



# The Exchange

*Peace Corps' Women in Development Newsletter*

HIV/AIDS – March 2001  
VOLUME NO. 34

## Inside

- Letter From the Editors ..... 2
- Questions and Answers ..... 3
- WID Reviews in ICE ..... 3
- HIV/AIDS Has a Greater Impact on Women and Girls... 4
- Moldova Practices Life Skills . 7
- Burkina Faso Health Workers Ask How to Involve Men ..... 8
- Essay Contest in Namibia ..... 9
- Ukraine: A Sound Mind, Sound Body Conference ..... 10
- Fighting AIDS in Togo Begins With Respect ..... 11
- Lesotho Hosts HIV/AIDS Training ..... 12
- Engendering Development: PACA and HIV/AIDS ..... 14
- How to Do the HIV/AIDS Transmission Exercise ..... 16
- Camps ..... 17
- Workshops and Conferences .. 18
- Changing Behaviors ..... 20
- Building Sustainability ..... 21
- Gender (With a Hard "G") in Ukraine ..... 24



*INSPIRING SIGHT:*  
*Girls and boys in Tanzania learn to work together in their struggle against HIV/AIDS.*  
Photo by: Amy Medley/PCV

## Peace Corps Volunteers Empower Tanzanian Girls to Fight HIV/AIDS

*By Laurel Brown/PCV*

Shambalai Secondary School, high in the Tanzanian mountain town of Lushoto, was the rain-soaked site of the Tanga Regional Girls' Conference, a low-budget endeavor to bring positive influence for change in the lives of Tanzanian students. Funded by a Peace Corps Small Project Assistance (SPA) grant, eleven Volunteers and over twenty of their counterparts designed the conference to teach both girls and boys about health issues and women's rights. Participating schools ranged from city boarding schools to struggling day schools from mountain villages. Despite this difference, the schools were unified by their respective Peace Corps Volunteers and their similar conference themes of *Haki Sawa!* (equal rights) and *Upendano!* (loving each other).

Tanzania has one of the world's highest HIV infection rates, but AIDS is rarely discussed here since it is seen as a shameful subject. HIV/AIDS education is practically

nonexistent, so we felt it should be the focal point of the conference. The students therefore spent the first day discussing health issues that affect Tanzanian youth.

Knowing that the most meaningful AIDS information would come from Tanzanians themselves, we asked the Tanga AIDS working group, a nongovernmental organization, to come speak to the students. The speakers included two women who talked about their own experiences living with HIV. Although the disease is a growing problem, Tanzanians with HIV/AIDS rarely admit their illness, so the frank admissions of these women were especially enlightening for the students. When given the opportunity to write anonymous questions for the speakers, the participants quickly created a stack of question slips.

The second day of the conference was devoted to discussing women's rights. Students began the day by singing a song they

*Tanzanian Girls continues on page 13*



## From the Editors

### Dear Readers

The Peace Corps has been implementing HIV prevention and care projects in some countries for several years. An HIV/AIDS initiative, introduced by Director Mark Schneider in June 2000, significantly increased the Peace Corps' efforts to fight the AIDS pandemic. Never before has the Peace Corps concentrated resources toward a single challenge on such a comprehensive scale. The goal of the Peace Corps' HIV/AIDS initiative is to build capacity in local communities to address the social, economic, and health impacts of the pandemic. Special attention is given to education and prevention activities targeting in- and out-of-school girls and boys.

For the first time, all Volunteers currently entering and serving in Africa are trained to work in HIV/AIDS prevention and care, which includes the importance of taking gender roles into account. The Peace Corps will also significantly expand its training for Volunteers and for host country counterparts in other regions. Additionally, two new Africa HIV/AIDS trainers have been hired to reinforce the capacity of nationals and Volunteers to serve as prevention educators.

In 2001, the Peace Corps will increase the number of HIV/AIDS projects with a focus on countries in southern and eastern Africa where prevalence is well over ten percent. Some of the projects include a collaboration that integrates HIV into water and sanitation projects. This collaboration aims at facilitating the reduction of water-borne and infectious diseases, including HIV/AIDS, through hygiene education, and targeting students

and out-of-school youth in rural areas. Other Volunteers are integrating HIV content into the education sector. English teachers are including HIV/AIDS into English lesson plans. Some biology teachers are teaching about HIV in the classroom and train out-of-school youth through health clubs and peer education outreach programs. Other teachers incorporate behavior change strategies into school curriculum through a variety of after-school clubs and out-of-school youth groups. Their activities focus on life



skills such as assertiveness, self-esteem, decision-making, and communication skills. Girls and boys are thus empowered with tools to make healthier decisions about their lives.

This issue of *The Exchange* focuses on gender roles and HIV/AIDS. You will find stories from Volunteers, APCDs, Country Directors and host country nationals about how Volunteers are working with communities to combat this pandemic. Articles include examples of workshops on HIV

transmission and AIDS, how PACA tools can be used by communities to assess HIV risk, activities you can do to increase awareness of HIV transmission, and how to involve men in HIV/AIDS prevention and care. Also included are insightful articles written by HIV/AIDS specialists describing the importance of taking gender roles into account in your HIV/AIDS activities as well as resources available to assist you in this important work.

We would like to thank all of you for your submissions to *The Exchange*. We apologize if your article is not included in this issue. In order to keep this issue focused on HIV/AIDS, some of your articles have been identified for future issues. In general, we attempt to include your articles in the most immediate issue after you have submitted them. *The Exchange* is published with a thematic focus, and in order to stay within our budget and theme, we place priority on articles that address the issue's focus area. As always, we welcome your submissions and thank you for your continued work in WID/GAD.

Lyn Messner  
Women in Development/  
Gender and Development  
Coordinator

Matthew Emry  
Women in Development/  
Gender and Development  
Program Assistant

# Q&A

The Exchange is a publication of the Peace Corps. Letters to the editor are the expressed views of the individual writers and do not necessarily represent the official position of the Peace Corps. We reserve the right to edit for style, clarity, and length.

The following article was taken from Peace Corps/Malawi's newsletter Mvano Malawi, Gender and Development, Volume 3, Issue No. 2, May 2000, pp. 3-4. The article was written by the GAD committee.

## WID Is Now GAD

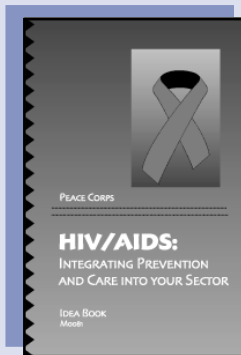
What is in a name? Quite a bit. After some discussion, Peace Corps/Malawi voted that the name of our WID (Women in Development) committee be changed to GAD (Gender and Development) committee. There was a lot of discussion behind this change. The committee's real interest lies in "gender equality" in all aspects of life (and the Peace Corps sectors). A name like "Women in Development" scares away many men, especially Malawian men, who think WID is for women only, due to a certain stigma attached to it. More and more, groups around the world are changing their focus from working with women exclusively to working with women and men to promote the status of women. (Many former WID organizations have already changed their name to GAD).

An interesting note: a Malawian representative reported to one Peace Corps/Malawi WID member that all of their projects failed until they learned that they need to incorporate men into education. Women and girls need confidence, but this confidence does not get too far without the other half of the population's acknowledgement, understanding, support, and confidence. Our new GAD advisor has worked extensively with gender analysis and strongly supports this move. So there it is—from here on out, we are now GAD!

c/o Dora Mwalwenje, APCD/Education  
Peace Corps  
P.O. Box 208  
Lilongwe, Malawi

## WID Reviews in ICE

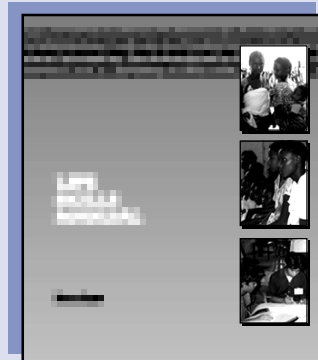
### M0081—HIV/AIDS: Integrating Prevention and Care Into Your Sector. Idea Book Series (Peace Corps) 2000



**HIV/AIDS: Integrating Prevention and Care Into Your Sector** is an easy-to-use booklet offering various strategies Volunteers can use to identify the effects of HIV/AIDS on their local communities. By viewing HIV/AIDS through the "lens" of each of Peace Corps' sectors, this Idea Book provides Volunteers with concrete suggestions on how to address HIV/AIDS through their specific program areas. Creative Volunteer interventions are showcased, providing the reader with a number of possibilities to consider in their own work.

