

ences or continue to reflect on David's Dilemma.



Activity 5: Temperament and Communication

1 Step 1

Explain the following to the participants:

1) What is temperament?

Temperament can also be called personality type and incorporates self-image or self-esteem. Let's look first at our "natural" temperament or personality that we inherit along with our eye colour and body type.

2) The four types

Why four? Why not 104? Over the centuries, through observation and study, it has been determined that each of us is a blend of four distinct personality types - and more specifically, we are usually a blend of two of the four types.

For our purposes, we'll use the ancient Greek nomenclature (system of naming) for temperament types - Choleric, Phlegmatic, Sanguine, and Melancholy. There are a variety of ways to discuss the four - other models use the names of animals, the acronym DISC, and the most famous - the Meyers-Briggs naming system.

- The choleric type is sometimes called the Driver. In the area of communication, the choleric gets straight to the point and is concerned with the feelings of others.
- The sanguine is an outgoing, warm, people person. They are talkers and are concerned with other's feelings. The sanguine is loath to hurt others' feelings and will avoid conflict at almost any price.
- The melancholy is highly organized, detailed, and critical. They are introverted and often moody. They often feel they are "right" because they have carefully analyzed whatever subject they are talking about.
- The phlegmatic is the quietest of the four types. While calm on the surface, they are the most likely to be anxious internally when communicating.

Again I want to emphasize that no one is purely one temperament type. There are 16 combinations of personality traits. If you can adapt your natural style to be more like the other person's style, you'll find it easier to get their attention

and, ultimately, share understanding with them.

② Step 2

Ask the participants to consider the four temperaments, and describe the personality traits of themselves and their spouse. Ask them to write both types and share their answers with their spouse. Discuss the following questions:

1. Were you both correct about each other's temperament?
2. Based on your spouse's temperament, how can you change your communication style?



Activity 6: Talking Money

① Step 1

Ask the participants to sit opposite their spouse. Each will have a sheet of paper and should write a list describing how they think their spouse likes to spend money and rank them (most important to least important). Next, they should write how they like to spend money and rank them (most important to least important).

② Step 2

Ask them to share their lists with their spouse and discuss the following questions:

1. Does your spouse have a clear picture of how you like to spend money? Why do you think that is?
2. What was on your spouse's list that is not important to you? Why do you think they put it on the list?
3. What did you put on your list that was incorrect (from your spouses point-of-view)? Why did you include it on your list?
4. How important is it that you understand what your spouse likes to buy?

③ Step 3

Read the following scenario to the participants:

A Helping Hand

David and his wife Grace earn the same amount of money. One day, they learned that David's sister was sick. On the same day, they learned that

Grace's uncle was admitted to the hospital. Both conditions were serious and both relatives were in need of financial assistance. Unfortunately, their combined wealth is sufficient to help only one of the relative. They must choose which one to help.

④ Step 4

Ask the following questions:

1. How should they decide whom to help?
2. Have you ever been in a similar situation? What happened?

Personal Challenge
A. Using some of the strategies suggested by other couples in your group, make a clear statement with your husband/wife on how your finances will be handled.
B. Make a list of all the things you wish you could discuss with your spouse. Set the goal of clearing the list in three months! Good luck!

6

Session Six:

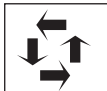


Domestic Violence

6. Domestic Violence



Duration:



Methodology:

Group Activity & Discussion



Materials:

Markers, Charts for Activity 2 & 4



Activities:

Activity 1:

Definitions of Key Terms

Activity 2:

Understanding Violence

Activity 3:

Myths about Violence

Activity 4:

The Circle of Violence in an Abusive Relationship

Activity 5:

Wrap Up

Sadly, domestic violence is one of the leading public health concerns of our time. In many African countries, it is a significant issue for women trapped in the cycle of this destructive behavior. Perhaps just as disturbing is the erroneous belief by a large number of men and women that in some circumstances, the behavior is actually deserved or justified.

In this session, we will learn that domestic violence is much broader than the physical abuse that first comes to mind. We will identify the four types of domestic violence, and six categories of health consequences. Common myths that only serve to perpetuate the problem will be dispelled as we learn the truth about domestic violence. By examining the Cycle of Violence, we can more fully understand the dynamics of these dysfunctional relationships and why it is difficult to break out of the cycle. Participants will discuss how they might help someone caught in the snare of an abusive relationship.

