Chapter 5: Vote with your feet

Gendor 101 training materials

Jhpiego is a nonprofit global leader in the creation and delivery of transformative health care solutions that save lives.

In partnership with national governments, health experts and local communities, we build health providers' skills, and we develop systems that save lives now and guarantee healthier futures for women and their families. Our aim is revolutionizing health care for the planet's most disadvantaged people.

Jhpiego is a Johns Hopkins University affiliate.

Chapter 5: Vote with your feet

Learning objectives

By the end of this session, participants will be able to:

- Analyze their personal perceptions about gender differences, roles, and inequalities

Time needed

35 minutes

Materials needed

- Zoom Annotations *or* polling software (integrated into Zoom)
    - Note the **Alternative Set up and Execution** should you prefer to use polling over Zoom annotations
- Facilitator Resource: Statements on Gender Roles
- Facilitator Resource: Dealing with Difficult Situations
- Powerpoint slide: Chapter 5V_Vote with your feet_Agree Disagree

Advance preparation

1. Select five statements from Facilitator Resource: Statements on Gender Roles*.
2. *Save a copy of the powerpoint slide "Chapter 5V_Vote with your feet_Agree Disagree" to your computer.*
3. *Check to ensure that Zoom annotations is enabled for your Zoom meetings. (Review the Technical Facilitator Guidance for more information on enabling annotations).*

Steps

Introduction (5 minutes)

1. Explain to participants that this activity is designed to give them a general understanding of their own and each other's values and attitudes about gender. It aims to challenge some of their current thinking about gender issues and help them clarify how they feel about certain issues. Remind participants that everyone has a right to their own opinion, and everyone's opinions should be respected.
2. Explain that when this activity is done in person, people move across the room depending on whether they agree or disagree with the statement that is read, so they actually vote with their feet (hence the name of the session). But this version has been adapted for a virtual setting.

Values Clarification (23 minutes)

1. Explain to participants that you will read a series of five statements. Each participant will need to decide (on their own) whether they disagree or agree with each statement.
2. Explain that you will read each statement aloud twice. Additionally, you will present an image with two circles: One will say "Agree" in the center, and one will say "Disagree".

3. **Technology Action:** Around this time, begin presenting the "Agree Disagree" slide for participants to view. *Make sure you are in full-screen mode.*

4. Explain that, after you read each statement, you will invite participants to "stamp" within either the "agree" circle or the "disagree" circle, depending on whether they agree or disagree with the statement. Participants will be able to stamp the screen using Zoom's annotation feature.

5. Explain that after they have voted, you will call on a few participants to share their opinions.

6. Tell participants that they cannot remain neutral. They must select either "agree" or "disagree".

7. Explain that we will try the Zoom annotations feature together now.

8. Provide the following instructions regarding how to use Zoom's annotation feature:

   "There are two steps required in order to access the Zoom annotation feature. First, find the green bar at the top of your screen that says 'You are viewing [name's] screen.' You may need to move your cursor in order to see this. Next to the green bar, it will say 'View Options'. Click on 'View Options'. Then click 'Annotate'. You will now be able to annotate on the screen. Everyone will be able to see what you write or add. We're going to use the 'Stamp' feature. Find where it says 'Stamp' near the top of your screen. Then, select the 'Star'. Now, you can click anywhere on the screen in order to add a star. Let's practice with the following statement: 'I got enough sleep last night.' Use the stamp feature to share whether you agree or disagree with that statement."

9. Once everyone has practiced and is comfortable using the Zoom annotations feature, continue with the activity. (Spend no more than 4 minutes on steps 1 to 9).

10. Refer to **Facilitator Resource: Statements on Gender Roles** and read the first statement you pre-identified aloud.

11. Invite participants to stamp within either the "agree" or "disagree" circle.

> **Facilitator Note:** If all participants agree on any of the statements, play the role of "devil's advocate" by asking, "Why would someone have responded with [agree/disagree]?" (i.e., What values would they have that would influence that response?).

> **Facilitator Note:** Some participants may say that they don't know whether they agree or disagree and don't want to respond. If this happens, ask these participants to talk more about their reactions to the statement. Then encourage them to choose a response. If they still don't want to, they can refrain from participating in this poll.