### M0061—Life Skills Manual (Peace Corps) 2000

**The Life Skills Manual** is a training manual containing more than fifty fun, interactive session plans and practical suggestions for creating a life skills program in your own community. A behavior change approach that concentrates on developing the skills needed for healthy living, Life Skills focuses on communication, decision-making, critical thinking, gender relations, managing emotions, assertiveness, self-esteem building, negotiating, and resisting peer pressure. It also addresses the important related issues of empowering girls and new values for boys. Originally developed in Peace Corps/Malawi, this revised edition contains a special ten-session HIV/AIDS section, as well as a section on peer education.



If you would like to use this book and it is not available in your In-Country Resource center (IRC), you may order directly from ICE through your Peace Corps office. List your name, your sector, your address, the book title, and the ICE publication number, and a copy will be sent to you. Send your requests to:

Distribution Management Specialist  
ICE Resource Center  
Peace Corps/The Center  
1111 20th Street, NW  
Washington, D.C. 20526 USA  
{vwomack@peacecorps.gov}

To locate other resources, please refer to *The Whole ICE Catalog*, which contains a complete listing of technical books and other publications from the Peace Corps ICE Resource Center for Peace Corps Volunteers and staff to use during their Peace Corps service. WID and GAD resources can be found on pages 155-163 of the catalog.

If you have a favorite ICE publication, *The Exchange* would like to share your reviews and comments on how you have used the resource. Please send to the WID office the title and catalog number of the resource; let us know what you thought about the book; how you used it; and how you think it could be used. If you have found helpful resources not currently distributed through *The Whole ICE Catalog*, please send information on them as well. Through this common sharing, we can continue to help Volunteers find meaningful resources.

## HIV/AIDS Has a Greater Impact on Women and Girls

By Kathy Callahan, HIV/AIDS and Life Skills Facilitator

Bless is a 14-year old girl living in a rural community in Zambia. She has been attending the local secondary school for about a year while living at home with her parents and brothers. Her father has been quite sick for the past several months, and recently the family lost their newborn baby sister. The death of Bless' sister, in addition to her father's continued illness, has taken quite a toll on the family, and Bless has been forced to miss school a great deal in the last several months so she can help out at home. If her father gets any worse, Bless thinks she might be forced to leave school altogether... But while her family reels from these crises, Bless does have some comfort. An older man from the town has been very nice to her lately, buying her supplies for school and occasionally some sweets. He says he just wants to be her friend, but their friendship could lead to activities that will put Bless' health at risk...

While Bless is a fictitious character, her story and situation are all too common, and it illustrates the double burden placed on women and girls in the face of HIV/AIDS. Women and girls are more susceptible to HIV infection than men and boys for myriad biological and social reasons (see this page: *What makes women especially vulnerable to HIV infection?*). In addition to their increased vulnerability to infection, their roles as the primary caregivers in their families and communities place women and girls at the heart of every region's response to the HIV/AIDS pandemic. Women provide home-based care for family members who fall ill due to AIDS, while simultaneously increasing their involvement in economic activities to support the family. Girls are often forced to abandon school to assist in providing care for the sick and/or to serve as caregivers for younger children as their mothers take on income-generating responsibilities. At times, women and girls may be forced to exchange sex for food or income, thus putting them at even greater risk of infection.

Compounding the greater risk and responsibility women confront in the face of

HIV/AIDS is their further marginalization upon the death of the male head-of-household. Property laws in many areas still return land and household possessions to the man's family upon his death, leaving women and children with little hope for the future. This impoverishment, coupled with the stigma associated with HIV/AIDS, makes

women even more vulnerable to hunger, disease, and lack of social support.

As larger numbers of people become infected with HIV and sick with AIDS, entire communities become absorbed in the domino-like effect that such an illness can create. When an individual has HIV/AIDS, the whole household is affected, which in

### What Makes Women Especially Vulnerable to HIV Infection?

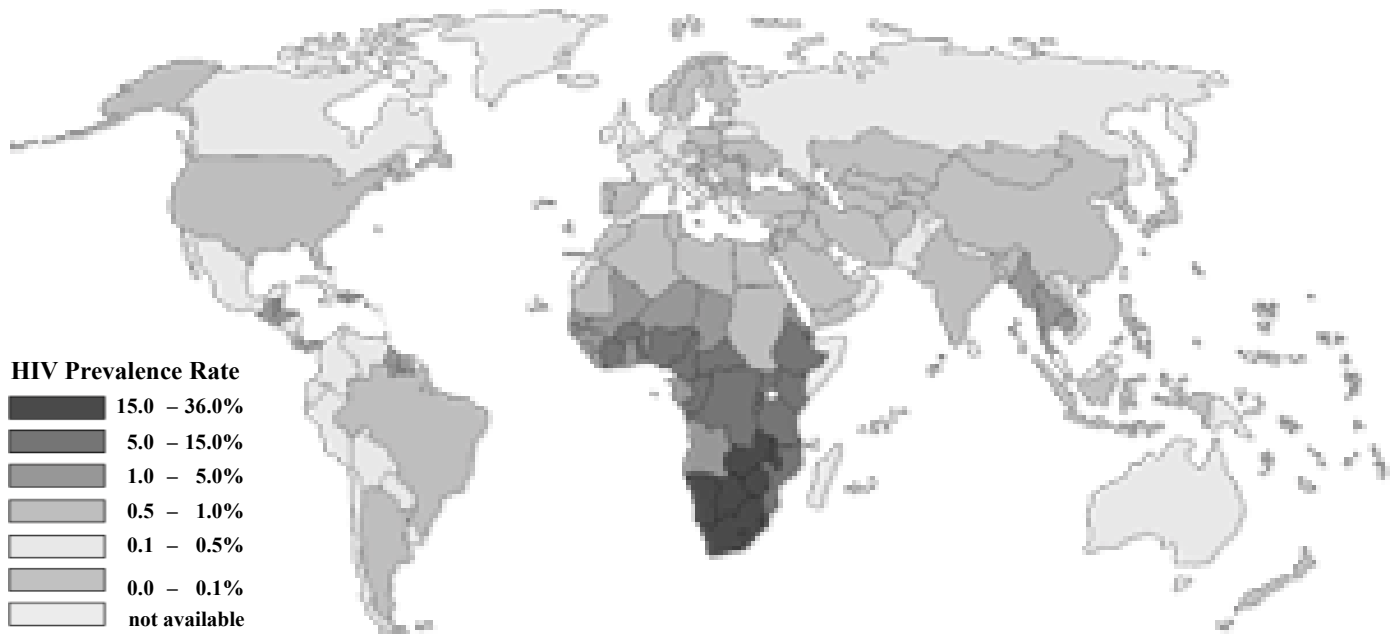
#### Biological Risk Factors:

- Women receive greater quantities of the HIV virus because semen holds a more concentrated amount of the virus.
- Women have a surface area of mucous membrane that is greater than that of a men.
- Very young women have more risk of infection during sex because the cells in the vagina in underdeveloped women are more likely to receive the virus, and because tearing may cause bleeding which increases the risk of infection.
- If a woman has been circumcised or uses natural substances to dry out her vagina, the smaller or drier area may rupture more easily during sex.
- Because the vagina is an internal organ, women are less likely to know that they have sores from STDs, which could facilitate HIV transmission.

#### Social Risk Factors:

- Gender roles that do not permit women to participate in sexual or reproductive decisions.
- Girls' initiation rites that could include female circumcision or young girls' sexual initiation by an older male.
- Taboos related to speaking about sex.
- Men's preference for "dry sex," which can encourage women to put drying agents in the vagina that can cause tearing.
- Men often make the sexual and reproductive health decisions for the family and couple.
- Extreme poverty that encourages the exchange of sex for money, school fees, or food.
- Belief that a man can cure AIDS by sleeping with a virgin.
- Lack of female-controlled HIV/AIDS prevention methods, or a belief that condoms do not work or are contaminated with the virus.
- Violence against women, including sexual abuse, sexual assault, and trafficking.

*Women and HIV/AIDS continues on page 5*



*A GLOBAL VIEW OF HIV INFECTION: 34.3 million children and adults were living with HIV/AIDS as of the end of 1999.*

Graphic and statistics from the UNAIDS's Web site, November 2000 ([http://unaids.org/epidemic\\_update/report/epi\\_core.ppt](http://unaids.org/epidemic_update/report/epi_core.ppt)):  
UNAIDS and WHO June 2000: *Global (AIDS Epidemic Update) and County Report—Report on the global HIV/AIDS epidemic.*

*Women and HIV/AIDS continued from page 4*

turn can have an impact on the community. The loss of teachers, health workers, farmers, business people, and especially, parents, can erode the development gains of entire areas, leading to a loss of income, a loss of agricultural knowledge, and a lack of role models.

