.

Always finish your pills. If you don't finish your medication the STI will come back. Even if the symptoms disappear after a few days, finish all your pills. Never share your pills with friends or your partner. If you are infected with an STI it is important that you discuss this with your partner so that she or he also receives treatment to prevent re-infection. You and your partner

should not have sex until the infection has cleared, or you should use condoms to prevent re-infection.

If STIs are not treated they can cause serious health problems such as:

- Ectopic pregnancy in women.
- Premature labour and still births.
- Infertility in men and women.
- Constant bladder infections.
- PID (pelvic inflammatory disease) in women.
- Blindness and birth defects in new born babies.
- Cervical cancer.
- Liver (hepatitis), brain and heart damage.

Bacterial STIs

The most important thing to know about bacterial STIs is that most of them are easily diagnosed and easily treated.

Gonorrhoea and Chlamydia

If you have the following symptoms you most likely have Gonorrhoea (idrop) or Chlamydia and will be given antibiotics straight away:

- A milky, yellowish or greenish discharge (drop) from the penis.
- Burning when urinating.
- Swollen glands in the groin.
- Swollen, painful testicles in men.
- A milky, yellowish or greenish or bloody discharge from the vagina.
- Pain when having sex.
- Lower abdominal or back pain.
- Vaginal bleeding during sex and bleeding between periods.
- Discharge from the anus.



Syphilis

Syphilis is a bacterial STI but it is different to Gonorrhoea (idrop) and Chlamydia and is diagnosed and treated differently. One of the problems with Syphilis is that people often do not know that they have been infected because there is no pain. There are three stages of the disease. Syphilis is most contagious in the beginning stages. Untreated, syphilis can increase a person's risk of HIV infection.

In the first stage, soon after becoming infected with syphilis, a small sore can be seen – usually on the penis, in or around the anus, the vagina or in the mouth. The sore doesn't

hurt and usually heals quite quickly. Stage two syphilis normally develops within six months of infection. It can cause a highly infectious rash on the body, palms of the hands and soles of the feet. It can also cause swollen glands, fever, muscle pain, headache and ringing in the ears. The third and last stage of syphilis develops ten or more years after infection and can cause damage to the heart, the brain, the bones and the skin. If left untreated, syphilis can kill you.

A general sexual health check-up will include a blood test for syphilis. Many HIV clinics now test for syphilis as part of their routine HIV care. If you have Syphilis your clinic will treat it depending on which stage it is at.

Antibiotics and penicillin, in either injection or pill form, are the most common ways of treating Syphilis. To make sure that the syphilis is completely cured, it's very important that no tablets or injections are skipped and that you go to all follow-up clinic visits.

Viral STIs

The main difference between bacterial and viral STIs are that bacterial STIs are easily treated



with antibiotics. Because viral STIs are caused by a virus they cannot be cured by medication, but they can be treated and controlled. The most common viral STIs are HPV, Herpes, HIV and Hepatitis.

Genital Warts

Genital warts are caused by the Human Papilloma Virus (HPV). Genital warts are often known as 'cauliflower'. There are more than 40 kinds of HPV that infect the genital areas. Some kinds of HPV cause warts. Genital warts look just like the warts that appear on the skin in other areas. They're usually small lumps with a slightly rough texture. If you have sex with an infected person, warts may appear within a few weeks or a few months. But most people who become infected with HPV don't know they have it. This is because some kinds of

HPV have no symptoms that you can see.

Genital warts in men may appear:

- On the tip or shaft of the penis
- On the scrotum
- Around the anus

Genital warts in women may appear:

- On the inside or outside of the vagina
- On the neck of the cervix
- Around the anus

Genital warts are mostly diagnosed just by looking at the genital area and seeing the warts. The visible warts can be removed by freezing, laser surgery, painting them with a chemical that burns them off, or using a cream. There is also a vaccine that can protect people from HPV. Male circumcision can also help prevent HPV.

Other types of HPV can cause cancer. The types of HPV that cause warts are not the same as

the kinds that cause cancer. The most common kind of cancer that HPV causes is cervical cancer in women. Cervical cancer does not have symptoms until it is quite advanced. This is why it is important for your partner to be screened regularly for cervical cancer by going for a PAP smear.

Women should start having PAP smears as soon they are sexually active and go for one every 2 years. HIV positive women are at increased risk of getting cervical cancer.

Herpes

Herpes is caused by the herpes simplex virus (HSV) and usually forms painful sores, blisters or ulcers on the mouth, genitals or anus. The virus is passed on through kissing or sexual contact. Herpes can also be transmitted when sores aren't present. Having genital herpes increases the risk of HIV. Once you have been infected with herpes, the virus will be in your body for the rest of your life. But herpes can be treated and controlled.

There are two main kinds of herpes virus, both of which can cause oral (mouth) and

genital infection, but it is more common for HSV-2 to cause genital herpes and HSV-1 to cause oral herpes. HSV-2 can cause painful sores/blisters around the genitals or anus. Condoms don't always protect against herpes because the infectious area may not be covered by the condom. HSV-1 usually causes 'cold sores' which are tingling or painful sores on the edge of the lip.

You may not realise that you've been infected with Herpes. Most of the time there are no symptoms. HSV is usually diagnosed by taking a swab from the blister/sore and sending it to a laboratory to be tested. Herpes infections are usually treated with an antiviral medication available from pharmacies as a cream or in a tablet form. You need to start treatment for herpes the moment you feel the signs of an outbreak coming on – this is usually a tingling sensation.

Hepatitis

There are three kinds of Hepatitis – A, B and C. All three kinds can be transmitted sexually or through blood. You can also get Hepatitis A from water or food that has come

into contact with sewerage/human faeces. A blood test can show that you are infected with Hepatitis A, B or C. All three kinds affect the liver and can cause liver damage. Often there are no symptoms, but if you are infected with Hepatitis you might have the following symptoms:

- Jaundice – a yellowing of the skin and eyes
- Feel very tired
- Weight-loss
- Loss of appetite
- Vomiting
- Diarrhoea
- Dark urine and pale stools
- Abdominal pain
- Muscle and joint aches
- Fever

General treatment for Hepatitis is rest, drinking lots of fluids and avoiding alcohol and recreational drugs. It's also important to not take Paracetamol painkillers (like Panado) while recovering from the virus.

Hepatitis A

Unlike most sexually transmitted infections, Hepatitis A can be prevented by a vaccination. This vaccination consists of two injections, given six months apart. It is recommended that people living with HIV receive this vaccination.

In people with HIV or a weakened immune system, hepatitis A can last longer and be more severe. If you're HIV-positive and catch hepatitis A, it might be necessary to stop taking your ARVS for a while if the liver becomes inflamed (swollen). This is because the liver is responsible for breaking down drugs in the body and, when it's inflamed by hepatitis A infection, may not be able to break down the drugs and there is the risk of liver damage. Do not stop your medication on your own. Your doctor will advise you and will probably test your liver first before making any decisions.



Hepatitis B

Hepatitis B is many times more infectious than HIV. Hepatitis B can be treated with an injection three times a week. People with HIV need to get the Hepatitis B vaccination – a course of three injections, given over several months. If you're HIV positive and have hepatitis B, you must get care from a doctor who's skilled in the treatment of both viruses.

Hepatitis C

Hepatitis C affects people differently and some people have no symptoms at all. If you are infected with Hepatitis C the clinic might

do a test to see if your liver is damaged. If it is damaged you will be given treatment. Diagnosing Hepatitis C can be more difficult to diagnose in people with HIV because the infection may not show up in tests. The best approach to treating people who are HIV positive and have hepatitis C is unclear. Most specialists advise treating the infection that's more immediately life-threatening – usually HIV. But some ARVs (like protease inhibitors) can cause problems for people with liver damage and so need to be carefully monitored.

Other types of STIs:

Pubic lice

Pubic lice are also known as “crabs”, because they use crab-like claws to grip onto the pubic hair. The lice can also be found in the armpits, and less often in the eyebrows and eyelashes. They're usually picked up during sex, but any close body contact can be enough to pass them on. They can also be passed on by sharing towels, bedding or clothing, but this is less likely. Some people notice the lice within hours, but others take a few weeks to see them.

This is because the lice are very small and can be difficult to see.

Symptoms of pubic lice usually include:

- Very bad itching in the pubic area
- Lice eggs on the pubic hair
- Small spots of blood on underwear or sheets

You can treat and get rid of the pubic lice by getting a lotion (cream) at your clinic or from a pharmacy. You don't need a prescription from a doctor to get this lotion. It's important to follow the instructions, because if you don't use the lotion correctly it won't work. Using too much lotion can cause an allergic reaction. **You also need to wash all the clothes, towels and bedding you've used in very hot water – or if you have a washing machine use a hot cycle. You should make sure that your partner (or anyone you've shared a bed or close body contact with) uses the treatment**

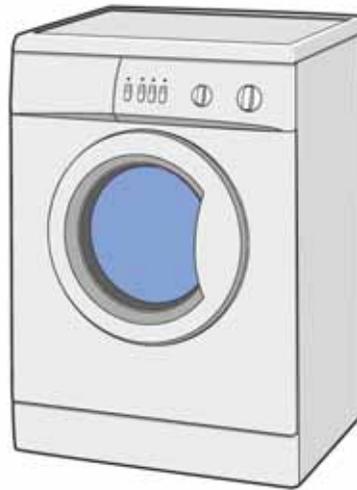
Scabies

This skin infection is caused by a mite that burrows under the skin and causes very bad

itching, mostly at night. It's easy to pick up the scabies mite through sex, close skin contact with an infected person, or by sharing towels or bedding. If left untreated, scabies can lead to severe skin irritation and make you feel unwell. Neither scabies mites nor pubic lice can pass on HIV.

The mites themselves are invisible to the naked eye. But their burrowing leaves red "track marks" on the skin, most often seen in the webs of the fingers, on the backs of the hands, and on the abdomen, wrists, elbows, armpits, genitals, breasts, buttocks, and feet. People with a weak immune system, such as people living with HIV, may develop a rash.

The same lotions used to treat pubic lice are also effective against scabies mites – although it may be necessary to leave the lotion on for longer (usually 24 hours). The lotion should be applied to the whole body, except the face and scalp, and must be reapplied to hands after washing. Also, avoid using scabies treatment after a hot bath. After treatment, the itch can get worse for a short time and you should try not to scratch. Clothing, towels and bedding should be washed with very hot



water, or if you have a washing machine, on a hot cycle. It's important that anyone who's been in close contact with you gets treatment at the same time.

Trichomonas

Trichomonas is a common STI caused by a tiny parasite that's spread by unprotected sex. Often men have no symptoms, but both men and women with Trichomonas can have symptoms that are similar to Gonorrhoea and Chlamydia. Like bacterial infections, Trichomonas is treated with antibiotics and

it's important to take all your tablets to ensure that the infection is cleared. You'll be asked to return a week later for a test to confirm this. You'll also be advised not to have sex (even with a condom) until the treatment period has finished. Your partner will also need to receive treatment to prevent re-infection.

Fungal Infections

Although vaginal thrush is not an STI, it can be spread sexually. It is caused by the Candida fungus. Both HIV positive and HIV negative women can get thrush, but with HIV positive women it is usually much more serious. Some medications, such as oral contraceptives, can increase the chances of getting thrush. Some soaps, wearing tight pants or synthetic fabric underwear can also cause thrush.

Jock Strap Itch

'Jock strap itch' is a fungal infection that can affect men, especially men who play sport. It is also caused by a fungus. Like thrush, it is not an STI, but it could be confused for an STI because it causes an itchy rash around the genitals. It is cured using an anti-fungal cream.

Vaginal Thrush

The symptoms of thrush include a discharge, itching or white paste on the outside of the vagina. Thrush is easily treated with an anti-fungal cream that both partners will have to use to prevent re-infection. If a woman has thrush all the time it is recommended she speaks to her clinic.

How to prevent STIs

STIs can be prevented. The four most important things to know about reducing your risk of getting STIs are:

- Prevent new infections and re-infections
- Prompt treatment
- Proper treatment
- Partner management

You can prevent new infections by sticking to ONE partner and using condoms every time you have sex. But remember some STIs are passed on just through close contact. You can

prevent getting re-infected by an STI or re-infecting your partner by making sure that both of you get treatment and finish your treatment. It is also important that you get treatment quickly – as soon as you have symptoms. Remember that women often show symptoms and the man doesn't always have symptoms. This does not mean the man does not have the STI – and he must still get treated. To reduce your risk of STIs, you should reduce your number of partners. If you have more than one partner, all of them have to be treated if you have an STI.

Congratulations on completing this chapter. As a Brother for Life, it is also important to look after your partner's sexual health. The best way to do this is to make sure your sexual health is up to scratch and that you have no STIs and know your HIV status. Because STIs are spread sexually it is very important to always tell your partner if you have an STI and both of you need to be treated. Brothers for Life stand for responsible relationships.

CONVERSATION GUIDE: MODULE 5

Exercise 1

The aim of this exercise is to encourage the participants to talk about myths around STIs. Make sure that all myths are replaced by fact by the end of the discussion.

Call on the volunteers to tell you myths they have heard about STIs. Write them down on a piece of paper. As a group, talk about these myths and the problems they can cause. Some examples are:

- You inherit STIs from your parents.
- With men, eating too many potatoes gives you drop (discharge).
- Having an STI is a sign of being a man.
- STIs are caused by women.
- You can get STIs from toilet seats.
- Traditional medicine can cure all STIs.

Exercise 2

The aim of this exercise is to make sure that the participants understand the basics about STIs and can use this information in their everyday lives.

In groups the participants need to talk about STIs and come up with a list of the 5 most important things they think a man needs to know about STIs. They can share their list with the rest of the group. Make sure they cover the following:

- Get treated as soon as you can – don't ignore it!
- The most common bacterial STIs cause drop (discharge) and pain/itching, swollen glands and can be treated easily with antibiotics.
- Viral STIs (such as Herpes, HPV, HIV and Hepatitis) cannot be cured, but they can be treated.
- If you have an STI tell your partner so they can get treated.
- STIs increase the risk of HIV.