Objectives

At the end of this session, the participants will:

- Have increased understanding of relationship violence
- Dispel myths surrounding violence in marriage
- Understand and break the cycle of violence in marriage



Activity 1: Definitions of Key Terms

① Step 1

Share the following definitions with the participants:

Gender is the social and cultural construct of roles, responsibilities, attributes, opportunities, privileges, status, access to and control over resources and benefits between women and men, and boys and girls in a given society.

Violence is the behavior adopted by an individual to control another person and results in physical, sexual and psychological damage, forced isolation or economic deprivation or behavior, which leaves a person living in fear. It may involve pushing, hitting, destruction of property, use of threats of injury, verbal attacks and private and public ridicule. Violence also includes sexual and gender based violence.

Gender Based Violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person's will and is based on socially ascribed gender differences between males and females. GBV is denial of basic human rights through social customs, roles, and habits that are directed against a person because of his/her sex. The person often has little or no choice in refusing the options given to her or him without severe physical, social or psychological consequences.

Sexual and Gender Based Violence (SGBV) is a harmful act directed against a person on the basis of gender or sex. While both males and females are subject to sexual and gender-based violence, women and girls are the main victims of sexual harassment and harmful traditional practices and discriminatory practices based on gender (NCVAW, 1991; Action Aid, 2004; UNICEF, 2000; Inter-Agency Committee, 2005; Prosser, Reddy, International Medical Corps, 2002 and 2004; UNFPA {www.unfpa.org/emergencies/manual/4.htm}; Human Rights News {www.hrw.org/press/2003/09/guidelines.htm}).

SGBV encompasses a variety of abuses that include; sexual threats, exploitation, forced labor, humiliation, assaults, molestation, emotional and psychological abuse, trafficking, domestic violence, incest, involuntary prostitution (sexual bartering), sexual harassment, torture, insertion of objects into genital openings and attempted rape, female genital mutilation and other harmful and discriminatory traditional practices, including forced early marriage.



Activity 2: Understanding Violence

① Step 1

Present the following information to the participants:

Although domestic violence is an increasing public health concern in developing countries, evidence from representative, community-based studies is limited. In a survey of 5,109 women of reproductive age in the Rakai District of Uganda, 30% of women had experienced physical threats or physical abuse from their current partner—20% during the year before the survey. Three of five women who reported recent physical threats or abuse reported three or more specific acts of violence during the preceding year, and just under one-half reported injuries as a result. Analysis of risk factors highlights the pivotal roles of the male partner's alcohol consumption and his perceived human immunodeficiency virus (HIV) risk in increasing the risk of male against female domestic violence. Most respondents —70% of men and 90% of women—viewed beating of the wife or female partner as justifiable in some circumstances, posing a central challenge to preventing violence in such settings.

② Step 2

Explain that although we normally think of violence in a physical sense, there are other aspects that constitute violent behavior.

Ask the participants to complete the following chart that describes the four types of violence:

Psychological	Physical Violence	Sexual Violence	Economic Violence
Making threats	Holding	Rape	Withhold money
Teasing	Punching	Defilement	Spend money on others
Intimidation	Restraining	Indecent touching	
Insults	Kicking	Indecent exposure	
Bullying	Hitting	Sexually explicit language	
Humiliation	Shoving	Sexually suggestive remarks	
Ignoring	Throwing something	Sexual offers	



Activity 3: MYTHS ABOUT VIOLENCE

(From “Myths and Facts About Battery” BEAR FACTS, February 26th, 1998.)

① Step 1

Present the following myths to the participants and discuss each:

MYTH: Battering only affects a small percentage of the population.

FACT: The fact is, every year two to four million women of all races and classes are beaten world wide.

MYTH: Battering is only a momentary loss of control.

FACT: The fact is, battering can go on for hours. Many batterers plan their assault or foresee it.

MYTH: Battered women are masochistic; they like the violence.

FACT: The fact is, no one likes to be battered. Women often stay in abusive relationships because they hope their partners will change or because they want their kids to have a father. This does not mean they like the violence.