### What Can Peace Corps Volunteers Do?

Because Peace Corps Volunteers work at the community level over a relatively long period of time, they are well placed to work with communities on AIDS prevention and care issues. Volunteers in each sector can make an enormous difference in addressing the various aspects of the issue in their own field of work. The following are examples of some activities Volunteers can do with their communities to address gender issues and HIV/AIDS.

- As part of your overall assessment of the community, include questions and activities that specifically target the impact of HIV/AIDS on the area. The recently pub-

lished *HIV/AIDS Idea Book: Integrating Prevention and Care into your Sector* (see WID Reviews in ICE, p. 3) provides a number of questions and approaches you can use to assess the extent to which men and women in your community have been affected by HIV/AIDS.

- Working closely with your counterpart and/or your community, design programs to address HIV/AIDS prevention or care for women, men, girls, and boys through your sector. Some examples include:

#### Agriculture or Environment Volunteers:

- Using permaculture, nutrition, or another approach, begin community gardens that specifically assist those most at risk for or affected by HIV/AIDS, such as widows, orphans, out-of-school youth, and so on.
- Form cooperatives of women to grow nutritious foods to share among themselves or to sell for added income.

#### Small Enterprise Development or Community Development Volunteers:

- Begin microenterprise schemes or income-generating activities to assist those most at-risk or affected by HIV/AIDS, such as widows, orphans, and out-of-school youth.
- Form community AIDS committees or community health/welfare committees to bring together all levels of the society in addressing the particular needs of those affected by HIV/AIDS. These committees might serve as health educators, organizers of community gardens or income-generating activities, or coordinators of home-based or orphan care.

#### Health Volunteers:

- Ensure that you have the most up-to-date information about HIV/AIDS, especially around issues of prevention, mother-to-child transmission, and availability of drugs to treat opportunistic infections in

*Women and HIV/AIDS continues on page 6*

*Women and HIV/AIDS continued from page 5*

## Principles of Behavior Change

Changing personal health behavior is difficult, but changing sexual behavior is especially tricky. Various organizations including the U.S. National Academy of Sciences (NAS)<sup>1</sup>, have developed behavior change models. The seven principles for behavior change listed below are based in part on the NAS work.<sup>2</sup>

1. Providing information is the logical starting point in any behavior change effort. Information, however, is rarely enough by itself to produce behavior change in most people. The information must be easily understood and relevant to the individuals you are trying to reach.
2. Fear messages have limited use in motivating behavioral change. If fear is overwhelming, it can hinder rather than help efforts to change. Too much fear may cause people to deny they are at risk, to rationalize by pointing to others who have practiced similar behaviors and survived. Using words like “scourge” or “plague” or showing pictures of emaciated “AIDS victims” may cause people not only to ostracize those infected, but to deny their own risks for contracting the infection.
3. People are more likely to try behavior they feel capable of performing. It is important to teach people the skills for engaging in the desired behaviors. Seeing examples of people engaging in the healthy behavior will help a person believe that he or she too can engage in that behavior. This is the foundation of the Life Skills approach and peer education programs.
4. Individuals are more likely to adopt a new behavior if they are offered choices among alternatives. Promote abstinence or condoms, but give a range of behaviors that reduce risk, such as practicing less risky sexual behaviors, getting an HIV test with your partner, and so on.
5. Campaigns should create environments that encourage change. Work to change social norms in favor of healthy behavior. Peer education programs provide a support base for change, as accepted peers model positive behaviors. Working with community leaders or People Living With HIV/AIDS (PLWHA) groups around an HIV/AIDS program can reduce the stigma of the disease and create an environment that encourages change.
6. Change is more likely in a community if influential people adopt the change.
7. Relapse is expected. Therefore, any program that seeks to maintain safe behaviors over time needs to build in ways to continue to maintain safe behaviors.

<sup>1</sup> To learn more about the U.S. National Academy of Sciences, visit their website at [www.caps.ucsf.edu](http://www.caps.ucsf.edu).

<sup>2</sup> Adapted with permission from “Principles of Behavior Change,” an article by Thomas Coates, Ph.D., Center for AIDS Prevention Studies at the University of California, San Francisco.

your local area. Work closely with a trusted host-country national health worker to be aware of the cultural issues surrounding the health advice you give. The *Life Skills Manual* has a specific section on the medical aspects of HIV/AIDS, tempered by a view to the cultural realities in communities.<sup>1</sup> Use this and other materials in your information resource center to keep abreast of the latest facts, so that you may serve as a resource for your community as well as fellow Volunteers.

- Disseminate information about HIV/AIDS to all members of your community. This is perhaps most effectively done by training community members to be trainers or peer educators, so that they can continue to provide health talks to the local community. Be aware that providing information is not enough to achieve any real change in health behavior. (See sidebar to right.)
- Develop a Life Skills program or other behavior change program in your community, working with a small group of people for an extended period of time.
- Work with your counterpart and/or your community to begin community AIDS committees or community health committees to simultaneously work on prevention and care. Such groups can also work to reduce the stigma around HIV/AIDS in the area.
- If you work at a hospital and you have the necessary background, consider training community members to serve as HIV/AIDS counselors, and explore the creation or strengthening of testing facilities in your area. Consider the creation of a People Living with HIV/AIDS (PLWHA) association in your community to provide support for those who test positive. Talk to your Associate Peace Corps Director (APCD) to research potential models to use in implementing these projects at your post.

<sup>1</sup> Peace Corps (2000) *Life Skills Manual*, Section III (ICE Number M0061)

- Train home-based care committees to provide weekly assistance to those caring for the sick. Such committee members can teach households how to best care for the sick, while lowering the risk of transmission for themselves.
- Incorporate health information into your normal lessons using Community Content-Based Instruction (CCBI) manual (Peace Corps, ICE Number TO112). If a PLWHA group exists in your country of service, arrange to have members of the group speak to your classes about their experiences as HIV-positive members of the community.
- If you are looking for funds for girls' camps, retreats, or other WID/GAD activities, talk with your APCD to find funding through Peace Corps. It is even more effective and sustainable to ensure that the facilitation and activities are completely in the hands of powerful women from the community, district, or nation. Girls are thus exposed to culturally appropriate messages from powerful female role models from their own country, and HCN women are empowered to serve in those capacities for the young girls in their areas. Volunteer level involvement might include assisting with logistics or proposal writing.

### Education and Youth Volunteers

- Form after-school girls' clubs, boys' clubs, and/or *Life Skills* clubs, using the *Life Skills Manual* or another behavior change approach, to help youth develop the skills needed to modify health behavior. It is often effective to work with another teacher (of the opposite sex) on such a club, so that you can separate boys and girls while teaching specific skills or analyzing cultural or gender-related issues, and then bring them together to process what they have learned.

Peace Corps Volunteers, working across sectors and with host-country nationals, can make a significant contribution in the fight against HIV/AIDS due to their unique positioning in the community, their cross-cultural understanding, and their particular areas of expertise. The new Peace Corps HIV/AIDS Initiative was created to assist Volunteers in this effort by providing additional training, funding, and resources like the *Life Skills Manual* and the *HIV/AIDS Idea Book*. By taking advantage of these resources and working closely with your associate Peace Corps directors and community members, you may contribute to stemming the tide of HIV/AIDS and mitigating its impact in your area.

## Moldova Practices Life Skills

By Elvira Nistreanu, APCD

During the fall break in Moldova, Peace Corps had a two-day in-service training and training of trainers on *Life Skills—Part I* (see WID Reviews In ICE, p 3). Two of our Volunteers, our pre-service training (PST) technical assistant, and I facilitated this training.

We used many of the session designs from the *Life Skills Manual*, such as the bridge model and the sequence of topics. We had also incorporated some activities from the *Life Planning Education Manual: Advocate for Youth* (ICE # YD004) and the resource manual on reproductive health and HIV/AIDS developed by one of our former Volunteers. We had a really nice integration of *Life Skills* and activities on HIV/AIDS. Participants really appreciated

the activities on communication, decision-making and on compassion (mainly related to HIV/AIDS). The Gender Roles and *Life Skills* session was unexpectedly well received as well.

The evaluations reemphasized how much the participants learned. Counterparts and Volunteers mentioned that they learned many new things about themselves as well as about Moldovan and American culture and traditions. All the participants were excited to go back to their sites and start implementing the action plans that they developed at the end of the training. One of the first major event participants will work on is AIDS Day. Each of the health site teams is planning to have an activity that will integrate information learned at the *Life Skills* training. The second part of the *Life Skills* training, on peer education, is going to be

held in March during the spring break. Later, we will be introducing the *Life Skills Manual* and bridge model to the TEFL group at their IST. Next year we plan to integrate *Life Skills* in the PST but wait until IST to train in peer education skills.