Exercise 3

The aim of this exercise is for participants to talk about common ideas about STIs that often prevent men from taking responsibility. Divide the participants into small groups. Each group has to discuss one or more of the following statements and talk about what they can do to challenge these attitudes:

- Women cause and spread STIs, not men.
- You get STIs because someone is jealous of you.
- STIs are a woman's problem, not a man's.

Wrap-up exercise

The aim of this exercise is to encourage the participants to think about the chapter in relation to their lives and to give them a practical thing that they can go and do.

Ask the participants to think and talk about one new thing, or way of thinking about their lives that they have learnt from this chapter. Then ask them to write down 3 things they commit to doing to make sure that they reduce their chances of getting an STI and also giving their partner(s) STIs.

MODULE 6: BROTHERS ARE BEATING HIV

Welcome! In this chapter we are going to talk about everything we need to know about HIV. We will start by talking about how to protect ourselves from HIV infection by reducing our risks and taking steps to make sure we are responsible in our relationships. We will also take a good look at some of the benefits of testing and knowing if we have HIV. We all know someone who is living with HIV, or perhaps we are living with HIV ourselves. If we know how to live with HIV and take care of ourselves we can achieve our goals in life and live a full life.

In this chapter we will cover the following topics

- Know the basics
- What can put you at risk of HIV?
- How is HIV spread?
- The stages of HIV
- How to protect yourself and your partner from HIV
- Know if you are HIV positive
- Living with HIV

Key messages

Brothers for Life:

- Stand for responsible relationships.
- Take responsibility and test for HIV and encourage others to test too.
- Keep to one sexual partner.
- Protect themselves and others from HIV and other STIs.
- Always use a condom.
- Live positively with HIV.

Learning Objectives

- To develop a clear understanding of what HIV is and how it affects our health.
- To make sure everyone understands how HIV is spread.
- To encourage understanding of how to protect ourselves and our partners from HIV infection.

- To develop an understanding about the benefits of knowing if we have HIV and testing throughout our lives.

Know the basics

HIV is a virus that weakens our immune system. If our immune system is weakened it means that all sorts of infections and diseases can attack our body because there is no defence against the germs. Once infected, HIV multiplies in our body and our immune system gets weaker and weaker over time until we develop AIDS (Acquired Immunodeficiency Syndrome).

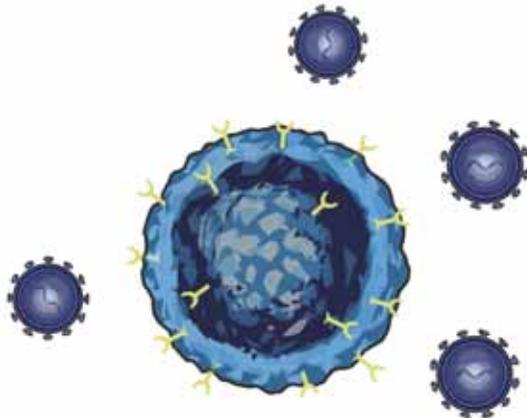
- Acquired means it is something we can get, or be infected with.
- Immunodeficiency means that the immune system is without its normal strength.
- A syndrome occurs when a person is infected with many different illnesses at the same time.

HIV can only survive inside a human body because it needs human cells to reproduce or multiply. **HIV is particularly harmful to our**

body because HIV attacks the CD4 cells in our immune system that usually fight infection.

Without the CD4 cells the immune system cannot work properly. The longer you have HIV the more CD4 cells are killed and the more HI viruses there are in your body.

Before we learn how HIV works in the body, we first have to look at how HIV is transmitted from one person to another. The majority of brothers are HIV negative and armed with knowledge we can keep it that way.



HI virus attacking healthy cell

Ways HIV can be transmitted are:

- Vaginal or anal sex without a condom or if the condom breaks or slips off.
- Mother-to-child transmission when the baby is being born or when it is in the womb.
- Mother-to-child transmission through breast milk if you are mixed feeding.
- Sharing syringe needles for drugs.

You cannot get HIV from

- Kissing someone who is HIV positive.
- Touching someone who is HIV positive.
- Sharing cups, plates, spoons and other things you eat with.
- Being bitten by mosquitoes.
- Coughing or sneezing.

Behaviours that put people at risk of HIV infection

HIV is a sexually transmitted infection which means that it can be passed on from one person to another through unprotected sexual intercourse.

HIV exists in body fluids, such as blood, semen, vaginal fluids and breast milk. To be infected with HIV, HIV infected fluid has to enter our bodies. In South Africa the main way that HIV is transmitted is through sex with multiple partners without using a condom. This includes vaginal and anal sex. How we live our lives and the kinds of relationships we have put us at greater or less risk of HIV infection.

Here are some examples of different kinds of sex

- Vaginal sex
- Anal sex
- Oral sex
- Masturbation
- Thigh sex
- Sex between the breasts

Unprotected vaginal and anal sex is high risk because semen enters the other person's body. This is also one of the reasons why it is easier for women to be infected with HIV – because the semen stays in their bodies after unprotected sex. Another reason HIV spreads so easily during penetrative sex is because the lining of the vagina and anus are delicate and much thinner than external skin, which means it can

tear more easily and that HIV can enter the blood stream. With vaginal sex, the risk of tearing is low unless you are practicing dry sex or if a person is raped. With anal sex the risk of tearing is higher because of the tightness of the anus. Many people use lubrication (like KY jelly) for both vaginal and anal sex.

Oral sex is low risk. There are few reported cases globally where a person has got HIV from oral sex. However, when having oral sex make sure that there are no cuts or sores in your mouth or that of your partner as this may increase the risk of HIV infection.

Sex between the thighs or breasts is low risk because the semen is not entering the other person's body. If a person is masturbating alone there is also no risk of HIV infection.

Types of relationships and HIV

Many people are not in steady relationships and describe themselves as being single. They may have casual sexual relationships which could be a one night stand or sex with a friend or acquaintance that may happen on a regular or less regular basis. Having a one night stand or a less

than regular partner increases your risk of HIV infection if you do not use condoms.



Some people may go in one relationship and remain faithful. But then this relationship ends and they start a new relationship later. Other people maybe in relationships with someone but have sexual relationships with other people that puts them and their other partners at risk. In all of these relationships people may or may not use condoms. In this section we look at how certain relationships put us at risk of HIV.

“IN THE GAME OF LIFE DRINK RESPONSIBLY”

Lionel Messi
Professional Soccer Player

Yenza kahle!
Do the right thing

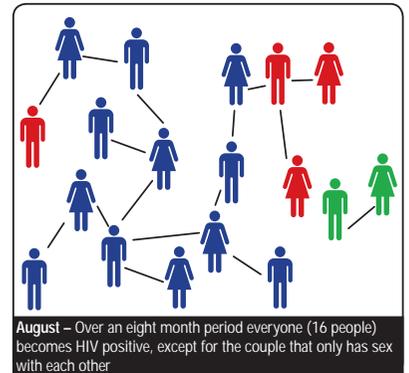
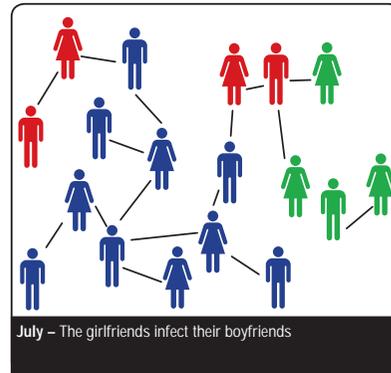
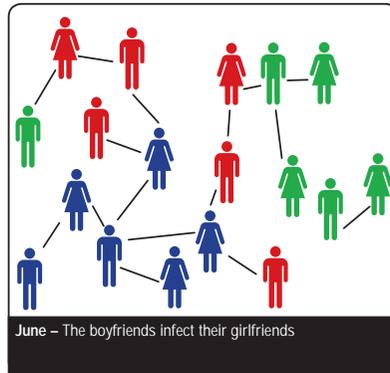
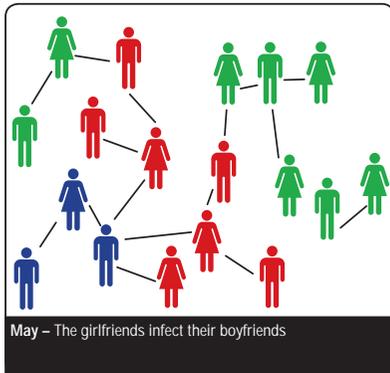
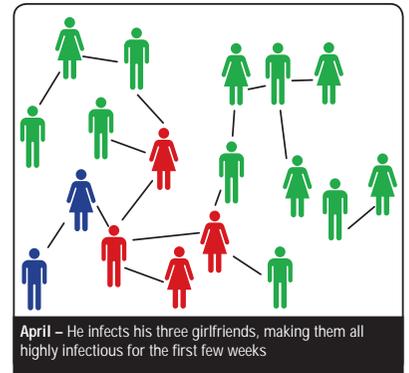
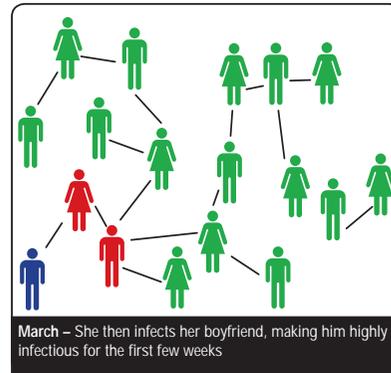
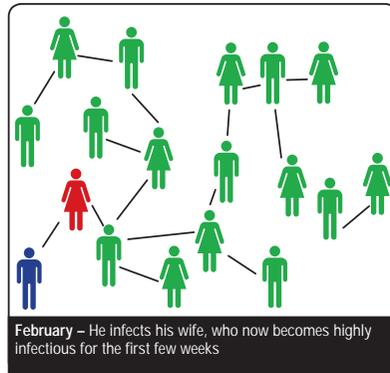
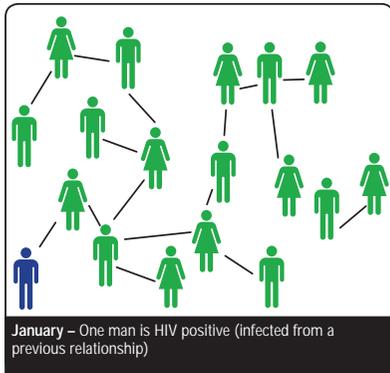
BROTHERS FOR LIFE
www.brothersforlife.org

MULTIPLE & CONCURRENT PARTNERSHIPS

Having multiple concurrent partners means that you have overlapping sexual relationships. This means that you have more than one sexual partner at the same time. Having more than one partner at the same time puts you at risk of HIV. This is because you are part of a sexual network which is extremely

risky when it comes to HIV. What is important is not the number of people you have sex with, but that you (and some of your partners) may not be using condoms. The diagram below shows how quickly HIV is transmitted in a sexual network. The people in red are newly infected and therefore more likely

to transmit HIV to their partners. The people in blue have been infected for sometime, where there is still a risk of transmission. In an eight month period 16 people were infected with HIV. The couple who remained faithful did not get HIV.

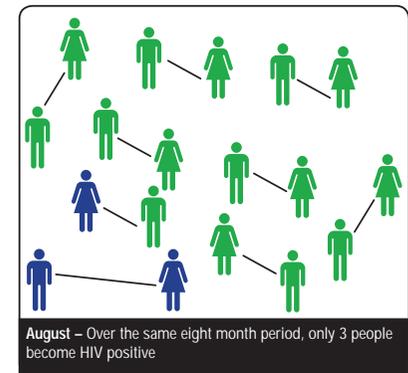
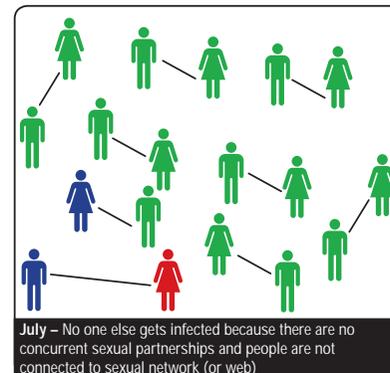
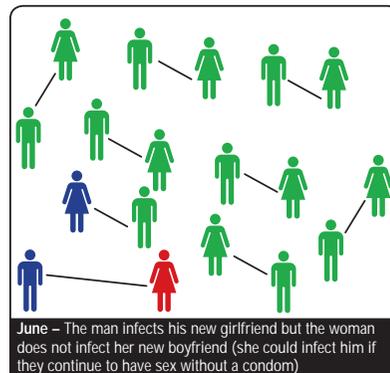
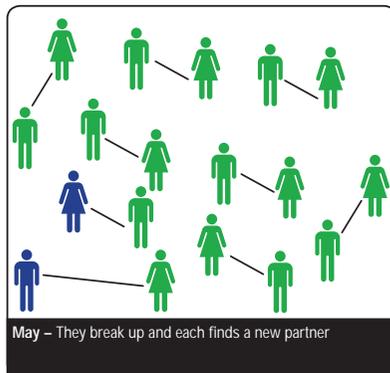
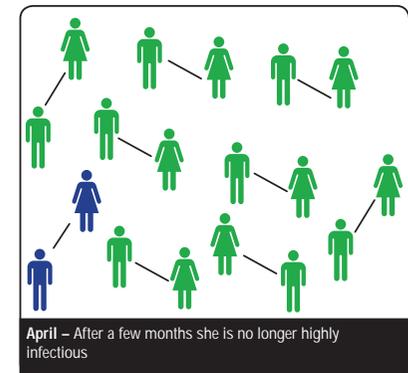
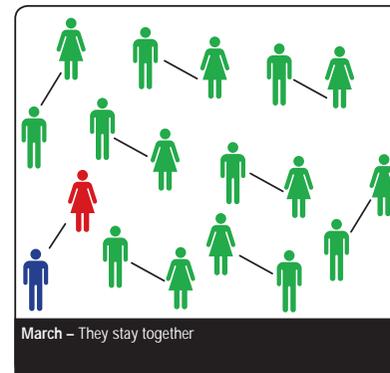
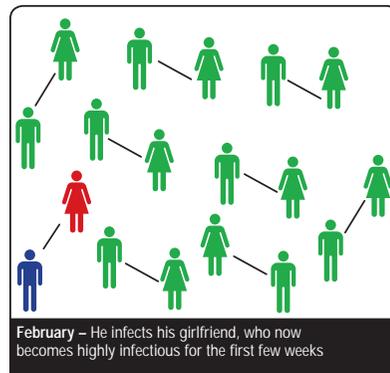
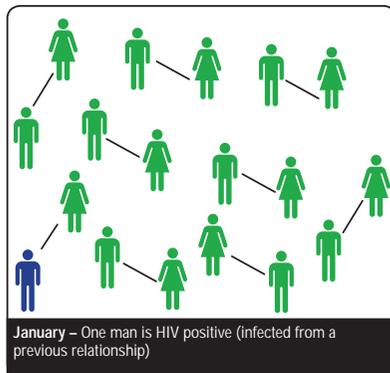


SERIAL MONOGAMY

Serial monogamy is where you have one partner at a time and are faithful to that partner, but once the relationship ends time may pass before you have another partner – one monogamous relationship after another. You are still at risk of getting HIV if you have sex without a condom

with your partners. The reason is if one of you are HIV positive you will only infect the other person. You can pass on HIV to your partner in your next relationship but by this time you may start to get sick and find out you are HIV positive. Serial monogamy is less risky than

having multiple concurrent partners because HIV cannot spread as quickly between different people. The diagram below shows that in the same eight month period only three people became HIV positive. The network is broken and the risk of transmission is reduced.