MYTH: Battering does not produce serious injuries; it is just a part of love.

FACT: Battered women are often severely injured. Not a week passes without news reports of a woman who was battered to death by her partner.

MYTH: Drinking causes men to batter.

FACT: The fact is, men batter when sober and when they are drunk. They use drunkenness as an excuse: “I didn’t know what I was doing.” But in reality, they get drunk in order to say that they are not responsible for their behavior.

MYTH: Religious faith will prevent him from beating you.

FACT: The fact is, even pastors beat their partners. Religious faith does not stop men from believing they have a right to beat their wives.

MYTH: Even if he’s violent, it is better for the children to have a father.

FACT: The fact is, children are very upset and scared by violence. It is better for them to be without a father than to be frightened by them.

MYTH: Long-standing battering relationships can change for the better.

FACT: The fact is, without outside intervention, battering tends to repeat itself.

MYTH: Sometimes women deserve to be beaten.

FACT: Nobody ever deserves violence. Criticisms of abused women, blaming the victims for not “just leaving”, lead to conclusions that they must enjoy being beaten, are nags, or drunks, or are mentally ill. Therefore they, and not the perpetrators are at fault. Attention should be focused on “why he abuses” and not “why the woman stays in the situation”.

MYTH: Beating a woman can be used to correct her behaviour.

FACT: Violence does not change behaviour; it is not a problem-solving strategy.

MYTH Domestic violence does not negatively effect the child if the child is not hit.

FACT: If a child witnesses domestic violence, they are more likely to have emotional and behavioural problems, and are more likely to be abusive in adulthood. Witnessing violence teaches children that violence is normal.

MYTH: Only poor and uneducated women are beaten.

FACT: Domestic violence cuts across all classes.

MYTH: Sometimes men beat their wives because they love them.

FACT: Violence is not an expression of love.

MYTH: Alcohol is the real cause of domestic violence.

FACT: While alcohol abuse is present in many violent incidents, it is not the cause of the abuse. Many abusers beat their partners whether drunk or sober. Many perpetrators never use alcohol. Being drunk often serves as an excuse for the behavior and another way to deny responsibility.

MYTH: There is no rape in marriage.

FACT: Rape is any act of sexual intercourse without consent. Even if the law doesn't recognize it, rape can still occur in marriage.

MYTH: Women say 'no' when they mean 'yes'.

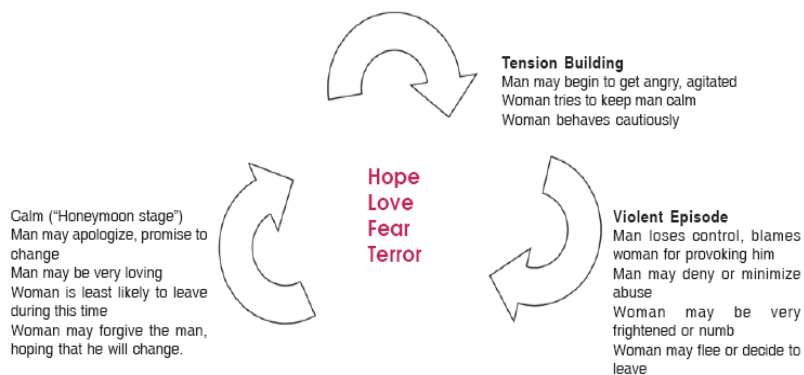
FACT: No means No. Every woman has the right to refuse, at any time, the sexual advances of any man. The law protects every woman from rape.

② Step 2

Ask the participants if they have heard of any other myths that were not mentioned.

**Activity 4: The Circle of Violence in an Abusive Relationship****① Step 1**

Share the following diagram with the participants:

**Important points to highlight related to this cycle are:**

- The pattern begins with an episode of violence, which could be one event or violence over a period of time.
- After the violence, there is often a calm stage during which both or one of the partners may genuinely believe that things are going to change.
- During the calm stage, the abuser may apologize or make a special effort to create an atmosphere of love and peace in the family.
- Over a period of time, tension begins to build again and the woman and others in the family feel anxious and fearful that violence will reoccur. During this time, the woman usually tries hard to make the man happy.
- Eventually, the tension is broken with a violent episode. This pattern keeps repeating itself until it is stopped. The violence often becomes worse over time.
- These are aspects of a well-defined and well-researched cycle of violence. Thousands of women have experienced violence that occurs in this way.
- It is important that those who support the survivor of violence do not blame her for staying in the relationship.