> **Facilitator Note:** During facilitation, you may address topics that are sensitive and challenging to discuss. You will likely have to deal with participants who make statements that are not in line with the views and values of the program or the organization. These could include sexist, homophobic, or racist remarks or opinions. Everyone has a right to their opinion, but they do not have a right to oppress others with their harmful views. **Refer to Facilitator Resource: Dealing with Difficult Situations** for suggestions on how to address harmful participant views.

12. Ask for two to three volunteers from each group to explain their opinion to the group. (Spend no more than 3 to 4 minutes on steps 10 to 12).

  o Facilitator's notes are included under some of the statements in the **Facilitator Resource: Statements on Gender Roles**. These notes include helpful talking points and supporting or clarifying information for the facilitator after participants have had the chance to explain their opinions to the group. However, for most of these statements, there is no clear "right" or "wrong" answer, and it is important to make that clear to the group.

Facilitator note: Sometimes, it can be challenging to identify participants for conversations, especially as the Zoom annotations produce anonymous responses and we can't watch and interpret body language. Consider the following facilitation techniques for managing the brief debrief on each question:

1. Ask all users who responded "agree" to raise their hand using Zoom's raise hand feature. These participants will all be raised to the top of your participant list. Then, call on a few participants to share why they responded as they did. Ask everyone to lower their hand. Do the same with participants who responded "disagree".

   o If necessary to explain to participants how to access the "raise hand" feature, you may use the following language: "You can access the 'raise hand' feature on Zoom by click on the 'Reactions' button on the bottom of your Zoom screen. If you don't immediately see the 'Reactions' button, look for the icon with three dots, titled 'More'. Click that and select 'Reactions'. Then, click 'Raise Hand'. You will need to return to the 'Reactions' button to lower your hand."

   o Consider asking the most popular group, based on annotation responses, to raise their hands and respond first.

2. Invite any participant who selected "agree" to raise their hand if they would like to talk more about why they selected the answer they did. Then, ask the same of participants who said "disagree".

3. Randomly call on participants to share how they responded and why.

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13. **Technology Action:** Click "Clear" within your Zoom annotations window in order to clear all responses and begin with a new question.

14. Repeat steps 10-13 for the remaining statements.

Alternative Set-up and Execution for "Vote with your Feet"

Consider the following set-up for voting if you are uncertain whether your participants will feel comfortable using Zoom annotations, which will likely be a new tool for many. You may also select this set-up if you as the facilitator would feel more comfortable using Zoom polling than Zoom annotations.

Advance Preparation

1. Log into Zoom.us and add the following poll to your Zoom meeting (review the Technical Facilitator Guidance for more information on adding polls to a Zoom meeting).

   Question: Select whether you agree or disagree with the provided statement.

Answer Choices (single choice):

- ○ Agree
- ○ Disagree

> **Technology Note:** Facilitators who feel comfortable using Slido, Mentimeter, or an alternative third-party polling software may choose to you that polling software in place of Zoom's polling software.

Values Clarification (23 minutes)

1. Explain to participants that you will read a series of five statements. Each participant will need to decide (on their own) whether they disagree or agree with each statement.

2. Explain that you will read each statement aloud twice. Then, you will launch a Zoom poll. Participants should respond to the Zoom poll, selecting whether they agree or disagree with the statement. Remind participants that all responses to the Zoom poll are anonymous.

3. Explain that after they have voted, you will call on a few participants to share their opinions.

4. Tell participants that they cannot remain neutral. They must select either "agree" or "disagree".

5. Next, refer to **Facilitator Resource: Statements on Gender Roles** and read the first statement you pre-identified aloud.

6. **Technology Action:** Launch the poll. After most or all participants have responded, close the poll and share the results so that all participants can see the distribution of responses.

> **Facilitator note:** If all participants agree on any of the statements, play the role of "devil's advocate" by asking, "Why would someone have responded with [agree/disagree]?" (i.e., What values would they have that would influence that response?).

> **Facilitator note:** Some participants may say that they don't know whether they agree or disagree and don't want to respond. If this happens, ask these participants to talk more about their reactions to the statement. Then encourage them to choose a response. If they still don't want to, they can refrain from participating in this poll.