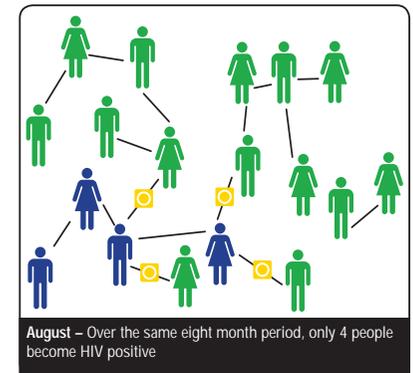
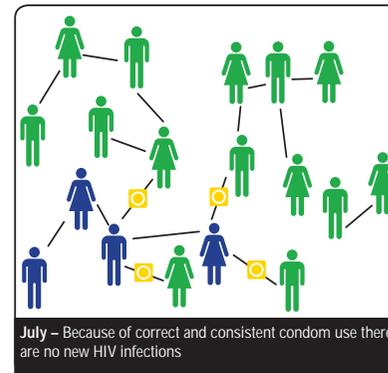
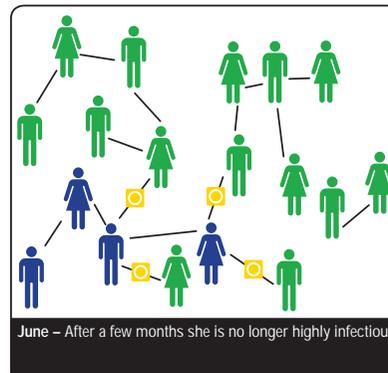
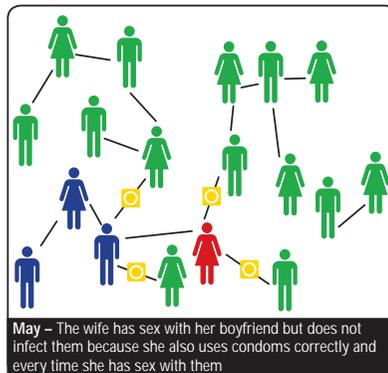
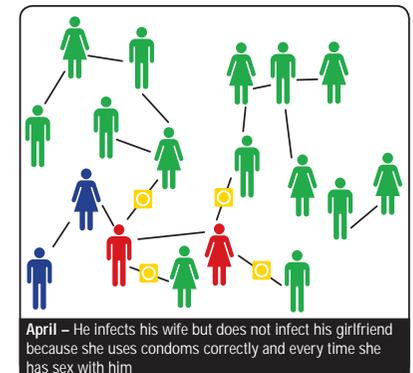
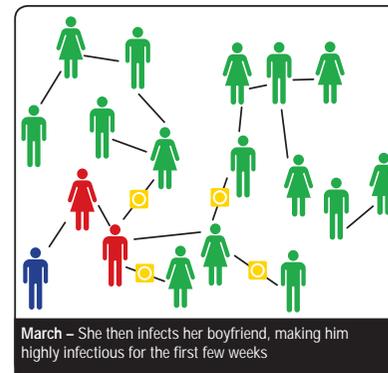
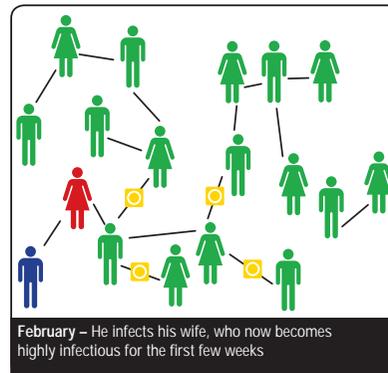
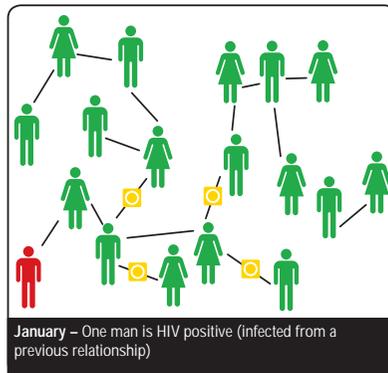


CONDOM USE

If we are sexually active, condoms and femidoms (female condom) are the single most effective way we can take control and protect ourselves from HIV. The male condom is often the most common way that we choose to protect ourselves from HIV and other STIs

and to prevent unwanted pregnancy. Condoms are available at most shops and pharmacies. Free condoms can be found at clinics and other public places like toilets, bars, community halls and youth centres.

The diagram shows that by using condoms correctly and all the time puts a barrier between you and HIV. The network is broken because the condom acts as a barrier between you and HIV and cannot spread further.



Alcohol abuse

Alcohol reduces our inhibitions and increases the chances of us making poor decisions. This could mean we end up driving home drunk or it could mean that we have unprotected sex. Alcohol makes us less likely to behave in ways where we think about the consequences of our actions. If we are drunk we are much more likely to do things we wouldn't usually do and put ourselves at risk.

Being drunk or drinking heavily is when we have more than 3 drinks, which is over the legal limit. People who drink heavily are more likely to have multiple partners and less likely to use condoms.

Risky relationships

Some relationships also put us at increased risk of HIV. The reason these relationships put us at risk is because one person in the relationship usually has a lot more power than the other person. This means that the person with the power can call the shots when it comes to condom usage and sex.



Transactional sex is when money, material goods or status are exchanged for sex. This is not the same as prostitution and some people are involved in relationships where there is some sort of exchange.

Some young men and women have sex with

older persons where sex is exchanged for gifts or luxuries and there is unequal power.

What this means is that the person who has the money, has the power to decide if condoms are used. These kinds of relationships put both partners at risk of HIV. It is likely that both partners will have other partners.

Drugs

HIV can also be spread through sharing needles that have already been used. Injecting drug users can spread HIV amongst themselves if they do not use clean needles when injecting drugs. As with alcohol, people who are under the influence of drugs may have unprotected sex that puts their partners at risk of HIV infection.

HIV and clinical settings

There have been a few cases in different parts of the world where people were infected through unclean blood, or needles, in health care settings. This was mostly before we knew how HIV is spread and today blood transfusion services use screening and tests that ensure



that our blood supply is safe. Health care workers also need to make sure that they do not get needle stick injuries.

Medical approaches to prevent HIV

There are a number of medical solutions to preventing HIV transmission.

Prevention of Mother and Child Transmission

If you and your partner are planning on having a child, it is very important that you both are tested for HIV. If you and partner have an unplanned pregnancy it is very important that you both are tested for HIV. Knowing your HIV status helps protect your unborn child. You and your partner can make an informed decision to make sure your child remains HIV negative. It is important for you and your partner to visit an antenatal clinic as soon as you think she is pregnant.

HIV can also be transmitted during pregnancy and through mixed feeding. Mixed feeding is when a mother living with HIV feeds her baby breast milk and other food/liquids/formula milk. If you are HIV positive it is important to choose between ONLY breastfeeding or ONLY formula feeding.

What positive brothers should know

If you and your partner test positive your clinic sister will advise you if you need to start ARVs or not. Your partner needs to know her CD4 count because if the CD4 cell count is high,

and your partner is 28 weeks or 7 months pregnant or more, she must start AZT treatment immediately to protect your baby from HIV. If her CD-4 cell count is below 350 then she must start full antiretroviral treatment.

Treatment during labour

If your partner is on AZT, then she must get one dose of Nevirapine when she is in labour.

Treatment for your baby

Once your baby is born, he/she must also get one dose of Nevirapine syrup and AZT syrup for 7 or 28 days according to what the clinic sister/doctor says. Your baby must also get all the immunisation that is done at birth and health workers must help you and your partner to register the baby's birth as soon as possible.

Feeding your baby

You and your partner must make decisions around which feeding options work for you - breast or formula feed. **Never mix feed** as the baby's gut may get small cuts from other foods, water, gripe water, porridge, formula and traditional medicine within the stomach which, when breast fed may place your baby at risk of HIV infection.

Breast is best

If you and your partner decide to **only** breast feed, then there is no chance of the small cuts being formed and the baby is protected from HIV. If you and your partner decide to **only** formula feed, there must be a regular supply of infant formula, as well as clean and boiled water.

Stick to your decisions

Stand by the decisions you and your partner make because you know what is best for your baby, even if your parents, parents-in-law or the community may disagree.

Test your baby

When the baby is 6 weeks old, you and your partner must take the baby to the clinic for immunisation and testing for HIV. The baby must also be given Cotrimoxazole (Bactrim) to prevent him/her from getting infections such as pneumonia.

Caring for your baby

Babies must be taken to the clinic whenever they are sick and also for all immunisations according to the instructions from the clinic sister/nurse.



HIV Counselling and Testing

If you know you have put yourself at risk and had unprotected sex you should go for an HIV test.

It doesn't matter how old you are, what kind of relationship you are in, if you are single, married or in a long term relationship – everyone should know if they are HIV positive or not. Going for an HIV test is called HIV Counselling and Testing (HCT). HCT is not just about going for a blood test. When you go for HCT you get counselling and important information about how to live with HIV, and also how to not get HIV.

When you go for an HIV test you first get pre-test counselling where you are told everything you need to know about HIV and about how the test is done. You then can decide if you want to go ahead and test. The health care worker will prick your finger and place a drop of blood into the test kit. These tests are called Rapid tests because they are quick and you get the results in about 15 minutes.

After you get your results, you will be given post-test counselling. If you test negative you



will be given advice on how to make sure you remain HIV negative. You will also be told about the ‘window period’, which is when you have been exposed to HIV but your immune system has not produced any antibodies yet and so the test cannot pick up you are positive. You will need to come back in about 3 months time for another test.

Remember, things change – relationships end and new ones begin. It is always a good idea to test throughout our life, especially before starting a new relationship. We should try to see HIV testing like cholesterol testing – something that is very important for our health

and part of taking responsibility for our health. We should also encourage our friends and families to test for HIV. Brothers for Life take care of those around them, encourage them to test and support them if they are HIV positive.

What if you test positive

If you test HIV positive one of the first things the clinic will do for you is do a CD4 count test. The health care worker will take some blood from you and this will be sent to a laboratory to measure how many CD4 cells there are in a single millilitre of blood. This will help you to know how healthy your immune system is. In a healthy HIV negative person, the CD4 count is between 800 and 1200. It is recommended that HIV positive people check their CD4 count every 6 months. It is important to know your CD4 count because you can know when to start treatment. In South Africa, if you are sick (have TB) or if your CD4 count drops to 350 or below you should start ARVs.

Apart from the CD4 count test, there is another useful test called a viral load test. A viral load test works out how much HIV is in your body. If you are HIV positive, you will need to get both

An advertisement for Brothers for Life. It features a black and white photograph of Thierry Henry, a professional soccer player, wearing a blue t-shirt. The text on the advertisement reads: "IN THE GAME OF LIFE ALWAYS PLAY IT SAFE". Below this, it says "Thierry Henry Professional Soccer Player FC Barcelona". At the bottom, there is a logo for Brothers for Life, which consists of two red hands shaking, with the text "BROTHERS FOR LIFE" and the website "www.brothersforlife.org". The slogan "Yenza kahle! Do the right thing" is also present.

a CD4 count test and a viral load test. Once you start ARVs, your CD4 count should go up and your viral load should go down. Without treatment, your viral load will increase and your CD4 count will drop.

Without treatment a person who becomes infected with HIV will get weaker as their

immune system fails to protect their body from infections. They will get many infections such as TB, pneumonia, thrush, shingles, diarrhoea, bronchitis, cancer and so on. In a person living with HIV these infections are called Opportunistic Infections, because they take the opportunity or chance to infect the body because the immune system is weak. These illnesses also affect HIV negative people. The difference is that when these infections infect someone who is living with HIV, they get more seriously ill and it is more difficult for them to get better. This is why it is very important for people living with HIV to go to the clinic as soon as they feel sick so that they can be treated as soon as possible before the opportunistic infection gets serious.

HIV over time in the body

Being diagnosed with HIV does not mean that it is the end of the world. Today many people with HIV are living healthy and productive lives around the world. As our knowledge of the virus grows, we know more about what needs to be done to improve the quality of lives of people living with HIV. However, it is important to understand the progression of HIV. The World Health Organisation (WHO) has



‘WHICH ONE OF THESE PEOPLE HAS HIV?’

developed guidelines to help health workers understand how advanced a person's HIV is. The reason the WHO made an HIV and AIDS Staging System is because it can help doctors treat people and can also be a guide on when to start ARVs. The WHO staging system groups together different HIV-related illnesses into four stages. Stage One is after HIV infection. Stage Four is AIDS. This is why assessing the health of people with HIV is called ‘HIV staging’.

Stage One

In the first 6-8 weeks after being infected with HIV, HIV multiplies very quickly so there is a lot of the virus in your body and it is at this stage that you are most likely to infect your partner. About 12 weeks after first being exposed to HIV,

our immune systems manage to gain control again. This is when we often develop a flu-like illness called ‘acute retroviral syndrome’ or ‘sero-conversion illness’. The signs and symptoms include fever, aches and pains, and headaches. At around the time of this illness, our body starts to make HIV antibodies. The term ‘sero-conversion’ means that there is a change from having no antibodies against HIV in the blood, to having specific HIV antibodies.