- It is also important that counselors, helpers or friends do not force or pressure her to take actions that she is not ready to take.
- Many people ask why women “choose” to stay in abusive relationships.

Even those who are sympathetic to women may often struggle with why women, despite offers of help, remain in violent relationships for years. Some counselors or helpers may feel “betrayed” when they try to help a victim of domestic violence and yet the woman returns to the abusive partner once the crisis has subsided. This can be difficult to comprehend unless one understands the cycle and pattern of violence. It is the cycle of violence as well as a lack of options that keep women hooked into abusive relationships, and as helpers we must understand this dynamic.

② Step 2

Ask the following questions:

1. Does this help explain how one can get ‘stuck’ or trapped in an abusive relationship?
2. What strategies can be used to break the cycle?
3. What advice would you offer someone caught in this cycle of violence?

③ Step 3

Share the following chart with participants:

Health Consequences of Domestic Violence		
Fatal Outcomes	Acute Physical Outcomes	Chronic (lasting) Physical Outcomes
Homicide	Injury	Disability
Suicide	Shock	Chronic infections
Maternal mortality	Disease	Chronic pain
Infant mortality	Infection	Gastrointestinal problems Eating disorders Sleep disorders Alcohol/drug abuse
AIDS-related mortality		
Reproductive Outcomes	Psychological Outcomes	Social Outcomes
Miscarriage	Post traumatic stress Depression	Blaming the victim

Health Consequences of Domestic Violence		
Unwanted pregnancy	Anxiety, fear	Loss of ability to function in community (e.g., earn income, care for children)
Unsafe abortion	Anger Shame	Social stigma
Sexually transmitted infections (STIs), including HIV/AIDS	Insecurity	Social rejection and isolation
Menstrual disorders Pregnancy complications	Mental illness	Withdrawal from community and life
Infertility	Suicidal thoughts, behavior, attempts	Rejection by husband and family

④ Step 4
Discuss.

Activity 5 - Wrap Up!

① Step 1
Review the workshop objectives.

② Step 2
Give a post-workshop assessment.

7

Appendix



7. Appendix

A. Causes and Contributing factors of SGBV

Root Causes of Gender - based Violence:	<ul style="list-style-type: none"> • Male and/or society attitudes of disrespect or disregard towards women • Lack of belief in equality of human rights for all • Cultural/social norms of gender inequality • Lack of value of women and/or women's work
Contributing factors are factors that perpetuate GBV or increase risk of GBV, and influence the type and extent of GBV in any setting.	<ul style="list-style-type: none"> • Alcohol/drug abuse is a contributing factor—but all drunks/drug addicts do not beat their wives or rape women. • War, displacement, and the presence of armed combatants are all contributing factors, but all soldiers do not rape civilian women. • Poverty is a contributing factor, but all poor women are not victimized by forced prostitution or sexual exploitation.
Possible Contributing/ perpetuating Factors:	<ul style="list-style-type: none"> • Alcohol/drug abuse • Poverty • Lack of availability of food, fuel, wood, income generation requires women to enter isolated areas • Boredom, lack of services, activities, programs • Collapse of traditional society and family supports • Religious, cultural, and/or family beliefs and practices • Design of services and facilities • General lawlessness • Geographical location/environment (high crime area) • Lack of laws against forms of gender-based violence • Lack of police protection • Lack of knowledge about human rights and women's rights • Legal justice system/laws silently condones gender violence • Loss of male power/role in family and community; seeking to assert power • Political motives- weapon of war, for power/control/ fear/ethnic cleansing • Lack of education for women

B. Decision Making Skills

PMI (From *Serious Creativity* by Edward de Bono)

Weighing the Pros and Cons of a Decision

PMI stands for 'Plus/Minus/Interesting'. It is an important decision making tool, and is a valuable improvement over the 'weighing pros and cons' technique used for centuries.

Before you move straight to action, it is important to determine if the situation will improve; it may actually be best to do nothing! PMI is a useful tool for doing this.