> **Facilitator note:** During facilitation, you may address topics that are sensitive and challenging to discuss. You will likely have to deal with participants who make statements that are not in line with the views and values of the program or the organization. These could include sexist, homophobic, or racist remarks or opinions. Everyone has a right to their opinion, but they do not have a right to oppress others with their harmful views. Refer to **Facilitator Resource: Dealing with Difficult Situations** for suggestions on how to address harmful participant views.

7. Ask for two to three volunteers from each group ("agree" or "disagree") to explain their opinion. (Spend no more than 3 to 4 minutes on Steps 5 to 7). Facilitator's notes are included under some of the statements in the **Facilitator Resource: Statements on Gender Roles**. These notes include helpful talking points and supporting or clarifying information for the facilitator after participants have had the chance to explain their opinions to the group. However, for most of these statements, there is no clear "right" or "wrong" answer, and it is important to make that clear to the group.

> **Facilitator note:** Sometimes, it can be challenging to identify participants for conversations, especially as the Zoom polling results produce anonymous responses and we can't watch and interpret body language. Consider the following facilitation techniques for managing the brief debrief on each poll:
>
> - Ask all users who responded "agree" to raise their hand using Zoom's raise hand feature. These participants will all be raised to the top of your participant list. Then, call on a few participants to share why they responded as they did. Ask everyone to lower their hand. Do the same with participants who responded "disagree".
>
>   o If necessary to explain to participants how to access the "raise hand" feature, you may use the following language: "You can access the 'raise hand' feature on Zoom by click on the 'Reactions' button on the bottom of your Zoom screen. If you don't immediately see the 'Reactions' button, look for the icon with three dots, titled 'More'. Click that and select 'Reactions'. Then, click 'Raise Hand'. You will need to return to the 'Reactions' button to lower your hand."
>
>   o Consider asking the most popular group, based on polling responses, to raise their hands and respond first.
>
> - Invite any participant who selected "agree" to raise their hand if they would like to talk more about why they selected the answer they did. Then, ask the same of participants who said "disagree".
>
> - Randomly call on participants to share how they responded and why.

8. **Technology Action:** Stop sharing the results of the poll.

9. Read the next statement twice.

10. **Technology Action:** Click the blue "Re-launch Polling" button on the Zoom poll in order to allow participants to respond to the next statement.

> **Technology Note:** You will be informed that "Re-launching the poll will clear existing polling results. Do you want to continue?" Select "Continue".
>
> If you would prefer to have all results of the poll saved, you may create five separate polls (one for each statement). If you have already selected your five statements while you are creating the Zoom polls, you made add each statement to the Zoom poll question. Note that this will need to be completed prior to the start of the session.

11. Repeat steps 5–10 for the remaining statements.

Group discussion (10 minutes)

1. Next, facilitate a 10-minute discussion using the following questions:

   o What statements, if any, did you have strong opinions or not-so-strong opinions about? Why?

   o Did some of the opinions of other participants surprise you? Why or why not?

   o How do you think people's attitudes about some of the statements might affect the way they deal with women and men in their lives?

   o How did it feel to talk about an opinion that was different from that of some of the other participants?

Closing (1 minute)

1. End the activity by emphasizing the importance of thinking about our personal attitudes toward gender, and continuing to challenge our own values and beliefs about gender. State that although it is important to respect other people's attitudes about gender, it is also important to challenge them if their attitudes and values can be harmful to themselves and to others.

2. Make the following final points:

   o Even though we may be familiar with gender and the importance of gender-sensitive programming, some questions are still difficult to address.

   o Our own experiences with, and beliefs about, gender can have an impact on how we view and understand our projects/programs.

   o We need to keep all of these challenges in mind as we ask staff and project/program participants to address gender issues.

Sources

- Campbell JC. 2002. Health consequences of intimate partner violence. *Lancet*. 359(9314):1331–1336.

- EngenderHealth. 2008. *Engaging Men and Boys in Gender Transformation: The Group Education Manual*. Session 1.1. New York, NY: EngenderHealth.