Most clinics and hospitals use ‘rapid tests’ that look for HIV antibodies, and not HIV itself. This means that if you go for an HIV test within the first three months of being infected with HIV, you will not test positive even though you have the virus in your body. The time from infection until sero-conversion is called the ‘window period’. This is why if you test HIV negative, you are encouraged to return for another test 3 months later.

After sero-conversion, our viral load drops sharply. From then on, it increases slowly over the years. During Stage One, we will experience very little illness, though we might have swollen glands.

Stage 2

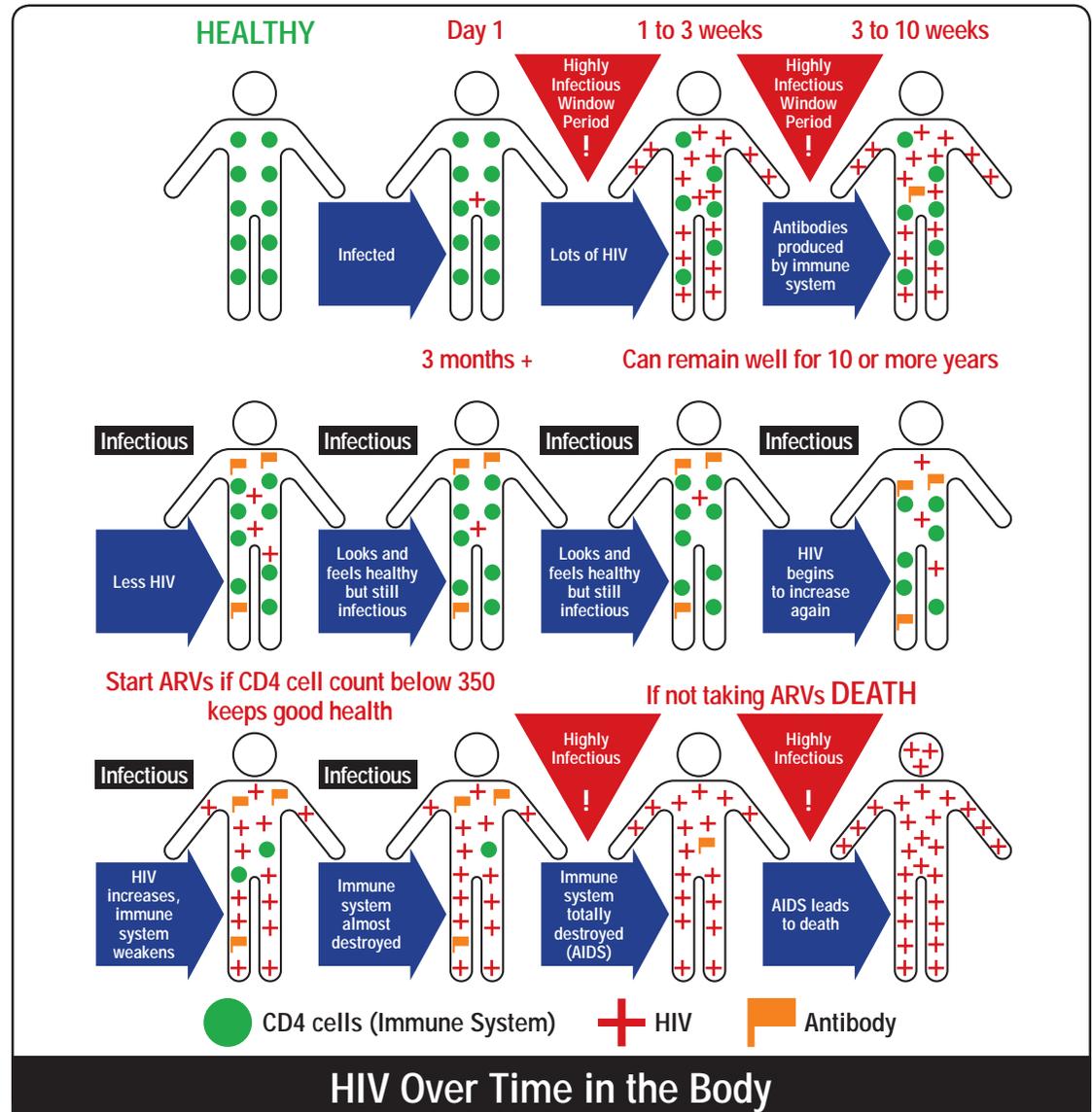
In Stage Two the viral load is higher than Stage One and the CD4 count is starting to drop as the immune system gets weaker. This means that the body will start to experience an increase in opportunistic infections. But the immune system is still able to fight off some infections and the infections are not very serious and can usually be treated fairly easily.

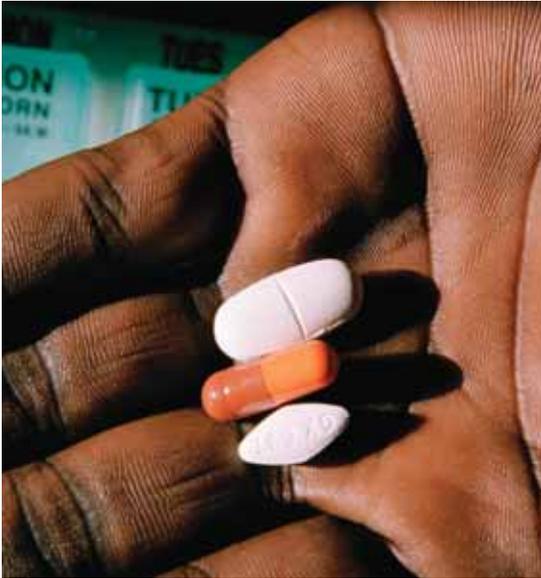
Stage 3

As with Stage Two, in Stage Three the viral load gets increasingly higher and the CD4 count gets lower as the HIV viruses multiply and destroy the CD4 cells. This means that there are more opportunistic infections and they are usually more serious. In Stage Three, the HIV-positive person will start to get more seriously ill and may even have to be in bed at times because they are so weak.

Stage 4

Stage Four is also defined as AIDS. At this stage, the viral load is very high and the CD4





Antiretrovirals

count is very low. The person is seriously ill and can have lots of opportunistic infections and is very weak. The kinds of infections found in Stage Four show that the immune system is very weak and the infections are usually life threatening if untreated.

Antiretrovirals

There is no cure for HIV at this point in time. The good news is that there is treatment for HIV called antiretrovirals (ARVs). ARVs work best when you start them before your CD4

count has dropped too much. You must start ARVs if your CD4 count is 350 or below. ARVs stop HIV from killing CD4 cells and slow down the reproduction of the HI virus in our bodies. This means that we can live with HIV for many years and remain fit and healthy.

Your clinic will advise you about what is best for you. Like most other medication, ARVs can have some side effects. Side effects will be different from person to person. If you experience side effects you must consult your doctor.

Living with HIV

Many of us are already living with HIV. It is important that we look after our health and get the support that we need from those around us. Some people are afraid to tell their families or their partners that they have HIV, but many people find that sharing this information brings them a lot of support and helps them cope better. If you feel you can't tell your partner or your family, perhaps there is a close friend, whom you trust or another person in your life, such as your church minister. Keeping it secret is hardly ever a good idea because

you cannot talk to anyone about worries and how you are going to live with HIV.

If you have recently tested and found out that you are living with HIV there are some things you should know:

- You can live for many years with HIV and still live the kind of life you live now.
- You need to get the clinic to do a CD4 count test for you so you can know how strong your immune system is.
- If your CD4 count is 350 or below you should start ARVs immediately.
- Go to the clinic as soon as you get sick, because the earlier you get treatment the better.
- It is a good idea to tell someone you trust that you have HIV so that they can support you.
- Living a healthy life is important for your health, especially if you have HIV.
- If you have HIV you might find you need to

eat more – try choosing healthy food and stop smoking and drinking alcohol.

- Tell your partner that you have HIV and use a condom every time you have sex.
- Join a support group where you can talk about how to live a full life with HIV.
- Ask questions – make sure you understand your treatment and anything else you need to know.

If you need more information or advice about living with HIV, there are many organisations you can call (see the contact list).

Congratulations for completing this chapter. We have learnt a lot about HIV and how to protect ourselves and our partners from HIV infection. Brothers for Life stand for responsible relationships.

CONVERSATION GUIDE: MODULE 6

Exercise 1

The aim of this exercise is to encourage the participants to talk about myths and fears around HIV and how to challenge these myths.

Call on volunteers to tell you myths and stories they have heard about HIV. Make sure to also discuss why these myths are untrue. Some myths are:

- HIV was made in America.
- You can get HIV from eating oranges.
- You cannot get HIV if you shower after having sex.
- HIV was invented to stop people from having sex.

Exercise 2

The aim of this exercise/game is to get the participants to think about what kinds of behaviour put them at increased risk of HIV.

Divide the participants into two groups. Each group has to talk about all the different kinds of behaviour that can put them at risk of HIV and then perform a role play about these risky relationships or situations.

Exercise 3

The aim of this exercise is to get the participants to talk about and understand how HIV is spread, as well as the ways it cannot be spread.

Divide the participants into two groups. Each group has to make a list of statements about how HIV is spread. These statements can be things like:

- You can get HIV from kissing someone.
- You cannot get HIV from breastfeeding, etc.

Each group then takes turns to read one of their statements and the other group has to shout out 'true' or 'false'. You can also turn this into a quiz game.

Exercise 4

The aim of this exercise is to encourage participants to talk about the excuses that people often make for not using condoms and to replace these myths with positive things that condoms and femidoms can do for them.

Divide the participants into small groups where they talk about myths about condoms that they have heard. They should then discuss how these myths are really an excuse not to use condoms. Some myths are:

- Condoms spread HIV.
- Condoms have worms in them.
- Condoms are not African.
- Condoms give you STIs.

Exercise 5

The aim of this exercise is to get participants to talk about the advantages of going for HIV testing.

Divide the participants into small groups. Each group should perform a role play about going for HIV testing – either alone or as a couple.

Wrap-up exercise [in a separate block] The aim of this exercise is to encourage the participants to think about the chapter in relation to their lives and to give them a practical thing that they can go and do.

Ask the participants to think and talk about one new thing or way of thinking about their lives that they have learnt from this chapter. Then ask them to write down 3 things they commit to doing – such as reducing their risk of getting HIV, testing so that they know if they are HIV positive, or how to look after their health if they are living with HIV.

MODULE 7: BROTHERS TAKING A STAND AGAINST VIOLENCE

Welcome! In this chapter we are going to talk about violence and the positive role that Brothers for Life can have in taking a stand against violence against women and children in our communities. We are going to look at why there is so much violence in our communities and how we can break this cycle.

This chapter looks at the following topics

- Factors that contribute to violence
- Different kinds of violence
- Who is affected by violence
- Child abuse
- Taking responsibility

Key messages

Brothers for Life:

- Don't look away – they have the courage to act.
- Take a stand and stop violence against women and children.
- Believe a real man earns respect through

the positive example he sets.

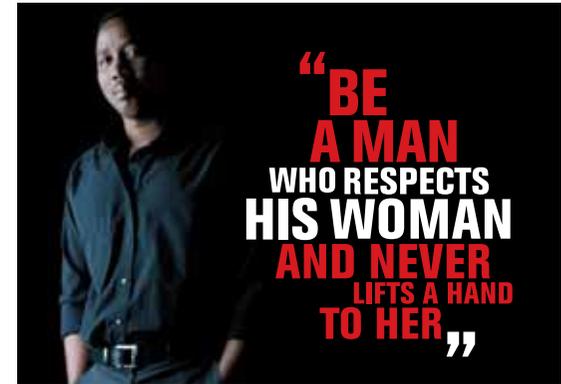
- Take responsibility for their behaviour.

Learning objectives

- Encourage men to speak out and challenge violence against women and children in their communities.
- Develop understanding of the different kinds of violence.
- Encourage understanding on the link between HIV and gender based violence.
- Enable men to have the knowledge and understanding to better deal with violence.

What contributes to violence?

South Africa has extremely high levels of violence. This violence is not all crime related and a lot of this violence takes place within families and relationships. While men alone are not responsible for this violence, they are often both the perpetrators and the victims of violence. We do not want to blame



men. Rather, we want to look critically at our society and the communities where we live, with the aim to bring about change. We must commit to challenging damaging attitudes and behaviours and encourage men to take a stand and stop violence.

The hard facts are that in South Africa:

- 1 in every 4 South African men have admitted to having raped a woman and many have confessed to raping more than one woman.
- 1 in every 3 women was forced into her first sexual encounter.
- Every 6 hours a woman is killed by her

boyfriend or husband – the highest rate ever recorded anywhere in the world.

We live in a society where women and children are often blamed for men's violence. Our society makes all kinds of excuses for men's violence. We are led to believe that it's normal and acceptable for men to show anger. We are often shown that being a man means that we have to be tough, live hard and have many women. We are told men can't control themselves when they are angry or sexually turned on. That's an insult to men. We're not animals. We have the ability to choose how we respond.

We face many **social challenges** in this country. None of these social challenges are an excuse for violence. At the same time, it would be naïve to think that the kind of family and community we grow up in has no impact on our behaviour. The kind of role models that young boys and men grow up with will influence how they behave. If the men around them are abusive towards women and generally aggressive, they will think this behaviour is acceptable. We also know that people who are abused often become perpetrators of abuse.

Poor education and too few job opportunities means that many men cannot progress and find work. This is partly because we have the idea that, as men, we need to be breadwinners. When we cannot earn money we often see this as a failure as a man. This is a terrible loss of the potential of young brains in this country and frustrates men who want to get better skilled. This loss of self worth and frustration that a lot of men feel can turn into violence where men take their frustrations out on people who have less power than them. Those people are often children and women.

Poverty is another challenge because many people are poor and struggle to break out of the cycle of poverty. Poverty does not cause violence. But if you are born into poverty, it is often difficult to get a good education and a chance to improve yourself. Without an education it is difficult to get a better job where you earn money and can uplift yourself and your family. Often this leads to frustration and anger. This can also mean that sometimes men are tempted to try and get money in a quick way – such as crime. Crime itself also leads to violence.