We would like to thank headquarters for supporting us with the information and skills that were so useful in our workshop (and will be definitely used in future trainings.) Thank you for your confidence!

c/o Elvira Nistreanu  
Program Manager/Health Education  
Peace Corps  
12 Grigore Ureche str.  
Chisinau 2001  
Republic of Moldova

## Burkina Faso Health Care Workers Ask How They Can Involve Men

By Maureen McGee/PCV

We had just reached the end of five months of health trainings in the Perigban health district, when the trainees asked perhaps one of the most vital questions, what is men's role in women's health. These trainings, which were conducted by seven Volunteers, local health staff, and a nongovernmental organization, addressed several themes relating to women's health: female circumcision, reproductive health, and HIV/AIDS. The training team worked together to design sessions that would address the problems health care workers have encountered in the field, and to find solutions. Towards the end of these sessions, the trainees (all women) pointed out the conspicuous absence of men and asked why we had not made more of an effort to include them. The trainees explained that their husbands give input on decisions regarding women's health and the health of their families. The women stressed that these topics concern men as well. However, men are typically excluded from reproductive health discussions due to traditional beliefs in Burkina Faso that men do not have a role in women's health. The women began to ask themselves how they can include men to improve the health of the family.

When we consider gender issues within the context of health promotion activities, we tend to examine ways in which women can be empowered to assume more control over their reproductive health. This approach is a valuable one and undoubtedly encourages greater gender equity. However, it overlooks the realities of many rural traditional groups in Burkina Faso and fails to recognize how men may serve as resources in improving the health of women in their communities. By implementing a Gender and Development (GAD) approach, we can work towards the goal of improving maternal health by involving men in health care issues concerning their wives, sisters, daughters, and neighbors.

National health campaigns in Burkina



*FIGHTING HIV: Men in Burkina Faso teach their peers how they can prevent the spread of HIV/AIDS.*

Photo by: Maureen McGee/PCV

Faso have recently begun to involve men in women's health initiatives in order to advance these campaigns. Health workers have started involving village chiefs, traditional healers, village delegates, religious leaders, and other influential men in their efforts. For example, the National Committee Against the Practice of Excision (female circumcision) has educated men about the dangers associated with excision. The committee hopes that these men will use their influence to discourage other villagers from practicing female circumcision, and that men will begin to realize how they can positively affect the health of female family members and peers.

These ideas and the questions asked by the women who attended our trainings inspired my counterpart (the head nurse at Perigban's clinic) to try a GAD approach for our next health promotion activity. If the national effort to curb female circumcision benefited from involving men, then it would also be more effective to include men in the

fight against HIV/AIDS. He suggested we develop a training on maternal and reproductive health targeting men. We decided to train the administrative representatives of all 25 villages in the health district plus ten opinion leaders. These opinion leaders included representatives from the Catholic and Protestant churches, presidents of various village associations, and men from satellite villages who are recognized as being important and influential. We carried out the training in a series of two sessions, six days each.

The head nurse and two midwives explained to the men the advantages of prenatal consultation, delivery at the maternity clinic, and reproductive health practices. I was impressed not only by how attentively the men listened but by the thoughtful questions they posed, which led to lively debates. During a session on AIDS, for example, several men brought up *le levirat*, the practice of marrying a widow to her deceased husband's younger brother (a practice still relatively common among the

*Burkina Faso continues on page 9*



*Burkina Faso continued from page 8*

Lobi ethnic group in southwestern Burkina). Recently this practice has contributed significantly to the spread of HIV/AIDS: an HIV-positive woman, infected by her husband who has since passed away, marries his younger brother and subsequently infects him. These new links extend the chain of HIV/AIDS transmission with terrible speed, infecting entire families and communities. Our discussion encouraged the men to re-examine the relevance of *le levirat* in the age of AIDS. It also caused them to propose solutions to prevent AIDS, such as counseling these widows to use condoms with their new husbands, or abandoning the practice altogether.

At the end of the training the men were inspired to hold town meetings in their villages to communicate to others what they

had learned. One particularly memorable meeting took place in a village five kilometers from Perigban. The opinion leader who had participated in the training spoke for over three hours, regaling the audience with reasons why the health of women affects the entire village.

The greatest reward of the day came during the meeting, when the discussion focused on AIDS. An old, white-haired man raised his hand and cleared his throat to speak. "I want to tell everyone," he began, "AIDS is not just a problem for women. It's not just a problem for men, and it's not just a problem for young people." He looked around meaningfully at the group of 70 or so people assembled under the mango tree in front of him and declared loudly and with conviction: "It concerns everyone!"

**Editors' note:** Since the new efforts in Perigban to include men in family health began, women have increased their visits to the local clinics by 75 percent, seeking more health education and consultation (Burkina Faso Health Project Status Report 2000). This serves to illustrate that by educating men in family health, the health of women improves, and in return so does the health of the community.

c/o Claude Millogo, APCD/Health  
Peace Corps  
01 BP 6031  
Ouagadougou 01  
Burkina Faso



## Women Write About Their Struggles in Namibia

*Submitted by K.J. Miller/PCV*

A Grade 10 essay contest was organized by the Peace Corps/Namibia's Women in Development committee on the topic of "Problems Women In Our Community Face."

*The following essay reflects a contrast between innocence through the vocabulary, and a worldliness through its content. The grammar and syntax have been left intact as to not change the exact sentiments of the young author.*

*One point from the essay that brings me immense hope are the students' reflections on the much needed push for HIV/AIDS education in Namibia. (Some statistics rank Namibia as high as fourth in the world for HIV prevalence).*

*All three winners of the contest received sweets and the first prize winner received a set of quality pens. The following is the essay from one of the contest winners.*

### The Problems That Women Face

*By Chris Hafeni/Essay Contest Winner*

The women have many problems which face them. Let us consider AIDS. AIDS is disease caused by sex.

How this disease can affect the women: Their husband go to work. So when they stay there where they working, they meet with other women from the different parts of Namibia. So they can have sex with those women. Some of them have a disease.

After that their husband stops giving assistance to his wife for their children. So now the children need different goods, but they don't get it. Because their father didn't send the money to support their children. Who has the responsibility to give food to these children? Is women.

When their husband comes home he wants to meet with their wife. What happens? The woman also affected by this disease. So after few years, their husband is dead. What about the woman with their children? Although they have a disease what is happens? The women's biggest problem of course, they're waiting to die. What about their children? After they die, their are orphans.

c/o Sonjai Reynolds, APCD/Education  
Peace Corps  
P.O. Box 6862  
Ausspanplatz Windhoek 9000  
Namibia

## Students in Ukraine Participate in a Sound Mind, Sound Body Conference

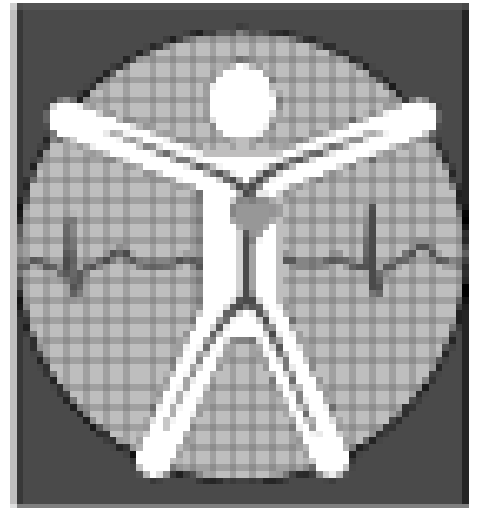
By Helen Petrozzola/PCV

Prior to Ukraine's independence, sex and sexual health were prohibited topics of discussion, leaving many university students with unanswered questions. Concerned by the quickly growing HIV/AIDS epidemic in their newly independent country, these students came of age without readily available basic safety information. Though unaware of the grave effects HIV can have on a community, many students knew AIDS sufferers and drug users, forcing many of them to tackle these major issues without guidance.

To help address this issue, my counterparts and I designed *Sound Mind, Sound Body*: a sexual health peer education program. *Sound Mind, Sound Body* recognizes that successful sexual health education provides more than mere factual information. It also considers the feelings and relationships that enable youth to feel confident about their sexuality, and it helps them understand their responsibility to themselves and to their partners. Most importantly, the

methodology recognizes when youth participate in the educational process of their sexual health, they are empowered to make better decisions that influence their physical well-being. Through subsequent peer education workshops, *Sound Mind, Sound Body* helps youth transfer the necessary skills to educate and empower each other in the battle against ignorance.