How to Use the Tool:

In the column under 'Plus', write all the positive results of taking the action. Under 'Minus', write all the negative effects. In the 'Interesting' column, write the implications and possible outcomes of taking the action, whether positive, negative, or uncertain.

By this stage it may already be obvious whether you should implement the decision. If it is not, consider each of the points you have written and assign a positive or negative score. The scores you assign may be quite subjective.

Once you have done this, total the score. A strongly positive score shows that an action should be taken, a strongly negative score that it should be avoided.

Example:

A young professional is deciding where to live. Her question is 'Should she move to the big city?'

She draws up the PMI table below:

Plus	Minus	Interesting
More going on (+5)	Have to sell house (-6)	Easier to find new job? (+1)
Easier to see friends (+5)	More pollution (-3)	Meet more people? (+2)
Easier to get places (+3)	Less space (-3)	More difficult to get own work done? (-4)
	No countryside (-2)	
	More difficult to get to work? (-4)	

+13	-18	-1
-----	-----	----

She scores the table as 13 (Plus) - 18 (Minus) - 1 (Interesting) = - 6
For her, the comforts of a settled rural existence outweigh the call of the 'bright lights.' It would be much better for her to live outside the city, but close enough to travel in if necessary.

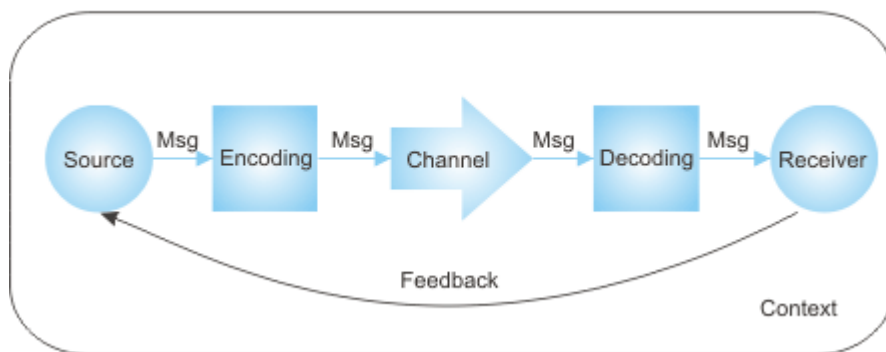
PMI is an effective way to weigh the pros, cons and implications of a decision. When you have selected a course of action, PMI is a useful technique to check whether it is worth taking.

C. Communications Skills – The Importance of Removing Barriers

Problems with communication can occur at every stage of the communication process (which consists of the sender, encoding, the channel, decoding, the receiver, feedback and the context – see the diagram below). At each stage, there is the potential for misunderstanding and confusion.

Below is a detailed explanation of the process and the methods for removing interference (barriers). Hopefully our earlier discussion has prepared the reader for this and the prior knowledge will make understanding the communication process that much easier.

The Communications Process



To be an effective communicator and get your point across without misunderstanding and confusion, your goal should be to lessen the rate of problems at each stage of this process, with clear, concise, accurate, well-

planned communications. We can follow the process below:

Source

As the source of the message, you need to be clear about why you're communicating, and what you want to communicate. You also need to be confident that the information you're communicating is useful and accurate. This is for two reasons: (1) confidence comes from self-esteem and that affects how you will sound when you communicate and (2) if you don't think what you are saying is useful, why are you saying it?

Message

The message is the information that you want to communicate, and no message is simple. The message is information that is being delivered on various fronts; it is everything from emotion (tone) to meaning (semantics) and is in a certain order (syntax).

Encoding

This is the process of transferring the information to be communicated into a form that can be sent and correctly decoded at the other end. Your success in encoding depends partly on your ability to convey information clearly and simply, but also on your ability to anticipate and eliminate sources of confusion (for example, cultural issues, mistaken assumptions, and missing information).

Knowing your audience is key; failure to understand to whom you are communicating will result in delivering messages that are misunderstood.

Channel

Messages are conveyed through channels (channels are sometimes referred to as mediums, with verbal channels including face-to-face meetings, telephone and videoconferencing; and written channels including letters, emails, memos and reports).