Alcohol and drug abuse can lead to violent behavior. A lot of domestic violence and child abuse happens when people have been drinking. Drinking also causes stresses in families when money is spent on booze and not on other things that are needed, like food – this can cause arguments and lead to violence. Sometimes men who are never normally violent, can become violent because they are drunk or under the influence of drugs. Other times, drugs and alcohol can become an addiction and people will do anything to make sure they get their 'fix'. This can be violent. Drugs in particular are also a big part of gang culture.

Gangs give their members a feeling of belonging and being looked after. For this reason, gangs can attract young people who have grown up without family support or a feeling of being loved and valued. Of course we know gangs cannot give you the kind of love and support that you get from a family and in fact gangs are very abusive and harsh. Children who have parents who are involved in their lives are far less likely to get involved in gangs and violent behaviour.

Patriarchy: Many men have been brought up to believe that they are superior to women. This belief is often the result of growing up in a patriarchal society or culture where men hold authority and women are believed to be inferior and under the control of men. If a boy grows up thinking he is superior to girls and women, this can lead to abusive behavior when he thinks his power is being challenged. He is also more likely to believe that it is ok to beat a woman or force her to have sex.

Low self esteem is when a person does not think they are valued or important. Low self esteem means that people are usually deeply sad and unhappy about who they are. Low self esteem often means that the person is insecure and behaves in ways to try and make himself feel more powerful or better about himself. This can be abusive behaviour and of course this usually makes him feel even worse about himself.

Being unreasonably angry is not natural. We are often led to believe that anger is a natural masculine response. This is a lie. Becoming unreasonably angry in response to things is often a learnt behaviour and we have to learn

how to control our anger and other negative emotions. It is important to express your anger through talking to your partner or the people who have upset you. Communicating how you feel in a non-aggressive way is a lot more useful for you and those around you.

Fear of rejection is an emotional feeling that can lead to possessiveness or jealousy in relationships. If a man fears rejection he can resort to violence as a way to make sure that his partner does not leave him. This is a very damaging way of controlling someone else.

The male image in the media sends out messages to men about how they should behave. We live in a world where the media, such as movies, TV shows, rap songs and music videos celebrate super-cool tough guys and hard-living heroes. The unspoken rule is that a "real man" should be strong and fearful. This kind of male role model can have a dangerous effect on how men think, feel and behave.

The more we understand why some men are violent, the easier it is to challenge their behaviour. We have talked about some of the

contributing reasons as to why men can be violent. We now face the challenge of building a more respectful and peaceful country. In order to do that we also need to know a little more about different kinds of violence.

Different kinds of Violence

Violence can take many different forms. Most people think violence only means physical violence against another person or people. In reality, there are many different kinds of violence including physical, sexual, psychological and emotional violence.

All these kinds of violence are unacceptable and most are illegal.

Everyone in South Africa is protected by the law and it is a violation of someone's human rights if you cause them physical, sexual or emotional and psychological harm. Unfortunately this does not mean that violence does not happen. It does mean, however, that legal action can be taken to protect potential victims and survivors of violence. It also means that anyone who is violent could face legal consequences, such as being imprisoned.

Physical violence

Physical violence means that a person's body is harmed. It could mean that they are beaten up, pushed around or anything else that hurts or damages their body. This violence could include weapons or other objects, but the bottom line is that a person is physically harmed. Anyone can be a victim of physical abuse or violence, including men, women and children.

Sexual assault

Sexual assault is when the violence takes on a sexual nature. This includes anything sexual including rape, touching, feeling up and groping. Sexual assault also includes forcing someone to do something sexual to you. The Sexual Offences Act of 2007 prohibits any form of non-consensual penetration of the vagina, anus or mouth. Plus it has expanded the definition of "consent" to mean "voluntary and un-coerced agreement". This means that if someone is pressured into having sex it is sexual assault. The Sexual Offences Act also protects men and boys from sexual assault. Sexual assault is also one of the ways that

HIV is spread. Sexual assault can also affect children. Most of the time, children are abused by people they know and very often family members are the perpetrators.

Emotional or psychological abuse

Emotional or psychological abuse is a quiet, but often equally damaging form of violence.

Examples of emotional abuse include:

- Name calling or using words to harm a person's self worth
- Intimidation or threats of violence
- Stopping someone from seeing their families or friends
- Withholding money
- Stopping a partner from getting or keeping a job
- Actual or threatened physical harm
- Stalking

Violence against Partners

A very common form of violence in South Africa is violence against partners. This is sometimes called 'Intimate Partner Violence'.

What it means is that people are in abusive relationships. If there is abuse or violence in a relationship it means that there is unequal power. For this reason, violence in relationships increases the chances of HIV being spread. For example, if a woman fears being beaten by her partner for suggesting they use a condom we can be pretty sure that no condoms will be used.

Gender Based Violence (GBV)

Gender based violence is when individuals or groups are targeted because they are women. This violence includes anything that results in physical, sexual or psychological harm, such as rape, torture, mutilation, sexual slavery and murder. This kind of violence usually takes advantage of the fact that women are often physically weaker than men and therefore less likely to be able to protect themselves from harm. An alarming number of cases of gender

based violence are never reported. We need to take a stand and encourage a change in attitude where gender based violence is taken seriously.

Domestic Violence

Domestic violence basically means that the violence is happening in the home. Domestic violence can happen to anyone in the home but usually refers to the abuse of women and children. Partners may be married or not married, heterosexual, gay or lesbian, living together, separated or dating. The Domestic Violence Act of 1998 makes it clear that this form of abuse is illegal and carries severe consequences, including jail time. But, despite this fact, very few cases of violence in the home are ever reported to the police. Domestic violence can be physical, sexual or emotional (psychological).

Violence in Same Sex Relationships

The rate of domestic violence in same sex (homosexual) relationships is roughly the same as domestic violence against heterosexual women. As with gender-based

violence, violence in same-sex relationships is often under-reported. People feel like they are facing a system which is often oppressive and hostile towards them and are afraid of revealing their sexual orientation. Police officers, prosecutors, judges and others to whom a person in a same-sex relationship may turn to for help may have difficulty in providing a good service. Not only might personal attitudes towards the GLBT community come into play, but law enforcement agencies may have inadequate levels of experience and training to work with GLBT victims and weak or non-existent laws to enforce on behalf of the victim.

Child abuse

Child abuse includes any physical, sexual or psychological and emotional harm done to a child. Neglect is also child abuse. Most child abuse happens in the home, while some happens at school or at other places where the child is left.

Neglect is basically when the adult or adults who are responsible for the care of the child, fail to look after and protect the child. Neglect

includes not feeding, clothing or educating the child, making sure they are bathed and clean, or taking them to the clinic when they are sick. Neglect can also result in the child being harmed. For example, if both parents are drunk, a child could easily go missing and be harmed or raped.

Physical abuse is any physical aggression towards a child. It can include striking, burning, bruising, choking or shaking a child. Shaking a child violently, especially a baby, can result in brain damage. Any harm done to a child in these ways is illegal. The difference between child discipline and abuse is often poorly understood. Many countries have made it illegal for adults to hit or physically harm a child as part of discipline.

Sexual abuse is when an adult or older adolescent or child abuses a child in a sexual way. Sexual abuse includes anything where a child is asked or pressured to be part of a sexual act. This includes rape, touching a child sexually or making them touch you sexually, masturbating in front of a child, showing them pornography or using them to make pornography. All these things are illegal

and extremely harmful to the child psychology - emotionally, physically and sexually. Children who have been sexually abused often go on to be abusive when they become adults.

Emotional and psychological abuse is probably the hardest kind of abuse to define. It can include name-calling, excessive criticism, humiliation, not talking to the child and any other thing that makes the child feel worthless or stupid. Emotional and psychological abuse often results in the child having very poor confidence or a number of other emotional and psychological problems.

Like other kinds of violence, the causes of child abuse are hard to explain. There is no excuse for child abuse. No matter what problems or stresses an adult faces in their life, it is never acceptable to harm a child. It has been shown that alcohol and drug abuse increase the chances of child abuse taking place. If a man abuses his partner, he will often also abuse children as well. There are many organizations and places that help both the victims and the perpetrators of child abuse. Look at the end of the chapter for all the contact details.

Don't turn a blind eye to child abuse. The problem will not go away on its own. According to a report by Solidarity Helping Hand, around 530 children are raped every day in South Africa. More than 80% of child rapes are never reported. If you know of a child who is being abused, take a stand and get help. Report the case to an organisation or talk to another caregiver or adult who is responsible for the child.

How to take a stand against gender based violence

As we can see, all these different forms of violence are very destructive and cause a lot of damage to the people who are harmed. The reason why we have talked about the different kinds of violence is because people often think the only form of violence is physical. If you know of anyone who is being abused, there are many different organizations who work to bring an end to abuse.

Take a stand for yourself, your community and country.

- If you have been violent in your own home or in front of your child it's very important

to take responsibility for your actions. Children are often confused by domestic violence. Explain that you were responsible for your violence and apologise. Explain that it wasn't their fault or your partner's fault and that you won't be violent again. Then stick to your word.

- **Take responsibility.** It's time to look at your life and take responsibility for your own behaviour and actions. If you've abused or hurt a woman – physically or emotionally – face up to it and seek advice and counselling to learn how to manage your violent behavior.
- If **alcohol** makes you more likely to commit violence, start cutting down or stop, and seek help if this proves difficult.
- Think about how you can **change your attitudes and actions** to make your partner, yourself and your family both healthier and happier.
- **Talk to women about how they feel.** Ask your partner how she'd like your relationship to develop sexually and emotionally.



- **Learn how to support a survivor.** If you know someone who has survived rape or domestic violence make sure she gets the services that she needs, such as legal assistance, immediate medical care (including medicines to prevent HIV infection) and counselling.
- **Respect women's sexual choices** at all times. Remember, "No" means "No", whatever the circumstances.
- **Find non-violent ways of challenging men who you know beat or abuse women and children.** Rather try and talk to him and tell him his violence is a problem, encourage him to get help and let him know he could end up in jail if he doesn't stop.
- **Be a role model** for young boys and men in your home and community. Let them grow up with someone who shows them that violence is not an option and that

respect for women is the right thing.

- **You have the power to stop other men** from using violence by spreading the word and being a Brother for Life. If a male friend or family member has abused women, express your concern and explain the damage he's doing to his family, his country and ultimately, to himself. Tell the man that professional help is available, and encourage him to use it. If he says that his sexual behaviour and home life is his own business, remind him that this violence is illegal.
- **If you hear men talking about women in a disrespectful way, challenge them.** When men blame women for rape and domestic violence it lets the perpetrator off the hook. Make it clear that no woman 'asks' for sexual harassment or rape – no matter what they're wearing, how many drinks they've had or whether they express interest in you.
- **Challenge sexual harassment.** Explain that taunting, cat calling and whistling at women and girls is degrading. Most

women and girls do not welcome that kind of attention.

- Get involved in campaigns like Brothers for Life or join local organisations working to reduce violence and strengthen women's rights.

Congratulations for completing this chapter in the Brothers for Life facilitator's guide. Be a Brother for Life and take a stand against violence.

CONVERSATION GUIDE: MODULE 7

Exercise 1

The aim of this exercise is to encourage the participants to think about the things that they think contribute to violence in their communities.

Divide the participants into small groups. Each group has to discuss what they think contributes to violence. They then have to perform a role play in response.

Exercise 2

The aim of this exercise is to get the participants to talk about the reasons they think men have low self-esteem.

As a group or in smaller groups discuss the challenges that men face and those things that can cause a man to have low self esteem. They should also think of ways that they could support another brother who is going through a tough time – how could they make him feel better about his life. Get each group to report back.

Wrap-up exercise

The aim of this exercise is to encourage the participants to think about the chapter in relation to their lives and to give them a practical thing that they can go and do.

Ask the participants to think and talk about one new thing, or way of thinking about their lives that they have learnt from this chapter. Then ask them to write down 3 things they will commit to doing to stop violence and abuse in their communities.

MODULE 8: BROTHERS AS PARENTS

Many children grow up in households without fathers, but fathers have an important role to play in the lives of their children. In South Africa it is estimated that only 48% of fathers are present in the homes of children under the age of 19, compared with 80% of mothers.

Brothers for Life stands for responsible relationships and this includes being a father to his children. The bottom line is to be there for your kids – even if you are separated from their mother.

This chapter will talk about the following things

- Why fathers are important
- Brothers support their partners
- How to discipline your children
- How to be a cool dad

Key messages

Brothers for Life

- Stand for responsible parenting.
- Play an active role in the growth and development of their children.

- Support their partners and raise their children together, even if they are apart.
- Spend time with their children.
- Listen to their children.
- Support their children financially and emotionally.

Learning Objectives

- Develop understanding on the importance of fathers being actively involved in parenting.
- Develop understanding of ways men can play an active part in the growth and development of their children.
- Increase knowledge about how men can support their partners during pregnancy and after the birth of their child.

Why fathers are important

There is a new kind of man in South Africa – a man who is involved in bringing up his children and understands the value of being

a positive role model. We know that fathers play a very important role in raising their kids. Many of us also have other children in our homes or communities whom we look after or are responsible for. You can be a positive role model for many children – not just your own.

One of the reasons why men are often not more actively involved in childcare is because work practices can make it difficult for men to balance family and work life. Some men work long hours or even work away from their families because they cannot find employment close to home.

Men often lack positive role models in how to be an active father and so don't know how a father should behave. Sometimes women may actually exclude men from taking part in caring for and raising their children.

Being there as a father is important for the health and well-being of the whole family. When men take on more responsibility for child care and housework, it reduces the stress on their partner and makes the home a happier place. Fathers play an important role in setting an example for their sons, grandsons, nephews,



brothers – and any boys who they may teach, coach or mentor.

If you are separated from your partner you can still be active in the life of your child. Paying maintenance is the most basic way you can support your child – it is equally important to spend time with them and be there for them.

Research shows that when fathers are involved in the lives of their children, the children do better in school, have fewer psychological problems, and are less likely to abuse drugs or alcohol, get involved in risky behavior, start having sex early, or become teenage parents.