We first piloted *Sound Mind, Sound Body* during a two-day intensive city-wide sexual health peer education conference for students of Mariupol University. Prior to the conference, we trained five Peace Corps Volunteers in *Sound Mind, Sound Body*'s programming, after which they helped to conduct the conference. The sexual health conference would not have happened without the local support of groups such as the Mariupol Institute of Humanities, a Ukrainian municipal AIDS clinic, and the Women's Council of Ukraine. Of the 55 participants selected by application, almost half became active peer educators, fulfilling the



project's goals through organizing sexual health conferences and HIV/AIDS activities of their own. Enough student interest was piqued that together, Peace Corps Volunteers and students translated the program into Russian for non-English speaking university students. In response to program feedback, the students adapted the program for secondary school use to encourage a healthy beginning to sexual health. This was possible with support from secondary school administrators and parents.

Since the conference, peer educators from Mariupol have traveled to different cities throughout Ukraine, where they have facilitated *Sound Mind, Sound Body* on request and have trained other students to continue this work on their own. A number of other Volunteers also expressed interest in the program, which led to a two-day training where we trained 20 Volunteers and gave them the English/Russian version of the manual. The Volunteers will use the manual and training to facilitate summer camp sessions, classroom work and club activities.

c/o Zhanna Parkhomenko  
Regional Manager  
Peace Corps  
111-A Saksahanskoho Street  
252032, Kiev, Ukraine



*SOUND BODY: Peer Educators hold a discussion on sexual health education in Ukraine.*

Photo by: Helen Petrazzola/PCV

## Fighting AIDS in Togo Begins With Teaching Students to Respect One Another

By Hermence Matsotsa/PCV

I have been working with students in Kabou Quest and Kabou Centre Colleges since the beginning of my service in Togo. I teach courses to all four of the grade levels on various issues concerning their education and community. In both institutions, the different classes range in size and the students range in ages from fourteen to twenty-five. The majority of the students are male and only a few females can be counted in the higher level classes. Often, the female students have found it difficult to voice their thoughts in class, allowing the boys to control discussions that affect them both.

The topics we cover vary from the importance of education in general to that of girls' education in Togo, and more precisely, in Kabou. We also discuss issues surrounding personal health, which always leads to talks about sexually transmitted diseases (STDs) and HIV/AIDS prevention. To promote healthier and more fruitful interaction when discussing HIV/AIDS, I have found it necessary to also discuss with my students the importance of having self-respect and respect for others. In addition, we discuss what it means to have a role in society, and then try to identify the different gender roles individuals play due to their sex. An example given by most students is that the role of men



is to be the head of the household, while the women's role is to physically take care of the household. In understanding these roles, the students are better able to examine how



*RESPECT: PCV Hermence Matsotsa poses with three organizers of an HIV/AIDS awareness project in Togo. (pictured from left: Ikpindi, Gbati, Hermence, and Dare)*

Photo provided by: Hermence Matsotsa/PCV

their decisions, which may affect the health of the family, are made. This examination shows how some decisions can greatly affect men's and women's health differently.

The intent of having the students discuss these topics is to help them identify and take ownership of their own problems and concerns, and to work together to find their own solutions using their community resources. These discussions have helped to establish an environment where the students feel freer to express themselves and share their thoughts and feelings on what may seem like difficult and uncomfortable issues. They have explored the differences between "sex" and "gender roles," the importance of equal education for both sexes, the essence of one's self-respect, self-esteem, and most importantly, the reality of STDs and the HIV/AIDS epidemic that exists everywhere, including Kabou.

The accomplishments we made in this short period of time were not easily gained.

As a Volunteer in a predominately Muslim community, I had to be sensitive to how I approached certain topics. To ensure that I was being sensitive to the local culture, I discussed several issues with respected community members to sort out what concerns were not being met, and determine if certain needs were being ignored due to religious versus traditional cultural beliefs. From this, I was better prepared to help the small number of girls in my classes to feel comfortable enough to express their thoughts in front of male students. By empowering the girls, they became more at ease when discussing issues that deal with sex, and rumors that affect their sexual health.

c/o Rose Kpombrekou  
APCD/Girls' Education & Empowerment  
Peace Corps  
B.P. 3194  
Lome, Togo

## Peace Corps/Lesotho Hosts HIV/AIDS Training

By Ruth Mota, Health and HIV/AIDS Specialist/Africa

Immediately following the July 2000 International AIDS Conference in Durban, South Africa, Peace Corps/Lesotho hosted a five-day HIV/AIDS/Life-Skills training in Maseru. Lesotho is witnessing a growing HIV epidemic with a prevalence now exceeding 23 percent of the adult population. The workshop was facilitated by two specialists from Peace Corps/Washington, two Peace Corps Volunteers, and a counterpart.

Fifteen Volunteers and thirteen counterparts attended the workshop. Pre-service training (PST) trainers and associate Peace Corps directors from other sectors also attended. Of the Lesotho Volunteers, ten were education Volunteers and two were agriculture Volunteers. A Volunteer and counterpart also attended from South Africa in order to increase collaboration with HIV efforts in the neighboring country. Other participants included people who were selected by local nongovernmental organizations working on HIV in their districts. These included teachers, local volunteers, and representatives from the Red Cross, CARE, Health Extension Offices, and Positive Action. The ongoing interaction and team building among Volunteers, counterparts, and other locals was an extremely important component of the workshop, as was the input of the cross-cultural trainer, which grounded the learning within a Basotho perspective.

### Training Sequence

As participants arrived from nine different districts throughout the country, they all received red ribbons and training binders with questions on HIV, which were answered throughout the training with rewards of candy prizes. The training began with sessions on motivation, followed by information, skills building, and action planning.

- **Motivation** included exchanging stories about personal experiences with HIV/AIDS; an update from the Durban Con-

*MAKING A STATEMENT: Participants at the Lesotho HIV/AIDS training work together to create a mission statement in their fight against AIDS.*

Photo by: Kathy Callahan, HIV/AIDS and Life Skills Facilitator



ference on the impact of HIV/AIDS in Africa; a values clarification and active listening exercise; and a video presentation and discussion on the impact of the epidemic on children. The most motivational part of the training, however, was a presentation by the representative of Positive Action who spoke of her personal experience of living with HIV. Her courage, despite being the only person living with HIV in the country to speak out publicly and confront discrimination and rejection, was truly inspiring.

- **Information about HIV** was transferred using participatory training methodologies described in the *Life Skills Manual*.<sup>1</sup> The components of the immune system were presented using a dramatic representation and a tug of war. Colored ribbons and cards were used to draw a model of HIV disease progression. Special issues facing women and AIDS were presented by the South African participants using the Women and AIDS session plan contained in the manual. Later, the Positive Action representative used a variation of the loss-exercise, randomly taking rights written on tabs of paper from participants, which inspired a discussion on AIDS and human rights.

- **Building Skills** in training techniques both for HIV and life-skills was the central work of the training. After a brief discussion of behavior change theory, the group contributed to building the life-skills bridge model. This bridge included the key elements of *Life Skills*: communication skills, relationship skills, self-esteem, decision making skills, goal setting, and so on. The best-response game had participants work in teams to come up with the best responses to pressure lines for practicing unsafe behaviors. Basotho participants described gender roles by placing key words on the wall under headlines of “male” and “female” and then discussed the participation of men and women in leadership, decision-making, and daily tasks.

Small groups of participants received drawings of scenes from daily life in Lesotho which they discussed then dramatized to the larger group. Each scenario described the relevance of the theme depicted to the HIV epidemic. The technique called Forum Theatre allowed participants to interrupt role plays and act out more effective responses based on the *Life Skills* learned in the workshop. Finally participants had the opportunity to get in front of the group and

<sup>1</sup> Peace Corps (2000) *Life Skills Manual*, Section III (ICE Number M0061)

*Lesotho continued from page 12*

practice strategies for answering the most difficult questions without losing their credibility or composure.

- **Action Planning** started with the group using a pyramid technique to develop a mission statement. Participants wrote mission statements individually, then in pairs, in groups of four, in groups of eight, and then negotiated a final mission statement. The mission statement was very action-oriented and was considered to be a valuable document that could be used to get buy-in from community leaders when implementing the plans outlined in the workshop. The process of creating the statement was seen as an excellent technique for getting stakeholder involvement in the planning process. The final mission statement reads: *“HIV/AIDS is the responsibility of all levels of the Lesotho community. Each of us has the right and the power to break the*

*silence, educate ourselves, and change our behaviors in the fight against HIV/AIDS. We, the community must take action to promote change, protect our basic human rights, provide support to the people living with HIV/AIDS, and positively affect those around us.”*

Participants then divided into ten small groups and created concrete action plans that described what they were going to do in HIV prevention following the training, who was going to do it, and by when it was going to be implemented. These plans were posted on the wall for group review through a gallery walk, and copied for sharing among group members and counterparts outside of the group.