- Interagency Gender Working Group (IGWG). 2010. *IGWG Gender, Sexuality and HIV Training Module*. Washington, DC: IGWG; 3.

- UNAIDS. 2011. *UNAIDS Terminology Guidelines*, concentrated epidemic, generalised epidemic. Geneva, Switzerland: UNAIDS.

- World Health Organization. 2017. HIV/AIDS Fact Sheet: Transmission.

- http://www.who.int/mediacentre/factsheets/fs360/en/.

- World Health Organization. 2018. Topical Information: Mother-to-child transmission of HIV. http://www.who.int/hiv/topics/mtct/en/.

Facilitator resource: Statements on gender roles

Statements on gender roles

> **Facilitator note:** When discussing the various statements under this category, you may want to raise the following points:
>
> - Men are generally perceived to have more privileges in society—for example, being favored for educational and economic opportunities. However, men can also have many burdens. Likewise, women face many social pressures.
>
> - Although individuals are born female or male, they undergo a socialization process whereby they learn to conform to social and cultural expectations regarding how women and men should behave, dress, speak, think, etc. Gender roles are learned/acquired and are not biological/innate.
>
> - The goal of gender equality is not for women and men, girls and boys, to become the same. The goal of gender equality is to ensure that women and men have the same chances to access and benefit from social, economic, and political resources (e.g., have the same opportunities to vote, to be educated etc.).

- A woman's place is in the home.

- The most important thing a woman can do is have babies and care for them.

- A man is only valued for his ability to make money and provide for his family.

- A man is more of a man once he has fathered a child.

- Women are naturally better parents than men.

- Men will feel threatened if too many women are in leadership roles.

- For women to succeed in the workplace, special benefits and dispensations must be made available to them.

> **Facilitator note:** Women may be equally capable in the workplace in terms of skills and abilities and should not necessarily be given special advantages over men. However, women may need special considerations for things like leave for childbearing, flexible schedules for childcare, space for breastfeeding and breast pumping, or special considerations (for example, for office setting or travel, or safety and security).

- The burden of accommodating women's needs in the workplace is too costly.

- Gender-equitable relationships should be the goal of a family planning/reproductive health (FP/RH) program.

- Female-controlled contraceptive methods perpetuate gender inequality in sexual relationships (because responsibility for contraceptive protection remains on women).

> **Facilitator note:** In some societies where women typically have little decision-making over family planning use, a female-controlled contraceptive method can help a woman gain more control over her body and family planning. However, in some instances or societies, female-controlled methods may simply continue the norm and burden that women alone are responsible for family planning.

- It is fair and appropriate to expect service providers to mitigate power dynamics between a couple seeking services.

Statements on men and reproductive health

> **Facilitator note:** Keep in mind the following points related to some of the statements under this category:
>
> - All sex must be consensual, meaning that both partners must freely agree to participate in a particular sexual activity. Just because two people are in an intimate relationship (including marriage) does not mean that rape cannot occur.
>
> - Women's and men's sexual and reproductive health (SRH) is relational—a female partner's SRH is dependent upon her male partner's SRH and vice versa. In heterosexual intimate relationships, women are often unable to negotiate the conditions of sex, or make decisions about their own health because they tend to lack power in the relationship. It is therefore important to meaningfully involve men as partners in SRH and reproductive, maternal, newborn, and child health (RMNCH) promotion efforts as a means of contributing to more joint decision-making and shared responsibility (e.g., for childcare) among couples.
>
> - Men are also impacted by sexually transmitted infections (STIs), HIV, and pregnancy (even if indirectly). Social norms, however, tend to discourage health-seeking behavior among men and boys as any call for help by a male is seen as a sign of weakness. Most SRH and RMNCH service sites also tend to target their messaging and services toward women; consequently, SRH and RMNCH are seen as exclusively concerning women. As a result, men become further and further disengaged from their roles as parents and partners. Health programs can encourage more male involvement in SRH and RMNCH efforts by supporting health facilities to offer male and couple-friendly services.

- Increasing men's participation in family planning and reproductive health programs will only further increase men's power over women.

- Family planning will always be a more important issue to a woman than to a man because she is the one who can get pregnant.