On the other hand, when men set negative examples such as: having many partners, being violent, aggressive or drinking, they set a negative example for the young boys in their lives who may choose to behave in a similar way when they grow up. By choosing to set a good example in our own lives, we can help boys to grow into confident young men who take responsibility for their health and relationships.

Brothers support their partners

Brothers for Life believe in men supporting their partners. Support comes in many different forms – financial, emotional, spiritual and practical. Support is also a two way thing – partners should support each other in their relationship. You should talk openly to your partner about whether you are both ready to have children. Planning together makes sure

that both of you are emotionally and financially ready for parenthood. You and your partner need to make a plan to care for your baby, such as saving some money each month and testing together for HIV so that you can make sure that your baby is born HIV negative.

Brothers take an active role in the pregnancy of their partner

Most men want to be more involved in supporting their pregnant partner. But often we play a limited role during our partner's pregnancy and few of us attend antenatal clinics (ANC) with our partners.

This is partly because of cultural and social ideas of what men and women are responsible for. But these ideas are changing and more and more men go the clinic with their partners. Our partners want us to support them during their pregnancy – not only as financial providers – but also as active fathers who understand the importance of nurturing a child from early pregnancy and also after it is born. We often don't know how we can support our pregnant partners. There is also the idea that clinics are often not open to men attending

antenatal clinic classes with their partners – yet many clinics recognise the important role that we can play in the provision of PMTCT (prevention of mother to child transmission) and other services. If you are involved in your partner's pregnancy, it strengthens the



bond between the two of you as you share the excitement of the growth and development of your unborn child. You are also more likely to form a stronger bond with your child once they are born.

Here are some of the things you can get involved in when your partner is pregnant:

Visit the antenatal clinic with your partner

Attending antenatal classes with your partner will give you practical tips to help prepare you and your partner to cope with the pregnancy.

Test together for HIV

Testing together has benefits for both you and your partner. It is very important to know if either of you are HIV positive so that you can protect your baby from HIV infection. PMTCT (prevention of mother to child transmission) is very successful.

Monitor the baby's health and progress together

Regular check-ups at the antenatal clinic will help you to monitor the baby's progress together. During the second trimester (between 3 and 6 months) your partner may get an ultrasound that allows you to see the baby's head, arms, hands, legs and feet. You may even find out if the baby is a boy or a girl.

A healthy lifestyle ensures a healthy

You can support your partner by living a healthy lifestyle that will make it easier for her to do the same. This includes a healthy diet and regular exercise. Moms should drink lots of water as this will prevent tiredness and headaches and helps with bladder and kidney health.

Avoid Alcohol

Alcohol during the pregnancy can cause foetal alcohol syndrome where your child is brain damaged or mentally handicapped. You can support your partner by not drinking alcohol during pregnancy.

Sex during pregnancy

You and your partner should talk to each other about your sexual needs during and after the pregnancy. Men should protect their partner and baby from HIV by keeping faithful during the pregnancy as HIV is more infectious during the first six weeks after infection. If you get infected with HIV and have sex with your pregnant wife the chances of infecting her and the baby are very high.

Let her rest

You should make sure that your partner gets enough rest. Help with the household chores and make sure that there is at least an hour in the day when your partner can simply relax and put her feet up. Pregnancy does make women more easily tired.

Exercise Together

A light exercise is good for the circulation and strengthens the immune system. Walking is ideal and provides time together. It is important for pregnant women to exercise.

Avoid stress

Understand the different changes you and your partner are going through as you prepare for parenthood. Stress can be very harmful to both mother and baby. Talk out differences in a supportive way.

Stand by the decisions you and your partner make

Everyone has an opinion about what is best for your baby, including mothers, mothers-in-law, friends and families. You and your partner should stand-by the decisions you make together about your baby's health.

Supporting your partner after the baby is born

It is also important to understand your partner's needs after child birth. Keep talking to each other and let each other know what your needs are. The change from being a couple to being parents is enough to shock anyone! Don't worry though, because you will soon get the hang of parenthood. The first three months are usually



the most difficult, especially if this is your first child. During the first three months, your baby is still very small and needs a lot of time and support. You and your partner might find that you get very tired – especially with having to wake up during the night to feed the baby. Work out a plan to make sure that you both get some rest and can still cope with work and other pressures.

Here are some things you should know about

Postnatal Depression happens to a lot of women after having a baby. There may be an obvious reason, but often there is no reason. Postnatal depression can last for weeks or several months. It includes feelings of despair, being irritated with the baby or with the partner, feeling tired, ill, sleeplessness and a low sex drive. Mild postnatal depression can be helped with more support from family and friends. If postnatal depression is more serious you will need help from your clinic and get medication and counseling.

- Learn how to bathe, feed, change nappies, hold, and comfort a baby. All of these activities will help to lessen the pressure on the new mother and build a father's confidence and enhance bonding with the child.
- Caring for your baby. Babies must be taken to the clinic whenever they are sick and should receive all their immunizations according to the instructions from the clinic sister/nurse.

- Help her to care for the baby. Sharing the load can make it easier for you and your partner to care for your baby.

How to discipline your children

Discipline starts with you and the example that you set. All children learn from their parents

and need guidance. Discipline is an important part of letting them know what is acceptable and what is not. You should encourage a child to think before he or she acts. Good discipline should encourage them to take responsibility for their behaviour. When disciplining your child be firm and clearly state what the problem is and what you would prefer them to do. Speak



in a way that lets your child know that you mean what you say and you expect them to do it. It doesn't mean yelling or threatening. Being firm works for any age child and for many situations. The goal is to teach the child how to behave, not to make the child suffer.

Discipline is not punishment. Punishment includes physical punishment (such as slapping, spanking, using a belt) or emotional punishment (shaming them or using cruel words). Punishment does not encourage understanding of what they have done wrong – it also doesn't encourage self discipline. It only stops misbehaviour for that moment.

The consequences of punishment can also be negative. The use of physical punishment sends the wrong message that it is ok to hit those you love and that violence is okay when other things don't work. Using words that hurt a child's self-esteem or self-worth are very damaging.

How to be a cool dad

You should have open and honest discussions with your partner about your expectations as

parents and how both of you want to bring up your child. If you are feeling left out – talk to your partner about it. Show her that you're serious about wanting to be an active dad, and that you're ready and able to do the job. You should realise that being a parent is a journey and that there are no fool proof ways to do things – what works for some couples and babies doesn't work for others!

We can get great advice from experts, friends, and family. Think through the advice you get and make it your own so that it works for your situation. Being a good dad is just like being a good mom, it comes with practice. Be involved! Don't worry about making a few mistakes. If you need help, ask for it, but trust your instincts. Chances are you'll do exactly the right thing.

You should support your children financially but realise that the most important thing is to be there for them. Never try and replace time with money. Both boys and girls really want and need a dad around. Spending time with kids is easy – you can simply hang out together or play sport or games. Children have different interests, personalities and needs, even if they

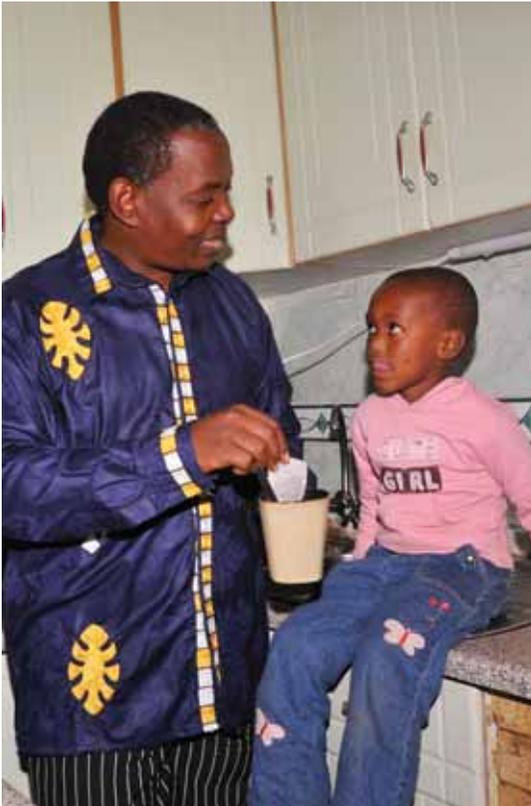
are raised in the same family. The basic fact is that every child is different and how you deal with each child even in the same family will often be different as well.

Parents should take responsibility for making their children aware of their growing bodies, their feelings and their responsibility toward themselves as teens and preteens. If you don't talk to your child about sex, you are opening the door to misleading and confusing information from friends, society and even the media. Teachers can facilitate the process through the implementation of the curriculum in the classroom, but it is still the parent's responsibility to educate their child about sex and relationships.

Dad and daughter

Men can often feel “under qualified” when it comes to raising a girl and often think this is the responsibility of the mother. The fact is that girls and boys need both parents and role models in their lives. Dads play a meaningful role in the growth and development of their daughters too. As the first man in your daughter's life, you influence her in many ways.

How you treat your partner will often set the tone for your daughter's relationships with men when she grows up.



As a father you should support your daughter in everything she does such as schooling, extramural activities, shopping, household chores and her hobbies. The encouragement and

support you show to your daughter when she's a child will help her become a self-confident, successful woman.

Tips for dads on being a parent to a girl child:

- Find opportunities to be with her and to understand what she likes.
- Do your best to support her choices while giving guidance as a parent.
- Daughters do not want you to fix their problems. They want you to listen and understand and help them in finding out their own solutions.
- If you are a single dad, you may want to find a strong and capable woman mentor or role model for your daughter. The mother figure in your daughter's life can be a grandmother, aunt, mom of a friend of your daughter, coach or teacher.
- Puberty and adolescence in girls can be an emotional challenge for dads and you might find it difficult to discuss many issues with

your daughter. The best way is to be honest and discuss the issues up front with your daughter, such as your concerns about her dating guys or about changes in her body, emotions and hormones. If you find these things just too awkward to discuss, you can ask your partner or another woman in your daughter's life to have those chats.

Father and Son

One of the most important ways you can improve your child's physical and psychological health is by setting a good example. If you are a good role model, your son will learn how to treat women respectfully and as equals. Your son is going to learn what it's like to be a man from you. It's what he sees that's going to teach him the most. He's going to use you as an example of how it's supposed to be done. The way you behave and act is very important. So you have to set things right and be a good example to him and the family.

As a dad, your job is not to judge or give order. A father should guide, inform, educate, have fun with and accept his son. At the proper age, educate your son about

adulthood, manhood, fatherhood, how to treat women, how to care for himself and his family, and other such things. Being a dad is not a part-time job. Just like your daughter needs to have you in her life, so does your son. You may work a lot and have a lot on your plate, but being a dad is about being there to teach your son about life values. If you want to have a positive impact on your son, you need to make time to spend with him.

In order to teach respect, you need to earn respect. This means that you have to be the kind of person that is worthy of respect. You also have to set an example and respect those around you, such as your partner and other family members. In this way you show him that a real man respects himself, the women in his life and the people around him. If you have your son's respect he is more likely to listen to you and want to impress you. In this way, it is easy for you as the father to guide him in a positive way.



Congratulations on completing this chapter. In this chapter we have talked about what it is like to be a dad and the importance of supporting our partners and setting the right example for our children. We have discussed different ways we can support our partners and be actively involved in the raising of our children.

CONVERSATION GUIDE: MODULE 8

Exercise 1

The aim of this exercise is to encourage the participants to think about their personal experience of being a parent or being a child.

Ask the participants to think about their experience of being a parent or a child and to discuss it in pairs. Then encourage volunteers to share their thoughts with the group.

Exercise 2

The aim of this exercise is to get the participants to think about their own childhoods and to talk about the way they were raised. They should then decide on what they think is important for raising a child.

Divide the participants into groups of 4-5 men. In their groups the men need to talk about their childhoods. They should talk about what they believe were the best things their parents did, as well as those things they wish could have been different. They can also discuss both the negative and positive things they got from their parents. They should then make up their own Top Ten list of the things they think are important to being a good parent.

Exercise 3

The aim of this exercise is for the participants to think about gender stereotypes when it comes to raising boys and girls.

Divide the participants into small groups. In their groups they should discuss what their opinions are on being involved in bringing up a son or a daughter. They should talk about possible fears they have and how they can overcome them.

Wrap-up exercise

The aim of this exercise is to encourage the participants to think about the chapter in relation to their lives and to give them a practical thing then they can go and do.

Ask the participants to think and talk about one new thing, or way of thinking about their lives that they have learnt from this chapter. Then ask them to write down 3 things they commit to doing to be a better father or role model to the children in their lives.

MODULE 9: BROTHERS ARE GOOD AT LIFE

Welcome! This chapter is all about how to better manage how we live our lives. How we live affects every part of our lives – our physical health, how we cope with stress, our money, our work, our relationships and our sex lives. This is why it is so important for us to manage our lives and make better, more informed decisions. There is lots of practical advice here on how to improve your health by making some simple changes to your lifestyle.

This chapter looks at the following topics

- Healthy living
- Coping with life
- Money matters

Key messages

Brothers for Life:

- Stand for responsible behaviour.
- Stand for life.
- Look after their bodies, minds and relationships.

- Know how to manage their money.

Learning Objectives

- Encourage healthy living through developing understanding about why it's better for us.
- Develop understanding of how to cope with stress.
- Develop understanding of how to manage money.

Healthy living

Healthy living is about good habits such as a balanced diet, exercise, proper rest and sleep and responsible relationships. Healthy living not only prevents illness, but it also means we can live life to the fullest. The reality is that if we are unhealthy we cannot enjoy life. If we don't manage our stress or our money, our lives become a mess.

We often think that healthy living is about taking away all the good things in life – this simply isn't true! Healthy living is about balance. We can still enjoy all the things that

we usually do – eating good food, relaxing or having a drink with friends. The trick to managing our lives is making sure that we do things in moderation. This means that if we drink we shouldn't drink until we are drunk. Or if we enjoy our food, we make sure we eat healthily and exercise enough.

Lifestyle and chronic disease management

Another very important thing to know is how healthy living can prevent chronic diseases. Another word for chronic diseases is 'lifestyle diseases', because they are often caused by how we live. The most common kinds of chronic diseases are high blood pressure, diabetes, obesity, cancer and lung disease. Most lifestyle disease can be prevented by healthy living. The World Health Organisation estimates that up to 80% of heart disease cases, 90% of Type 2 Diabetes and 33% of cancers can be avoided by eating a healthier diet, doing more exercise and stopping smoking.