### Training Outcomes

This training immediately inspired interventions by participants in the community.

Even while the training was in progress several Volunteers and counterparts gave an HIV presentation to a local group of women at a weaving cooperative. Within two months of the training, the APCD and some Volunteers and counterparts began HIV education with mine workers. They obtained a written pledge from the management of the mines to actively pursue HIV prevention activities with miners. In addition, another group of Volunteers and counterparts conducted HIV training for 54 village chiefs, who in turn pledged to support HIV education in their communities. Peace Corps/Lesotho is currently engaged in a program to implement *Life Skills* training in schools.

c/o Neil Boyer,  
APCD/Rural Development/Environment  
Peace Corps  
P.O. Box 554  
Maseru, 100  
Lesotho

### *Tanzanian Girls* continued from page 1

had written, then they entered into a lively debate on the ability of girls to become scientists. Two groups of guest speakers came in after lunch to address the conference. The first group was a panel of local women who successfully held careers while meeting the societal expectations of Tanzanian women. They discussed education, job choices, and children; one woman described how she had left her job at a bank to open her own *duka* (small shop) in order to be more available to her small children. A second panel was composed of representatives from the Global Education Project, a nongovernmental organization. Three speakers shared a wealth of “how-to” information on topics such as resume writing and interview techniques, skills that are not often taught in Tanzanian schools but are invaluable to young people trying to find work.

The conference concluded with a ceremony during which the students received certificates for participating. All were eager to go back to their schools and share what



*RAISING AWARENESS: Tanzanian girls explain how gender roles affect empowerment in society.*

Photo by: Amy Medley/PCV

they had learned at the conference. Before they left, they planned future activities, presentations, and clubs to focus on health and girls’ issues. Students from one school

decided to visit a local woman dying of AIDS. Some of the discussion had truly inspired the young Tanzanians.

We were challenged by having a large conference on a small budget. To meet those challenges, food costs were kept low by donations of staples (beans, flour, and rice) from each school. Decorations and certificates were either provided free or were created by the Volunteers. Most importantly, the many Tanzanian guests spoke without payment. Although monetary and other practical constraints generally cause us to focus on small-scale improvements, some larger-scale projects are possible even on a small budget. The Tanga Regional Girls Conference showed that a lot could be done with little.

c/o Salome Semboko  
Program Assistant  
Peace Corps  
P.O. Box 9123  
Dar Es Salaam, Tanzania

# Engendering Development

By Ana Coghlan, Evaluation Specialist

*"Engendering Development" is an ongoing column that provides theories and tools for integrating a gender perspective into programming and training.*

The last issue of *The Exchange* provided an overview of the Peace Corps Participatory Analysis for Community Action (PACA) tools and a summary of each. Peace Corps Volunteers often use PACA to facilitate a participatory development approach that includes all community members and to better understand gender issues in communities. PACA tools such as community mapping, seasonal calendars and daily activity clocks can also be used to assess community HIV risk factors. This article describes how the Rakai AIDS Information Network (RAIN), a local NGO in southern Uganda, used these methods and what community members and development workers learned about community HIV risk factors.<sup>1</sup> The following is a description of how the tools were used.

## Community Mapping

Village participants drew a map of their community in the earth, using the locally available materials of ash, beans, maize and stones. They first identified physical features like hills, swamps and roads and then social features such as homes, churches, schools, and agricultural lands. For each house, residents were identified by age and sex and the number of deaths that had occurred in the past 12 months.

The village maps were transferred to paper and then analyzed by the group. By identifying the number of deaths, participants came to realize the prevalence of AIDS within their community

and the implications this has for the community's survival. Next, participants identified specific locations that might put them at greater risk of HIV infection. For example, establishments that serve alcohol where there is a correlation between alcohol use and high risk behavior.

The participants also identified isolated areas, such as wells and wooded lots, that can put women at risk. Women suggested that rather than going alone to these places, they would go in groups to collect water and firewood. Some men also offered to accompany their wives and one even said, "I shall do the collecting of water to avoid the risk."

## Seasonal Calendar

A group of about 12 community members created a seasonal calendar to identify seasonal health risks. Participants marked the 12 months of the year in the earth and then indicated the amount of rain or sunshine within each month. Under each month, participants identified the prevalence of both malaria and diarrhea. When finished, participants transferred the chart on the ground to paper (see Table 1).

While analyzing the chart with the group, participants related the prevalence of the two diseases to the amount of rain or sunshine. The facilitator then asked, "Does HIV transmission have a season?" He expected participants to say no because transmission occurs throughout the year. However, a village elder stood and said, "Yes, in our own community here, we have found that it is harvesting time and when men have money." To investigate this further, the facilitator added a third row to the chart and asked participants to indicate the prevalence of HIV transmission in each month. They

*Engendering Development continues on page 15*

**Table 1**

	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>Rain or sunshine</b>	##	\	\\\	\\	\	#	###	##	\	\\	\\	\
<b>Malaria</b>	mm	o	o	m	o	mmm	mm	o	o	o	o	m
<b>Diarrhea</b>	d	ddd	d	x	x	d	dd	d	x	x	x	d
<b>HIV</b>	h	h	hh	h	h	hhh	hhhh	hhhhh	h	h	h	hh
<b>KEY:</b>	#=amount of sunshine o=absence of rainfall		m = prevalence of malaria x=absence of diarrhea			d = prevalence of diarrhea h = prevalence of HIV transmission			\ = amount of rainfall			

<sup>1</sup> The author wishes to thank RAIN staff members Joseph Ssematya, Rachel Lumala and Deo Kituusibwa and the participants of Rakai District for making this article possible. An earlier version of this article appeared in *PLA Notes* 23, June 1995 (International Institute for Environment and Development).

Engendering Development continued from page 14

said transmission is greatest during the harvesting months of June, July and August, when men have money to spend on alcohol and additional sexual partners. Participants added that transmission is also higher in March and December when men sell their stored crops to prepare for the Easter and Christmas holidays.

Through these exercises, community members realized that there are certain times of the year when they are at greater risk of becoming infected. To counteract this risk, members proposed several solutions. In addition, a RAIN staff member said, “ This is new to me. Now I know we have to intensify educational efforts and distribute more preventative resources at specific times of the year.”

### Daily Activities Schedule

The final exercise was for women and men to create their own 24-hour activity schedules. The purpose was for participants to identify the differences between the amount of work women and

WOMAN	MAN
<b>AM</b>	<b>AM</b>
4:00 Get up Sweep kitchen and rooms Start fire Wash and dress	
4:30 Collect water for day Put water on for coffee	
5:00 Prepare breakfast and lunch	5:00 Get up and dress Collect tools/fishing equipment
5:30 Serve breakfast Start drying fish	5:30 Eat breakfast
6:00 Get children up Wash, dress, feed children (Children collect eggs)	6:00 Check nets Prepare/repair boats Check/mend sails
8:00 Prepare /send children to school Weed in rice fields	Take lunch Go fishing
<b>Noon</b>	
12:00 Return home Have lunch and nap	
<b>PM</b>	<b>PM</b>
2:00 Collect firewood	3:00 Return from fishing Sell excess fish Clean-up boats, nets Put away equipment
3:00 Meet fishing boats Carry fish home	5:00 Shower and dress Meet with other men
4:00 Start preparing dinner Clean fish Salt or start drying fish	6:00 Return home for dinner Listen to or watch news (Meet with other men)
6:00 Serve dinner Clean-up dinner Do handwork, mend clothes, while listening to news	
9:00 Shower	
9:30 Go to bed	9:30 Go to bed

<sup>1</sup> Peace Corps (1997) Gender and Development Training/Girls' Education Manual, booklet 3, ICE Number M0054.

men do and to reveal times of the day that might lead to risky behaviors. Men and women formed separate groups of about 15 people each. Each group discussed what they generally do for each hour of the day. Members of the two groups then transferred their notes onto flip chart paper and presented them to the group for analysis.

After each group presented their schedules, an elderly man stood and said, “I have learned that women have more activities than men.” Another said, “We give them all the work and I only realize that now.” Some men saw the need to better share the work and started to negotiate with the women. For example, one man said, “If she goes for firewood, then I will go for water.”

By comparing their daily activity schedules, participants also identified several HIV risk factors. First they saw that men have a lot more leisure time than women, some of which is spent drinking alcohol in local bars and having outside sexual partners. Men also came to realize that because their wives are so tired they sometimes go to other women. The proposed solution was for husbands and wives to sit together and decide how to better share activities so that women would be less tired and men more occupied.