Different channels have distinctive strengths and weaknesses. For example, it's not particularly effective to give a long list of verbal directions. In addition, using email to give someone negative feedback may cause problems.

Decoding

Just as successful encoding is a skill, so is successful decoding (involving, for example, taking the time to read a message carefully, or listen actively to it.) Just as confusion can arise from errors in encoding, it can also arise from decoding errors. This is particularly true if the decoder doesn't have

enough knowledge to understand the message. Imagine if you don't know the language or the message refers to a party you didn't attend, a book you didn't read or a person you don't know.

Receiver

Your message is delivered to individual members of your audience. No doubt, you have an expectation of the audience's actions or reactions to your message. Keep in mind, though, that each of these individuals enters the communication process with ideas and feelings that will undoubtedly influence their understanding of your message, and their response. To be a successful communicator, you should consider this before delivering your message, and act accordingly.

Feedback

Your audience's feedback will be expressed through verbal and nonverbal reactions to your communicated message. Pay close attention to this feedback, as it is the only way to know that your audience has understood your message. If you find that there has been a misunderstanding, at least you can send the message a second time.

Context

The situation in which your message is delivered is the context. This may include the surrounding environment or broader culture (corporate culture, international cultures, and so on).

Removing Barriers at All These Stages

To deliver your messages effectively, you must commit to breaking down the existing barriers within each of these stages of the communication process.

Let's begin with the message itself. If your message is too lengthy, disorganized, or contains errors, you can expect the message to be misunderstood and misinterpreted. Use of poor verbal and body language can also confuse the message.

Barriers in context are often caused by senders offering too much information too fast. When in doubt, less is oftentimes more. It is best to be mindful of the demands on other people's time, especially in today's ultra-busy society.

Once you understand this, you should work to understand your audience's culture, making sure you can converse and deliver your message to people of different backgrounds and cultures within your own organization, in your country and even abroad.

D. Schedule Suggestions

Time	Topic	Training Notes
8:00am—8:30am	Welcome and Introductions	Facilitator Presentation/ Icebreaker/ Rules Activity
8:30am—9:30am	2. Roles and Responsibilities	Activity 5 & 6 are optional
9:30am—10:30am	3. Understanding HIV and STIs	Focus on Activities 1 & 8
11:00am—12:00pm	4. Faithfulness	Focus on Activities 1 & 5
12:00pm—12:30pm	5. Communication Skills	At facilitator's discretion
12:30pm—1:00pm	6. Domestic Violence	Focus on Activity 4

8

Glossary



8. Glossary

Abstinence: The act or practice of refraining from indulging an appetite or desire, especially from alcoholic drink or sexual intercourse.

Abuse, Sexual - Contact(s) between a child and an adult, or person significantly older, or in a position of power or control over the child, where the child is being used for sexual stimulation of the older person.

Adolescent: A young person who has undergone puberty but who has not reached full maturity; a teenager.

AIDS (Acquired Immunodeficiency Syndrome): A disease caused by a retrovirus, HIV (human immunodeficiency virus), and characterized by failure of the immune system to protect against infections and certain cancers.

Aggressiveness: Inclined to behave in an actively hostile fashion.

Antibody: A substance in the blood formed in response to invading disease agents such as viruses, fungi, bacteria, and parasites. Usually antibodies defend the body against invading disease agents, however, the HIV antibody does not give such protection.

Antiretroviral (ARV): A treatment that may prevent HIV from damaging the immune system.

Anxiety: A state of apprehension, uncertainty, and fear resulting from the anticipation of a realistic or fantasized threatening event or situation, often impairing physical and psychological functioning. (A state of uneasiness and apprehension, as about future uncertainties.)

Assertiveness: Honouring your wants, needs and values and seeking appropriate forms of their expression in reality. In other words, assertiveness is defined as an expression of your true self.

Asymptomatic: Having no signs or symptoms of a disease, yet able to transmit the causative agent.

Bacteria: Microscopic organisms that can cause disease.

CD4 (T4): A protein receptor embedded in the cell surface of T-lymphocytes, monocytes/macrophages, Langerhans cells, astrocytes, keratinocytes, and glial cells. HIV invades cells by first attaching to the CD4 receptor molecules.

Centres for Disease Control: (CDC) Federal health agency that is part of the U.S. Department of Health and Human Services; provides national health and safety guidelines and statistical data on AIDS and other diseases.