Chronic diseases cannot usually be cured which means that it is really important that we try and avoid them. Once we have a



chronic disease it can only be controlled with medication and changes to our lifestyle for the rest of our life. So this chapter is about diet, exercise and quitting smoking and not drinking too much. This chapter is filled with information that can improve and save your life.

Eating the right food

We have all heard the expression 'you are what you eat'. This means that our diets directly affect our health.

Eat lots of fruit and vegetables

Fruits and vegetables have a lot of nutrients, minerals and vitamins that are very important for keeping our immune system strong. They

also help get rid of things in the body that are not good for our body. A third of all food that we eat should be fruit and vegetables. We should try eating 3-5 servings of fruit and vegetables a day. A serving is equal to an apple or fruit that size, or a fist-sized amount of vegetables or fruit. Vegetables can be overcooked and all the goodness can be boiled out of them. It is better to steam vegetables or even pour boiling water over them and let them stand for a few minutes, rather than boiling them for too long. We should also try and eat different colour vegetables because they have different vitamins and minerals.

Cut down on processed foods

Processed foods are foods that are highly refined, such as white bread and white sugar. If food comes in a box, can, bag or carton it means that it is processed. The problem with processed food is that a lot of goodness is often taken out of them and they have a lot of sugar and fat. It is much better to eat food that is closer to its original form, like whole wheat bread, brown sugar, fresh fruits and vegetables and unprocessed meat.

Cut down on fast food and junk food

A lot of us are lazy when it comes to cooking and fast food is an easy option. But we should really try to limit how much fast food we eat – not only is it bad for our health but it's also hard on our pocket. Fast food is expensive. Even though we might feel full after eating fast food we are not getting the goodness that we need. Fast foods are all bad for our health because they are refined foods, have high salt



and sugar and are also often deep-fried and very fatty. Junk foods like fizzy drinks, chips, sweets and chocolates also have too much sugar and fat.

Cut down on red meat

For many South Africans, a meal is not a meal without meat! Meat is often divided into red meat and white meat. Red meat includes beef, lamb, goat and pork. White meat includes chicken and fish. The problem with eating a lot of red meat, or eating red meat everyday, is that it increases our risk of heart disease, high blood pressure, cholesterol and cancer. Red meat is high in fat and is not good for our cholesterol or our waistlines.

We should only eat red meat once a week. In place of red meat, we can eat chicken, fish and beans. Beans and other legumes (lentils, peas, soya) are an excellent source of protein and good for cholesterol. We should also be aware of how meat is prepared. Deep fried or crumbed chicken and fish is not the way forward. Try and choose grilled meat/fish where you can rather than deep fried. Fish is also very good for our hearts and our brains.

Reduce fat, salt and sugar

Our bodies need fat, salt and sugar, but in small amounts. There are also different kinds of fats and sugars and some are better for our health than others. It is better for our health to replace animal and dairy fats with healthier options, such as 'lite' margarines and low fat or fat free dairy products. We should also cut down on eating fatty meat.

We also need to cut down on salt in our diets. This means not buying foods that already have a lot of salt, such as junk food or fast food. We should also cut down on how much salt we cook with or put on our food before we eat it. Aromat and other seasonings are also often very high in salt.

Sugar is also something that we need to limit in our diets. The sugars in fruit are a good source of sugar for our bodies. Many of us like to drink sweet tea or coffee. We really should try not to have more than 1 teaspoon of sugar and should replace white sugar with brown. If we do a lot of exercise then our bodies will need more fat and sugar. But we should also be careful of over rewarding ourselves after doing exercise.

For example, eating a slab of chocolate after walking round the block is not the answer!

What is a balanced diet?

A balanced diet means that we eat food from different food groups. A balanced diet does not mean that we have to start eating expensive food or go on a special diet. In fact, a balanced diet is easy to eat and can fit into any budget.

We can divide the food we eat into three groups:

- Building foods – Proteins like milk, meat, chicken, fish, eggs, beans, soya, lentils, peanuts and sprouts. They build muscle that gives us strength.
- Energy foods – Rich in carbohydrates. Carbohydrates are things like pap, rice, samp, pasta, bread and potatoes. Oils are also important energy foods and include margarine, butter, and sunflower oil. They give us energy to use our muscles. Sugar also gives us energy.
- Protective foods – Foods that boost our immune system. These include all fruits

and vegetables which have many different vitamins and minerals.

A balanced diet also means that we eat different amounts of the different food groups. In our meals, we should aim to eat a third protective foods (fruit or vegetables), a third energy food (carbohydrates like bread, cereals, potatoes) and the last third should be made up altogether of building foods (protein like meat/fish/beans) and fats and sugars.

Encourage your family to eat healthily. You can start by writing up a grocery list that includes healthy foods and limits things like junk food and too much red meat. Cut down on the amount of fast food you eat or bring home for your family. You could also help your partner and prepare some meals yourself. We learn both good and bad eating habits in our homes. As a Brother for Life you are responsible for making sure your children learn healthy eating habits.

Keeping fit

Exercise is a very important part of keeping fit and healthy. Your body needs exercise for it to work properly. Your bones, joints and muscles,



and especially your heart, will stay younger if you exercise regularly. Exercise is a really important part of protecting ourselves from chronic disease and other infectious diseases. Being fit also improves our body's ability to fight infections.

If we are not active our body will lose muscle strength, we will feel out of breath a lot of the

time and put on weight. Being unfit is a serious confidence killer, but it is also a fun killer. If we are unfit, everything becomes an effort and we stop doing things. A healthy body is also a fit, strong looking body. You could find that your confidence improves – both at work and in your relationship. Being fit and healthy is good for your sex life – not only will you feel sexier, but you will probably find your sex drive improves. Increasing the amount of exercise we do is the number one way to lose weight, together with eating a healthy diet.

Exercise is also essential for coping with stress. Going for a run or a walk, playing soccer or going to the gym gets rid of stress and tension and gives you time out. A lot of exercise is also done in teams or with a friend so exercising can be a lot of fun and a social time where you can relax. Exercise also helps you to sleep better which will make you more able to cope with stress and be more productive during the day.

Stopping Smoking

Smoking is one of the worst things we can do for our health. When we smoke we are choosing to pollute our bodies. Smoking



causes lung disease, heart disease and cancer. Smoking damages not only your own health but also the health of your family and those around you. Family members of smokers are at an increased risk of lung disease and also chest, nose, ear and throat infections. Although smoking affects your lungs and hearts the most, it is harmful to every part of the body because of the harmful chemicals that cigarettes contain.

Drinking and your health

Drinking alcohol is part of many social occasions in South Africa. Drinking in moderation is not a problem. But the problem is that, for many of us, drinking does not stop at one or two drinks. In fact most South Africans regularly drink more than the legal limit. The more we drink, the more we put ourselves at risk. Being drunk can make us think that we are super human and so we take risks that endanger our lives, as well as those around us.

Drinking too much is also bad for your health. It raises your blood pressure which increases your chances of strokes and other heart disease. Too much alcohol damages the liver and causes cancer, both of which can kill you. Drinking heavily also weakens your immune system and so you will get sick more often. Drinking is also fattening. Heavy drinking often means we don't get enough sleep and we also wake-up with a 'hang over' the next morning which can affect our work and our drive to do things with our lives.

Heavy drinking also damages your relationships and friendships. You could end up arguing with the people in your life because of your drinking. Drinking can also cause depression and emotional disorders, as well as increasing the chance of violent behaviour. If you have a drinking problem you will be a poor role model for your children. Your children could end up fearing you or wanting to have nothing to do with you. Drinking can lead to a divorce because of the strain it puts on your relationship and home life. We often become addicted to the drinking lifestyle and how we feel when we are drinking. Because drinking makes us feel more confident and relaxed, it



often makes us feel we are in control and can do anything we want. It can also make us feel like all our problems have gone away. The reality is drinking too much only increases our problems.

One of the risks of alcohol abuse or heavy drinking is that you become addicted to alcohol. Alcoholism is a disease where we become physically and psychologically addicted to alcohol. Because alcoholism is an addiction, alcoholics often continue to drink even when it is destroying their lives.

Symptoms and signs of alcoholism include

- Craving a drink or finding excuses to have a drink.
- Loss of control over how much you drink and when you drink.
- You might need to drink more and more to get drunk.
- You cannot stop drinking even though you know it is bad for you.

- Denying that you have a drinking problem.
- Drinking alone or keeping your drinking a secret.
- Memory problems.
- Losing interest in things that you used to enjoy.
- Feeling like you need alcohol before you can do anything.
- Not caring about how you look or about how your home looks.
- Changes in moods and violence.

If you have a drinking problem or are an alcoholic, you will need to get help and support. You can contact the AA (Alcoholics Anonymous) or other organisations listed in the contact list. You can also ask anyone close to you for help – your partner, a friend, a family member or your doctor. Obviously telling your drinking buddy you want to quit drinking is not going to work! Find someone who will support you in your decision. Apart from emotional and

psychological support, you might also need medical and physical help, especially if you have been drinking for a long time.

Men and taking risks

Men love taking risks. This might sound strange to you, but studies done by the [Medical Research Council](#) and [UNISA](#) have shown that in South Africa men live shorter lives than women. The main reasons for this are because men behave in riskier ways and visit clinics less than women. One of the reasons why men take risks is because of ideas they have about what it means to be a man. These ideas of masculinity, or being 'manly', include things like drinking alcohol, smoking, having sex with many women and illegal and drunken driving.

We can see that the way we behave is influenced by ideas we have and also role models in our society. If we grow up with men around us who drink and have many partners, we will copy that behaviour because we think it is normal and part of being a man. In this way, men learn how to behave as men. Some of these behaviours are very bad for our health and increase our chances of dying young.

Coping with life

Just like we need to look after our bodies, we also need to look after our minds. All of us have times in our lives when we feel like we cannot cope. This is normal. But if we feel like we can't cope all the time then we have a problem and need to find help. Depression and stress are the two most common causes of feeling like we can't go on and that our lives are too difficult.

Depression

All of us feel down from time to time. This is different from having clinical depression, which is a mental illness. There is no single cause of depression and it is usually the result of many different things in our lives. Clinical depression is not simply a bad mood – it is caused by an imbalance of chemicals in your brain.

Some things that could lead to depression are

- Family history of depression.
- Stress (often caused by financial problems,

relationship break-ups, or death of a loved one).

- Low self-esteem and negative view on life.
- Heart disease, cancer and HIV.
- Other psychological disorders (anxiety, eating problems, substance abuse, alcoholism).

Depression can seriously damage your life and your relationships and make it difficult for you to work, eat or sleep.

Symptoms of depression are

- Feeling sad, tense or irritable all the same time.
- No interest in life, even those things that you used to enjoy.
- Changes in how much you eat – you either lose, or put on, a lot of weight.
- Sleeping problems – you either can't sleep or you get too much sleep.

- Feeling worthless, hopeless or guilty.
- Thoughts of suicide or death.

If we have any or many of these symptoms we should go see our doctor or clinic. Treating depression usually involves both medication and psychotherapy (therapy through talking) where you might speak to a psychologist or be part of a support group. It is very important to seek help and to tell someone you are struggling to cope with life. There are useful contact details at the end of this chapter that can help you if you have depression.

Stress

Stress is part of life and most of us have some kind of stress in our lives at some time. When we are stressed we can feel like life is out of control. There are many different things that might cause us stress, such as work, money worries, relationships or the death of someone we love. A little bit of stress is not always a bad thing – it might help us to work a bit harder or take steps to make positive changes in our lives. But too much stress it not good for us. Too

much stress can make us feel like we cannot cope and can lead to emotional burn-out, a mental breakdown or depression.

Unfortunately modern lifestyles are stressful because we are busy and we often need to do things quickly and cope with many different demands. This is why it is very important to learn how to manage our stress. Stress won't disappear by itself – you might also need to do something about things that are causing you stress.

- It is a good idea to make time to exercise because exercise helps us cope better with stress. When we exercise we take our minds off the things that are causing us stress and we also get a physical work-out which lifts our mood and helps us sleep better.
- It is also important to take some time to relax – either by yourself or with your partner, family or friends. You might simply watch TV or cook a meal together or go for a walk.
- Avoid drinking as it is not a useful way to cope with stress – you could end up with a drinking problem and even more stress!

Drinking may make you feel relaxed at the time, but drinking too much introduces a whole lot of other problems in your life.

- If it is a work problem, perhaps you need to speak to your boss.
- If your relationship is causing you stress, talk to your partner, or perhaps you both need to go to couple counselling.
- If you are concerned about money, perhaps you need to budget more carefully so that you don't run out of money every month.

Money matters

As men we often feel that money matters in the home are our call. But it is much better to communicate with our partners and families about money and how it is spent. You are also not doing anyone any favours if you take on all the money decisions in the family – you will feel like you are alone in managing the money worries. It is important to involve your partner – a shared responsibility is so much more manageable. You can also share the dreams of

where you want your money to go – such as buying a house or having children.

Your family's financial plan

Your plan should involve the goals, dreams and responsibilities of everyone in the home. You will need their support if you want your financial plan to succeed. You might be asking yourself, "why do I need a financial plan?"

The fact is if we don't plan how we spend our money we soon run into problems and run out of money before the end of the month.

No matter how much or how little you earn, you need to work out a budget and spend money according to your budget. A budget is not about depriving yourself – it is about spending money on things that are important to you and making sure that you save. The biggest problem that most people in South Africa face is debt and living on credit. This means that we are spending more than we earn. So it is very important to be realistic and honest with yourself and your partner when drawing up a budget.



Tips for managing your money better

If you want to have control over your finances you need to take a good look at how you spend your money and where you really need to be spending your money. Always budget within your means – competing with your neighbours or friends can ruin you financially. Spend according to your income. Also remember that there will be some expenses that only come at one time of the year – such as school uniforms, new school books or Christmas gifts.

You should always have a savings plan for those unexpected things that happen in life. Saving money is also an important step to achieving those things in life that you want – such as studying, buying a car or buying a house of your own.