### Conclusions

PACA tools were useful in getting community members and development workers to identify, analyze and address sexual practices that put people at risk of HIV infection. More importantly, these methods enabled community members to identify their own problems and solutions. This in turn may lead to more sustained behavior change than conventional education information campaigns. The development workers also learned more about local sexual practices and ways to make educational programs more appropriate. Lastly, PACA provided the means for men and women to discuss and negotiate the extremely sensitive issues of work and sex. For examples of how Volunteers have used PACA in their project activities, ask your APCD to see the fiscal year 2000 WID/GAD Project Status Report Global Summary expected at posts mid-March.

**For additional ideas on ways to use PACA, see:**

Peace Corps (1996) *PACA: Participatory Analysis for Community Action*, ICE Number M0053

Peace Corps (1997) *Gender and Development Training/Girls' Education Manual*, booklets 5, 6, and 8. ICE Number M0054.

# How To... Do the HIV/AIDS Transmission Exercise

## Purpose:

The HIV/AIDS Transmission Exercise<sup>1</sup> is used to help illustrate the ease with which HIV can silently spread across a population.

## Materials Needed:

- More than 10 participants (male and female).
- One card (piece of paper) for each participant.
- If paper is not available, you can use colored beans (make sure that you have three distinct colors).
- A flipchart or blackboard to write on.
- A black and a red marker (and chalk if you are using a blackboard).

## Preparing the Exercise:

In this version, we will use cards. Suppose there are 12 people playing the game. Make 12 small cards: Three will have a red "X" on the card; four will have a "C" on the card; the other five will have black spots.

## Doing the Exercise:

Every participant should receive one card. *To add a gender perspective, make sure that fewer females receive a "C."* This represents the fact that men usually decide if a condom is used. They are not to look at their cards. They should keep their cards folded in their hands. Tell the participants that they should move around the room and greet three people. They should simply greet them by shaking hands (if this is not allowed in your culture, a verbal greeting is okay). Tell them to remember who they greeted. They should



not look at anyone's card. *Note: It is important to emphasize that this is a representative exercise. People can not transmit HIV by simply talking or greeting each other. They would have to have sex (or other contact with bodily fluid). The greeting illustrates or represents sexual contact.*

After the greetings, ask everyone to sit down. Now, everyone should look at his/her card. On a flip chart, put a red "X." Ask everyone who has a red "X" to stand. Inform the group that these people are symbolically infected with HIV. Ask the group to take a good look at the people standing. Anyone who greeted the people standing should also stand up. Explain that these people are also now infected. Now, tell everyone to take a good look at everyone standing. Anyone who has greeted those standing must also stand up, because they are now also infected. All those standing are infected with HIV. Continue with this a few times until just about everyone is standing.

Put a "C" on the flip chart. Ask if anyone has this symbol on his or her card. Tell these people that they can sit down. Tell the group that these people used a condom. They may not be infected. Finally, have everyone sit down.

## Follow-up:

Ask the group what we learn from this game. Put their answers on the flip chart. Possible answers will be:

- HIV can be transmitted very quickly and easily.
- You cannot tell if someone has HIV.
- Using a condom can reduce your risk of contracting HIV.
- Having contact with one person is the same as having contact with all the partners of that person.

Ask the people with the red "X" how they felt to discover they were HIV positive. Remember to be sensitive about the language you use when referring to the person(s) with the red "X." Ensure that the exercise does not add to the stigma against people living with HIV/AIDS. Ask the people with the "C" how it felt not to be infected at all and to sit down.

Lastly, ask the group how they could have avoided infection in this exercise. Possible answers will be:

- They could have refused to play (Abstinence).
- They could have insisted on seeing their partners' cards (Testing).
- They could have only greeted one partner (Risk Reduction—Being Faithful).

## Follow-up Question to Ask the Participants:

- What is implicated by fewer females having a card with a "C" on it? (Women are more at risk because they often do not make decisions about condom use).

<sup>1</sup> This exercise was taken and adapted from the *Life Skills Manual 2000*, ICE Number M0061 Peace Corps, appendices pp. 25-26 (see WID Reviews in ICE, p. 3).



# WHAT'S GOING ON...

## Armenian Women Find Inspiration Through Leadership Camp

By *Melanie Thompson/PCV*

Five female Volunteers in Armenia organized a four-day women's leadership camp this past July. Seventeen women of varying ages and from different Armenian cities met in the beautiful town of Dilijan and participated in activities exploring self-discovery, leadership, relationships, health, goals, and dreams. The schedule also incorporated exercises in cooking, nutrition, and teamwork.

Despite the fact that Armenian men and women typically have an equal level of education, tradition has dictated that women continue to solely play the roles of wives and mothers. While attending college, a girl's primary concern can be limited to finding a husband. Women's solidarity in towns is also lacking, and issues such as sex, relationship roles, and inner emotions are not talked about. This camp gave women a chance to voice their opinions and thoughts on these topics during various facilitated discussions.

The women arrived at the Dilijan camp on a Sunday. They participated in a "trust fall" exercise, in a personality test, and in pizza making with their cabinmates. In the evening, they were given journals and gift baskets containing clothing and bathroom products donated by World Vision.

They began the next day with morning calisthenics. Their morning sessions included discussions about self-discovery, Maslow's Hierarchy of Needs, personal hygiene, and nutrition. In the afternoon, an Armenian teacher and a Volunteer facilitated a discussion on women and relationships. This session proved so interesting that it was extended for one and a half hours. Women openly talked about their expectations in relationships and Armenian stereotypes of women.

The third morning also started with calisthenics and practical self-defense tech-



*BETTER EDUCATED: Armenian women show off their certificates after completing a Peace Corps sponsored leadership camp. The young women discussed many topics including health and HIV/AIDS.*

Photo provided by: *Melanie Thompson/PCV*

niques. Afterwards, morning sessions dealt with reproductive health and sexuality, condom demonstrations, and sharing their thoughts on sexuality in Armenian society. They delved into the issues of family expectations and misconceptions relevant to women's health. In the afternoon, the women explored goals, dreams, leadership, and teamwork through group work and activities. The women also talked about how to continue the camp next year and how to form women's groups in their respective cities. The participants concluded the day with a traditional Armenian barbeque and a candle-light ceremony.

On the final day, the participants wrote about what they had learned from the camp. For many, this was the first time that they had freely talked about these issues. Because there were American facilitators, many Armenian women had learned the fallacy in some stereotypes of American women, such

as "all American women think sex is the most important thing in life." Most importantly, women found friendships and camaraderie in each other and made plans to meet again.

During the course of this upcoming year, the women want to begin young women's groups in their own cities to pass on the knowledge that they learned from the camp. Next summer, the young women who participated this year will conduct two camps with the newly formed groups. Hopefully this project will continue to reach others, and, through friendships formed, the women will develop the confidence needed to speak freely on issues relevant to them.

c/o Lusine Khazaryan  
Program Manager/Health  
33 Charents Street  
Yerevan 375025  
Armenia

## Namibia Women Hold Awareness Workshop

By Chandra Almony/PCV

Last fall, nine Volunteers in Namibia helped organize a three-day workshop for young Namibian females. We selected the top two students from all the secondary schools in the Northern region. Ultimately, a total of 84 students attended the “Women’s Empowerment and Awareness Workshop,” which was held at the Ongwediva College of Education. It was an excellent venue since we used the classrooms for breakout groups and smaller sessions. Hostels and huts were perfect for nightly accommodations, we could eat and have tea breaks in the outside cafeteria, and everyone could gather in the large lecture hall for plenary sessions.



*FUTURE PROFESSIONALS: Namibian girls ask insightful questions during a career fair.*

Photo by: Chandra Almony/PCV

The topics we covered included HIV/AIDS, sexual health, self-esteem, rape prevention and awareness, women as leaders, and higher education opportunities. We also had a career fair. Speakers and facilitators came from all around the country to participate and to share their knowledge and experiences. Among these were the United Nations Population Fund, the Ministries of Health and Social Services, Basic Education and Culture, Youth and Sport, and Information and Broadcasting, the National Institute for Educational Development, and the University of Namibia.