- Men are more concerned about STIs than women are.

- Clinics should concentrate on serving older, married men because adolescent males are highly unlikely to seek clinical services.

> **Facilitator note:** Interventions must be carefully designed and monitored to ensure that men's power over women does not increase further. However, involvement of men alone does not necessarily mean their power will increase. The goal is to achieve joint decision-making through promotion of joint dialogue and communication between couples.

- Men are uncomfortable going to a female-oriented health facility or being treated by a female clinician.

- In today's world, a boy child is more valued than a girl child.

- A woman can do any kind of work a man can do.

- Family planning is a woman's responsibility.

- A man is only a real man if he has fathered a child.

- It is normal for a man to look after the children and cook.

- A man has the right to have sex with his wife even if she does not want to.

- It is easier to be a man than a woman in today's world.

- A man should compromise sexual pleasure for contraception or health.

Statements on HIV/AIDS

> **Facilitator note:** Keep in mind the following points related to some of the statements in this category:
>
> - Variance in gender identities, sexual behaviors, and sexual orientations is not inherently harmful. Sexual orientation does not itself determine risk. People's sexual exposure to HIV varies according to patterns of sexual behavior, condom use, other sexual risk-reduction practices, and overall HIV prevalence among sexual partners.
>
> - Stigma and fear can make it difficult for gay and bisexual people, lesbians, transgender people, and men who have sex with men (MSMs) to access sexual health information and services, putting them at greater risk for HIV and AIDS. It is important to work to dispel harmful myths around sexuality, and promote respect for the rights of women and men to express their sexual orientation, free from discrimination.
>
> - HIV can be transmitted through the exchange of a variety of body fluids from infected individuals, such as blood, breastmilk, semen, and vaginal secretions. HIV cannot be transmitted through ordinary day-to-day contact such as kissing, hugging, shaking hands, or sharing personal objects, food, or water.

- An HIV-positive woman should avoid getting pregnant if at all possible.

> **Facilitator note:** Mother-to-child HIV transmission rates in the absence of any intervention ranges from 15%–45%. However, this rate can be reduced to 5% with effective interventions during pregnancy, labor, delivery, and breastfeeding. Interventions typically include antiretroviral treatment for the mother and a short course of antiretroviral drugs for her baby.

- Gender-equitable relationships should be the goal of an HIV/AIDS program.

> **Facilitator note:** Different kinds of HIV/AIDS programs and interventions are tailored to specific populations (e.g., voluntary medical male circumcision for boys and men). Ideally, all HIV/AIDS programs should be gender sensitive, and ideally gender transformative; however, gender-equitable relationships may not always be a main program goal of an HIV/AIDS program. The health goals of most HIV/AIDS programs are around prevention and increasing testing, treatment, and viral suppression. A gender outcome may be gender-equitable relationships. Gender-equitable relationships may also be a secondary goal of a program, or even along a pathway to a health goal.

- HIV behavior change efforts would have greater success if they addressed sexual pleasure.

- MSM are more vulnerable to HIV because, in most countries, they cannot marry.

> **Facilitator note:** The research does not make evident that not being able to marry increases risk; however, MSM who are in multiple concurrent relationships, just as anyone else in multiple concurrent partnerships, are at higher risk for HIV. Likewise, unprotected sex, whether inside or outside marriage, can carry with it some level of risk.

- A more "sex-positive" sociocultural environment—meaning an environment that promotes greater acceptance of sexuality and sexual desires—would decrease HIV risk and vulnerability.

> **Facilitator note:** A "sex-positive" environment could certainly contribute to decreased HIV risk and vulnerability, especially if sex involving populations that are often stigmatized (e.g., MSM and transgender individuals) is accepted in the community. In more conservative societies or in societies where acceptance of sexuality is limited, people from stigmatized populations are often unable to access services without experiencing discrimination. Therefore, they may choose not to seek services at all, which may increase their HIV risk and vulnerability even further.

- In a generalized epidemic, it is important for HIV programs to focus on transgender people because they are driving the spread of the disease.