It is very important to give your children a sense of how money is earned and how to spend money sensibly. Setting an example is one way to do this. Below are some other ideas:

- Give them a 'piggy bank' or savings jar when they are young.
- Set up a savings account for them.
- Involve the children in responsibilities such as grocery shopping.
- Help your children to realise that no one can have everything that they want.
- Encourage them to earn their own pocket money (perhaps by mowing the lawn for you or helping with the housework).

Debt

Debt can cause a lot of stress in your life and in your relationships. Debt comes about when we spend more than we earn, when we borrow money and when we buy things on credit. If you are currently doing any of these

things it is a good idea to go talk to your bank – perhaps you will ask them to reduce your credit limit or to give you advice on how to better manage your money. You might also decide to cancel some or all of your store cards once you have paid them off.

You might also choose not to have a credit card and rather have a debit card which means that you pay directly from your account and you cannot buy things if there is no money in your account. If you have serious debt you might need the services of a professional debt management service. They will be able to help you make a plan on how to pay off your debt and deal with your credit providers to reach an agreement on how you are going to pay back the debt.

Gambling

For most adults, gambling is a form of entertainment where they hope to win, but in reality know that they will probably lose. Some of us, however, lose control of our gambling and become problem gamblers. We have to take a gambling addiction seriously and treat it like any other addiction such as alcoholism. If you have a gambling problem you will need

to go into therapy and change your lifestyle to make sure that you don't gamble ever again.



You should also be aware of things that make it easier for you to relapse or start gambling again, such as drinking alcohol or using other drugs. Most gamblers should not drink anyway because they may develop a new addiction (this time to alcohol) to replace their gambling addiction. There are useful organizations you can contact listed at the end of the chapter:

Congratulations on finishing this chapter. We have talked about managing our lifestyles and learning to lead healthier and more responsible lives. The reality is that if we don't take responsibility for our lives, our lives become a mess and we stop enjoying life.

CONVERSATION GUIDE: MODULE 9

Exercise 1

The aim of this exercise is get the participants talking about what they think healthy and unhealthy lifestyles are.

Go around the group and get each person to complete the sentence “I ... too much.” The idea is to get everyone to think about things that they do in their lives and which they enjoy, but know that they should cut down on. As a group, talk about both their good habits and bad habits.

Exercise 2

The aim of this exercise is to encourage the participants to talk about how they eat and to commit to eating healthier food.

Divide the participants into groups of 4-5. In their groups they should talk about how they eat at the moment and decide if it is balanced or not. They should think about: who does the shopping, who does the cooking, how often do they eat fruit and vegetables and how often do they eat fast food etc. Each participant should then decide on one thing he is going to change to eat a more balanced and healthier diet.

Exercise 3

The aim of this exercise is to encourage the participants to make some realistic changes to their lives so that they can do more exercise.

Call on volunteers to talk about how much exercise they do – some may do a lot, depending on their job, how they get to work and if they play a sport. Then build on that conversation to talk about ways that we can do more exercise in our lives. Examples might be; running/walking before or after work, taking the stairs instead of the lift, or joining an informal soccer league who play on weekends. The best way to do more exercise is if you enjoy it. Remember gyms are not the only or necessarily best way for people to exercise.

Exercise 4

The aim of this exercise is to encourage the participants to think about their drinking habits and to consider making some changes if they think some are harmful or not taking them in the right direction.

Hand out photocopies of the ‘drinking test’ which you find at the end of this chapter. Each participant should go through the test and score themselves. Have a discussion afterwards about what they think about their scores. Are they shocked? Are they going to do something about it?

Exercise 5

The aim of this exercise is to encourage the participants to draw up a budget and to work out their income and their expenses so that they can see where they spend their money and where they can cut back and make sure they don't spend more than they earn.

Give each participant a photocopy of the household budget that is at the end of this chapter. They should work out their budget and then discuss it – are they shocked by what they find? How can they save more? What do they think would help them cover their expenses? Can they circle those things on their budget that they 'need' and those that they 'want' – can they tell the difference between 'want' and 'need'?

Wrap-up exercise

The aim of this exercise is to encourage the participants to think about the chapter in relation to their lives and to give them a practical thing that they can go and do.

Ask the participants to think and talk about one new thing, or way of thinking about their lives that they have learnt from this chapter. Then ask them to write down 3 things they will commit to do in order to live a healthier life.

ALCOHOL USE QUESTIONNAIRE

Are you familiar with the signs of alcohol abuse or dependence? The following questionnaire will help you to gauge your own drinking habits and whether or not they are cause for concern. Please read the following statements, recording the indicated numeric score for each true or false response.

1. The majority of my friends drink alcohol.

(If answer is true, give yourself 1 point.)
(If answer is false, give yourself 0 points.)

2. I am able to enjoy parties or social events where alcohol is not served.

(If answer is true, give yourself 0 points.)
(If answer is false, give yourself 3 points.)

3. I have never been arrested for drunk driving.

(If answer is true, give yourself 0 points.)
(If answer is false, give yourself 3 points.)

4. I have had unprotected sex because I was intoxicated.

(If answer is true, give yourself 2 points.)
(If answer is false, give yourself 0 points.)

5. On more than one occasion I have said "I don't drink more than anyone else."

(If answer is true, give yourself 2 points.)
(If answer is false, give yourself 0 points.)

6. On more than one occasion I have missed work or school because of a hangover.

(If answer is true, give yourself 3 points.)
(If answer is false, give yourself 0 points.)

7. I have a family history of alcoholism.

(If answer is true, give yourself 2 points.)
(If answer is false, give yourself 0 points.)

8. I can drink more than most of my peers.

(If answer is true, give yourself 3 points.)
(If answer is false, give yourself 0 points.)

9. It takes much more alcohol for me to "catch a buzz" now, than when I started drinking.

(If answer is true, give yourself 3 points.)
(If answer is false, give yourself 0 points.)

10. I tried to cut down on my drinking but it didn't last very long.

(If answer is true, give yourself 3 points.)
(If answer is false, give yourself 0 points.)

Total your score.

RESULTS

If your score is:

20 to 25 points: Your responses to the questionnaire are consistent with symptoms associated with alcohol dependence. You should consult with your Employee Assistance Program (EAP) as soon as possible.

12 to 19 points: Your responses to the questionnaire are consistent with others who report problems with alcohol. Please consider contacting your Employee Assistance Program (EAP).

6 to 11 points: Based on your responses to the statements in the questionnaire, you have some of the risk factors that are consistent with alcohol abuse and/or dependence. Examine the items for which you scored points and determine if the issue is an isolated incident or recurring problem. Please consider contacting your Employee Assistance Program (EAP).

1 to 5 points: Based on your responses to the statements in the questionnaire, you may have one or two risk factors associated with alcohol abuse. You should examine the items for which you scored points and assess how alcohol affects you. Consulting with your Employee Assistance Program (EAP) could be beneficial.

0 points: Congratulations. Your score indicates that presently you have none of the common symptoms associated with alcohol abuse or dependence.

CONTACT LIST

National Aids Helpline	0800 012 322	National Toll Free PMTCT Related Informational Helpline	0800 mothers
Domestic Violence Helpline	0800 150 150	NHIV Programme- HIV Service Providers	0860 448 911
AIDS Consortium	011 403 0265	Office on the Right of the child	012 300 5500/01
Alcoholics Anonymous	086 143 5722	People Opposing Women Abuse	083 765 1235/ 011 642 4345/6
Child Line	080 055 5555	Rape Crisis 24 Hours Life Line	0861 322 322
Commission For Gender Equality	011 403 7182	SAPS Emergency number	0861 10 111
Corruption Helpline	080 020 1414	Sonke Gender Justice	011 339 3589
Crime Stop	086 001 0111	South African Council of Churches	011 241 7800
Diabetes Action	031 205 9886	South African Red Cross Society	012 431 2000
Human Rights Advice Centre	0860 120 120	South African Social Grants Helpline	088 601 011
Legal Aid	011 877 2000	Suicide Helpline	0800 567 567
Life Line South Africa	0861 322 322	The Gay and Lesbian Helpline (Triangle Project)	021 712 6699
Love Life Sexual Health Line	0800 121 900	The South African Depression and Anxiety Group	011 262 6396
Marie Stopes South Africa	0800 117 785	Toll Free Crisis Line	0861 574 747
Men's Clinic International	086 036 2867	Treatment Action Campaign	021 422 1700
Ministry of Social Development	012 312 7794	Vaccine helpline	0860 160 160
Ministry of Women, Youth, Children and People with Disabilities	012 300 5200	Women's Health	0800 116 941
Mother2mothers	0800 668 4377		
National AIDS Helpline	0800 012 322		
National Association of People Living with AIDS (NAPWA)	011 873 7156		
National Children's Rights Centre	011 408 4835		
National Network on Violence Against Women	012 321 4959		

REFERENCES

CADRE - Frizelle, K. Solomon, V. & Rau, A. (2009). Strengthening PMTCT through communication and social mobilisation: A review of the literature. Johannesburg: CADRE.

The Cancer Association of South Africa (CANSA). <http://www.cansa.org.za/cgi-bin/giga.cgi?c=1056>

Complete One Man Can Toolkit. <http://www.genderjustice.org.za/onemancan/complete-one-man-can-toolkit/download-the-complete-to.html>

Constitution of the Republic of South Africa, 1996. <http://www.info.gov.za/documents/constitution/index.htm>

Dad's Club. <http://www.fatherhood.org/dadsclub.asp>

Department of Health. Integrated Nutrition Programme. <http://www.doh.gov.za/programmes/nutrition-f.html>

Depression. Understand it, Treat it, Beat it. <http://www.clinical-depression.co.uk/index.htm>

Depression. <http://depression.about.com/>

The Domestic Violence Act [No.116 of 1998]. www.info.gov.za/view/DownloadFileAction?id=70651

Epstein, H. 2007. *The Invisible Cure: Africa, the West, and the Fight against AIDS*. Farrar, Straus and Giroux: New York

Gender Matters. Manual on Gender Based Violence affecting Young People. <http://www.eycb.coe.int/gendermatters/default.htm>

Healthfinder.gov. Drink Alcohol Only in Moderation. <http://www.healthfinder.gov/prevention/ViewTopic.aspx?topicID=16>.

Helpguide.org. <http://www.helpguide.org/>

How does the Female Reproductive System Work? Dr. Bremmer's Infertility Web. http://www.infertilityweb.com/Female_Reproductive_System.html

HSRC - Shisana O, Rehle T, Simbayi LC, Zuma K, Jooste S, Pillay-van-Wyk V, Mbelle N, Van Zyl J, Parker W, Zungu NP, Pezi S & the SABSSM III Implementation Team (2009) South African national HIV prevalence, incidence, behaviour and communication survey 2008

Kids health for Parents. <http://kidshealth.org/parent/>

Leeds, Grenville and Lanark District Health Unit. Alcohol & Drugs. Substance Abuse. <http://www.healthunit.org/alcoholdrug/Default.htm>

MedicineNet.com. <http://www.medicinenet.com/script/main/hp.asp>

Men's Health. <http://www.mh.co.za/>

National Communication Survey on HIV/AIDS. 2009. http://www.jhhesa.org/index_home.html

National Fatherhood Initiative. <http://www.fatherhood.org/default.asp>

NCS - Johnson, S. & Coleman, P. (2010). *Second National HIV and AIDS Communication Survey 2009: Findings from Free State Province*. Pretoria: JHHESA.

Nutritional Information Centre. Faculty of Health Sciences. University of Stellenbosch Division of Human Nutrition. How to eat correctly. http://sun025.sun.ac.za/portal/page/portal/Health_Sciences/English/Centres%20and%20Institutions/Nicus/How_to_eat_correctly

Peacock, D. et al. 2008. Literature Review on Men, Gender, Health and HIV and AIDS in South Africa. Sonke Gender Justice Network. www.genderjustice.org.za/.../literature-review-on-men-gender-health...south-africa/download

A Practical Guide for Men about what Women Want. <http://www.what-women-want-from-men.com/>

Scrutinize Facilitators Guide. http://www.scrutinize.org.za/H.I.ViCTORY/index.php?option=com_content&view=article&id=80&Itemid=11

The Sexual Offences Act of 2007. http://www.justice.gov.za/docs/InfoSheets/2008%2002%20SXOactInsert_web.pdf

Siyayingqoba Beat it! Treatment Literacy Manual. <http://www.beatit.co.za/treatment-information-download-workbooks/index>

South African Demographic and Health Survey. 2003. South African Medical Research Council. <http://www.mrc.ac.za/bod/sadhs.htm>

South African National HIV Prevalence, Incidence, Behaviour and Communication Survey. 2008. A Turning Tide Among Teenagers? HSRC Press. <http://www.hsrc.ac.za/Document-3238.phtml>

Steyn, K. 2007. The Heart and Stroke Foundation South Africa. Heart Disease in South Africa: Media Data Document. Department of Medicine, University of Cape Town & Chronic Diseases of Lifestyle Unit, at the Medical Research Council. <http://www.heartfoundation.co.za/docs/heartmonth/HeartDiseaseinSA.pdf>

Stop Smoking. Health 24. http://www.health24.com/medical/Condition_centres/777-792-1952-1959-1961,29274.asp

UNFPA Advisory Note. New York: UNFPA. http://www.unfpa.org/upload/lib_pub_file/153_filename_ItTakes2.pdf

UNFPA. n.d. "It Takes 2: Partnering with Men in Reproductive & Sexual Health," Program

What's Inside: Health. <http://health.howstuffworks.com/>

World Health Organisation (WHO). 2003. WHO Framework Convention on Tobacco Control 2003

World Health Organisation (WHO). 2005. WHO Global Report: Preventing Chronic Diseases: a vital investment. http://www.who.int/chp/chronic_disease_report/contents/part1.pdf

World Health Organisation (WHO). Chronic diseases: Q&As. http://www.who.int/topics/chronic_diseases/qa/en/index.html

World Health Organisation (WHO). 1999. What is a Healthy Lifestyle? Regional Office for Europe: Copenhagen. http://www.euro.who.int/nutrition/20030321_2

Why Exercise is Important for Living Well. Ezine Articles. <http://ezinearticles.com/?Why-Exercise-is-Important-For-Living-Well&id=3170767>

Your Health. Medi-Clinic. <http://www.mediclinic.co.za/health/Pages/default.aspx>

Your Health. <http://www.health24.com/>