Communication: The exchange of thoughts, messages, or information, through speech, signals, writing, or behaviour.

DNA: (deoxyribonucleic acid) A complex protein that carries genetic information. HIV can insert itself into the DNA molecules inside human cells and establish dormant infection.

Ego: The self, especially as distinct from the world and other selves. Appropriate pride in oneself; self-esteem.

Fact: Knowledge or information based on real occurrences.

Faithfulness: Faithfulness or devotion to a person, a cause, obligations, or duties: allegiance, constancy, fealty, fidelity, loyalty, steadfastness.

Gender: Refers to the economic, social and cultural attributes and opportunities associated with being male or female in a particular social setting at a particular point in time.

Gender constructs: Constructions of society about a man or woman.

Gender equality: Giving equal opportunities to men and women in all aspects of social, political, psycho-social, and economic settings.

Gender equitable behaviour: Treating others with fairness and justice.

Gender equity: Means fairness and justice in the distribution of benefits and responsibilities between women and men. It often requires women-specific programmes and policies to end existing inequalities.

Gender norms: Socially acceptable behaviors and roles for men and women.

Hepatitis B: A viral infection that affects the liver and is transmitted only through blood-to-blood and sexual contact.

Herpes Virus: A family of viruses that cause herpes simplex (cold sores), herpes zoster (shingles), Epstein-Barr (infectious mononucleosis), and cytomegalovirus. These viruses tend to occur in a severe form in an immunocompromised person, such as one with HIV.

Human Immunodeficiency Virus (HIV): a virus that attacks and slowly destroys the immune system by entering and destroying the cells that control and support the immune response system. After a long period of infection, usually 3-7 years, enough of the immune system cells have been destroyed to lead to immune deficiency. The virus can therefore be present in the body for several years before symptoms appear. When a person is immuno-deficient, the body has difficulty defending itself against many infections and certain cancers, known as “opportunistic infections”.

It is possible to monitor the development and degree of immunodeficiency, and while the impacts of the disease can be mitigated with proper treatment, there is no cure once a person is infected with HIV.

There are three main ways in which HIV is transmitted among people:

- (i) By sexual contact
- (ii) When infected blood is passed into the body (e.g., through blood transfusion or use of non-sterilized material)
- (iii) From an infected mother to her child during pregnancy, childbirth or breastfeeding.

Masculinity: Is the state of being male, and a collection of beliefs about what a man should be and how to behave.

Menstruation: the monthly discharge of blood from the uterus of non-pregnant women from puberty to menopause.

Myth: Popular belief held to be true by the uninformed.

Non-verbal communication: This refers to any form of communication in which no actual words are used. People use actions, symbols and signals. This include facial expressions, body gestures, dress code, accent, etc.

Norms: Beliefs, behaviours, and attitudes set by society for both men and women.

Plenary: General discussion.

Puberty: Puberty is the period of human development during which physical growth and sexual maturation occurs.

Retrovirus: A class of viruses which includes HIV. Retroviruses are so named because they carry their genetic information in RNA rather than DNA, and the

RNA information must be translated “backwards” into DNA.

Self-awareness: Aware of oneself, including one’s traits, feelings, and behaviours.

Self-worth: Pride in oneself; self-respect.

Sex: (a) Is the biological difference between males and females (b) a physical act between two people when a man’s private part (penis) enters a woman’s private part (vagina).

Sexuality: The way we behave, think, and feel towards ourselves and the people we relate to as a result of being male and female.

Sexual relationship: Relationship where two people are sexually involved as partners.

Skill: Proficiency, facility, or dexterity that is acquired or developed through training or experience.

Socially prescribed: Instructions that society puts in place.

Something For Something Love: When sex is given in exchange for favours, money, or material goods. With this kind of love, the two people may both be willing, or one of them may feel they are being forced.

Stereotype: A conventional, formulaic, and oversimplified conception, opinion, or image.

STI: Sexually transmitted infection.

Verbal Communication: This refers to any form of communication in which actual words are used. This includes conversations, letters, emails, etc.

Vulnerable: Susceptible to physical or emotional injury; liable to succumb, as to persuasion or temptation.