> **Facilitator note:** A *generalized epidemic* is firmly established in the general population. HIV prevalence in generalized epidemics usually is greater than 1% among pregnant women attending antenatal clinics. A *concentrated epidemic* has spread rapidly in one or more populations and is not as well established in the general population. It is possible that in a setting with a generalized epidemic, certain subpopulations such as transgender people have higher HIV prevalence. However, in generalized epidemics, the heterosexual population also sustains the epidemic.

Statements on gender and sexuality

> **Facilitator note:** Keep in mind the following points related to some of the statements in this category:
>
> - Unfortunately, in many cultures, men and women receive different messages about sexuality. Men's sexuality is seen as impulsive and uncontrollable, whereas women's sexuality is seen as passive and controllable. These contrasting messages often have negative implications for how men and women relate to each other in intimate and sexual relationships.
>
> - Both men and women have sexual desires and can feel sexual excitement. This excitement depends on biological as well as social and psychological factors.
>
> - Messages about sexuality, regardless of the source, communicate different attitudes and expectations.
>
> - Often messages, whether from parents, peers, religious institutions, or the media, communicate traditional gender norms and stereotypes regarding sexuality (e.g., it is not "normal" to have anal sex; sex should only happen when both parties are married, etc.).
>
> - When sexual rights are not respected, both women and men are more vulnerable to STIs and HIV and AIDS. It follows, therefore, that respecting sexual rights, as well as other rights, creates a more secure society for everyone.
>
> - Despite the fact that homosexuality is more visible in some contexts than others, same-sex intimate behavior is relatively common, having been found in almost every known culture of the world. Further, historians have documented that colonization in many areas altered pre-existing attitudes toward homosexuality, introducing extreme homophobia (rather than homosexuality) by naming, categorizing, and even criminalizing same-sex practices and intimacies.
>
> - Although we do not know precisely what determines a person's sexual orientation, we do know that it is formed early in life, is not chosen by the person, and cannot be changed, although some may hide it because of social taboos and homophobia.

- Men are more concerned about sexual performance than women.

- Sexual pleasure is more important to men than to women.

> **Facilitator note:** Sexual pleasure is just as important to women as it is to men. Society often focuses on men's sexual pleasure, but women's sexual pleasure is equally as important.

- These days, it's okay for a girl/woman to initiate sex.

- Oral sex is more intimate than intercourse.

- People who have multiple sexual partners concurrently are irresponsible.

> **Facilitator note:** Some people who have multiple sexual partners concurrently did not choose to have multiple partners. Additionally, having multiple sexual partners concurrently is condoned in some religions or cultures.

- It is empowering for a woman to use her sexuality as a bargaining tool (e.g., by offering or withholding sex with her partner or another person).

- A sex worker is a victim.

> **Facilitator note:** Often, women or men choose to sell sex for pleasure, money, goods, or services. People who sell sex come from many different backgrounds and may choose sex work for a range of reasons. A sex worker may be poor and not have the education or training for another type of career. A sex worker may have a middle-class background, college education, and no apparent financial need to engage in sex work. Some sex workers enjoy their work and some may not.

- People in same-sex relationships have equal rights in my community.

- The ability to express one's sexuality and sexual diversity freely is key to contributing fully to society.

- A woman should have sex only with someone she loves.

- A man should have sex only with someone he loves.

- Sex is more important to men than to women.

- A woman should be a virgin at the time of marriage.

- It is okay for a man to have sex outside of marriage if his wife does not know about it.

Statements on gender-based violence

> **Facilitator note:** Keep in mind the following points related to some of the statements in this category:
>
> - No person deserves to be beaten, no matter what they have done. Regardless of the circumstances, violence cannot and should not be justified.
>
> - When there is violence in a relationship between men and women, generally the violence the man commits is more severe. When women use violence, it is generally in response to a partner's violence, and in many cases, their partners react with more violence.
>
> - A violent person is not out of control. Even men who say they lose control when they hurt their partners do not use violence in every situation, nor with every person. They are selectively violent—in other words, their violence is a choice.

- Those who mistreat others do not feel any more rage than other people, but they use their rage as an excuse and a justification for their behavior, against people who have less power than they do.

- Women are just as likely to support wife beating as men. Or, women are just as likely to perpetrate violence as men are.

> **Facilitator note:** Based on demographic and health surveys in various countries, women are often just as likely or more likely to believe wife beating is justified. Women are influenced by the same social and gender norms that make violence acceptable, but their beliefs do not mean that they deserve it or are asking for it. Some studies have found that women use violence in relationships as well, sometimes as much as men. However, in surveys on intimate partner violence that have asked how often, how harsh, and is it in response to violence they experience, men come out more clearly as aggressors. In terms of general violence in society, men are overwhelmingly more likely to be the perpetrators.

- A man has the right to hit a woman.

> **Facilitator note:** Violence is never justified. Everyone has a right to live free of violence.

- In certain circumstances, women provoke violent behavior.

> **Facilitator note:** First, women are never to blame for experiencing intimate partner violence at the hands of their partner. Women may in some cases initiate violence; however, violence is not acceptable from either males or females and should be deescalated.

- Gender-based violence (GBV) is too culturally sensitive an issue to be addressed in reproductive health projects.

> **Facilitator note:** GBV is linked to ill reproductive health outcomes and should absolutely be addressed in reproductive health projects, if there are resources to do so in an adequate manner that complies with World Health Organization clinical guidelines and evidence-based practices. GBV has been linked to STIs, vaginal bleeding and infection, fibroids, decreased sexual desire, genital irritation, pain on intercourse, chronic pelvic pain, and urinary tract infections. GBV during pregnancy has been associated with low birthweight. Some studies have shown associations between abuse during pregnancy and infant outcomes including preterm delivery, fetal distress, antepartum hemorrhage and pre-eclampsia.

- Men sometimes have a good reason to use violence against their partners.

> **Facilitator note:** It is never acceptable for men to use violence against their partners. Women may in some cases initiate violence, but violence is not acceptable from either males or females and should be deescalated.

Statements on safe motherhood

- Increasing men's participation in antenatal care will only further increase men's control over women's fertility and health.

> **Facilitator note:** Interventions must be carefully designed and monitored to ensure that there are no further increases of men's power over women. However, involvement of men alone does not necessarily mean their power will increase. The goal is to achieve joint decision-making and partner support through promotion of joint dialogue and communication between couples.

- Safe motherhood will always be a more important issue to a woman than to a man because she is the one who will give birth and care for the baby.

- Many health workers are uncomfortable counseling men on safe motherhood issues.

- Men are uncomfortable going to a female-oriented health facility.

Facilitator resource: Dealing with difficult situations

During facilitation, the facilitator may address many topics that are sensitive and difficult to discuss. The facilitator will likely have to deal with participants who make statements that are not in line with the program's views and values. These could include sexist, homophobic, or racist remarks or opinions. Everyone has a right to their opinion, but they do not have a right to oppress others with their views.

For example, a participant might say, "If a woman gets raped, it is because she asked for it. The man who raped her is not to blame." It is important that facilitators challenge such opinions and offer a viewpoint that reflects the program's philosophy. This can be difficult, but it is essential in helping participants work toward positive change. The following process is one suggestion for dealing with such a situation:

Step 1: Ask for clarification

"I appreciate you sharing your opinion with us. Can you tell us why you feel that way?"

Step 2: Seek an alternative opinion

"Thank you. So at least one person feels that way, but others do not. What do the rest of you think? Who here has a different opinion?"

Step 3: If an alternative opinion is not offered, provide one

"I know that a lot of people completely disagree with that statement. Most men and women I know feel that the only person to blame for a rape is the rapist. Every individual has the responsibility to respect another person's right to say 'no.'"

Step 4: Offer facts that support a different point of view

"The facts are clear. The law states that every individual has a right to say no to sexual activity. Regardless of what a woman wears or does, she has a right not to be raped. The rapist is the only person to be blamed."

Note that even after the facilitator takes these four steps to address the difficult statement, it is unlikely that the participant will openly change his or her opinion. However, by challenging the statement, the facilitator has provided an alternative point of view that the participant will be more likely to consider and, it is hoped, adopt later.

Source

EngenderHealth. 2015. *Training on Gender and SRH: Facilitation Manual*. New York, NY: EngenderHealth; 123