Planning is now underway for this year’s workshop. We have changed the name to



*GOOD OPINIONS: Young women in Namibia voice their thoughts on issues that affect them, such as self-esteem, women as leaders, and HIV/AIDS prevention.*

Photo by: Chandra Almony/PCV



*MY FUTURE: Eighty-four young women attended Namibia’s Women’s Empowerment and Awareness workshop. Here, participants work on one of the many topics discussed.*

Photo by: Chandra Almony/PCV

GLOW (Girls Leading Our World) borrowed from our Volunteer “sisters” in other countries that have held similar camps/workshops. We hope to make this year’s workshop even better than last year’s.

c/o Sonjai Reynolds  
APCD/Education  
Peace Corps  
P.O. Box 6862  
Windhoek 9000, Namibia

## Women of Kazakhstan Stand Up and Change Their World

By Judith Gerring/PCV

Not even a 56-hour train ride across a vast steppe could deter 25 enthusiastic Kazakhstanis from making the long journey to the southern capital of Almaty to discuss a topic of tremendous importance—the current status of women in the struggling nations of Central Asia. The primary goal of the third annual International Women in Development (WID)/Gender and Development (GAD) Conference was to create and develop a national project for Kazakhstan that would address a current issue in the area of WID/GAD. Participants would determine the project idea and develop it during the conference within the format of Peace Corps' Project Design and Management methodology. The participants would then implement the project in their home towns and cities over the course of the following year.

Peace Corps/Kazakhstan's WID/GAD members hoped that the conference would also facilitate networking and idea exchange between the participants, which is normally next to impossible due to their geographic isolation from one another. Kazakhstan's tremendous size (one half that of the U.S.) creates communication barriers that are difficult to overcome in the absence of material resources, such as radio, television, or newspapers that can service the entire country.

Several dynamic experts in the areas of women's rights, female entrepreneurship, healthy lifestyles, and substance abuse were invited to the conference to share information about their work and research. The contribution of two professional women from neighboring Kyrgyzstan added tremendously to the success of the four-day conference by including a multinational perspective.

The societal role of the Kazakhstani woman is that she is solely responsible for all domestic work, including food shopping and preparation, laundry, and childcare. Doubling the burden on the Kazakhstani woman, however, is the fact that this same housewife is expected to share with her husband the responsibility of earning outside income.

In the unstable transition to a market economy, the role of the woman in the household has become extremely stressful, especially considering the high unemployment among men, which can lead to depression and alcoholism. Our conference participants came from different regions and different professions, but nearly all of them held two full-time jobs: mother and wage earner. All the participants were well-educated, half were Kazakh, and half were Russian. All were eager to address the urgent problems faced by women around the country.

For their national project, the women agreed to raise the level of awareness among women and girls of four major problems that threaten females: social defenselessness; violence and harassment; depression; and public apathy. Due to a variety of social and political influences in Central Asia, there has been a lack of traditional grass-roots movements for social change. This caused participants to feel that women needed to be motivated to solve their own problems instead of waiting for the approval of society or the state. An entire mentality would have to be changed. Therefore, choosing the project plan itself proved to be more difficult than agreeing upon the goal. More than two small groups with differing opinions led to the emergence of a number of regional projects which while seemingly promising, were not united in focus.

In the end, participants decided to name an upcoming month a special action month for Kazakhstan in which women's "self-awareness" seminars and mini-conferences will be held all around the country concerning each of the four chosen topics. Each participant will be responsible for organizing the educational campaign in her own city in the direction which fits her own professional interests and knowledge. They are encouraged to consult with other conference attendees in neighboring regions. In all cases, the women will establish or continue individual projects at their sites. The campaign will unite their efforts into a national movement



to raise public awareness about the status of women in Kazakhstan.

In addition to local project activities, other conference events sparked heated debates, information exchange, and the formation of new friendships. A representative from the Kazakhstani Ministry, Committee on Women and Families, gave the participants an opportunity to ask legal questions about their power to affect change in what continues to be a newly forming democracy. Daily sessions in self-defense training proved to be a big hit with the women, as did a talk given by our Peace Corps medical officer on breast examination. Long sessions did not dim the energy of participants, who organized intellectual discussions during the evenings at their own initiative on subjects like psychological health and stress reduction.

On the last day of the conference, participants chose a motto that would remind and inspire others to take part in the October campaign and in the movement overall: "Woman! Stand Up and Change Your World!" We are confident that the optimism and energy expressed by our extraordinary conference participants will galvanize communities around the country, not only this October but in a new and hopeful century to come.

c/o Kazbek Aubakirov, Program Manager/  
Small Business Development  
Peace Corps  
P.O. Box 376  
480001 Almaty  
Kazakhstan

## The Women of Guinea Lay Down their Excision Knives

By LeAnna Marr, APCD/Training

In November, many women of the Kouroussa region in upper Guinea solemnly swore to ban the practice of female genital mutilation. Thousands of men and women alike flocked to the town square in Kouroussa to take part in this historic event which was organized by CPTAFE (*\* translation from French: Committee on Traditional Health Practices Affecting Women and Children*), a Guinean non-governmental organization whose mission is to stop traditional practices that endanger the health of women and children in Guinea. This committee estimates that over 10,000 people attended the event. Representatives from the national and local Guinean Government, international non-profit agencies, embassies, religious leaders, and local sages also attended the ceremony showing their support for these courageous women and men.

First, regional dancers and drummers entertained the crowd. They were followed by a procession of diverse representatives of those involved in female circumcision and women's health, these included the young and old, adolescents, excisers (persons performing female circumcision), traditional midwives, traditional healers, and the iron workers who make the excision knives. At the front of the procession, participants held a large banner, which boldly read, "Excision—never again." Next, a group of excisers marched into the town square dressed in their traditional red garb, which symbolized the blood of the young girls. The excisers also carried a banner proclaiming, "We, the excisers, lay down our knives for good." Following the excisers, a large group of mothers marched with the banner "We, the mothers, have understood and our little girls are saved." Next the young daughters of Kouroussa marched in with their banner saying "Thank you CPTAFE. Our parents didn't know." Peace Corps Volunteer Kimberly Ross who is posted in Kouroussa, showed her support by marching into the town square with the women.

The women of Kouroussa followed the procession with a skit, which began with traditional folkloric dances and songs traditionally performed during the excision ceremony. Then the principal exciser received offerings of rice, grains, fabric, and a rooster. During the skit, just at the moment when women decide to take their young daughters to the excisers, the women of CPTAFE arrived and began to explain the risks associated with female circumcision. The village woman then dramatically told various stories that underscore the dangers of female circumcision. A man jumped into the debate recounting the tale of a young bride who died due to risks associated with

both female genital mutilation and early marriage. He noted that female circumcision not only affects women, but everyone. In the end, a woman showed the exciser a beautiful indigo cloth and proposed that she join a women's cooperative as an economic alternative to her traditional work as an exciser. The exciser triumphantly decided to lay down her knife, at which point each exciser present at the ceremony stepped forward one at a time throwing down her knife onto a green cloth laid out on the ground, yelling, "never again, never again!" The principal exciser then picked up all of the knives and presented them to Dr. Morissanda Kouyate, general secretary of CPTAFE, who then presented them to Dr. Mariama Djelo Barry, president of CPTAFE. After the knives were presented, women from the different ethnic groups of Guinea stepped forward and declared in their local language that they would spread the news of this historic event to their respective regions so that excision will be banned in other regions as well.

During this event, Peace Corps/Guinea was presented with a certificate of achievement for supporting the work of CPTAFE in fighting against the practice of female genital mutilation. The Peace Corps/Guinea deputy director and associate Peace Corps director accepted the certificate. Peace Corps has supported CPTAFE in various ways for the past several years. Typically a third-year Volunteer has worked full-time at the CPTAFE office in Conakry. Each year at the regional girls' conferences, Volunteers have also coordinated sessions educating young girls on the risks of female circumcision. Peace Corps/Guinea can be very proud in its participation and cooperation with Guinea's health system, culture, and people.



c/o Mohamed Fofana  
APCD/Education  
Peace Corps  
B.P 1927  
Conakry, Guinea

## Building Sustainability



*FRIENDSHIP KNOT:*

*Tanzanian girls attempt to unravel themselves in an exercise illustrating cooperation and team work.*

*Photo provided by: Joel Wallach, Country Director*

*“Building Sustainability” is an ongoing column that illustrates sustainable development practices through highlighting Peace Corps Volunteer success stories.*

*Submitted by Peace Corps/Tanzania*

The following is an example of one of eight Girls’ Capacity Building Workshops conducted in the last few months around Tanzania. Each of these spawned replications in all of the schools that sent participants. The nice thing about these are that they are “owned” by the girls, counterpart teachers and schools which means that they are likely to be sustained beyond the efforts of the Volunteers. We are also pleased that our Volunteers are using a model that does not require significant outside funding. It costs under \$300 to provide 43 girls, 15 teachers and 8 Volunteers with food, transportation, lodging and supplies for the workshop. Therefore, this type of activity can be carried on independent of donor funding. Tanzanians can own it and pay for it!

The following story is a write-up of the workshop, with one twist: it was written by two of the young students who attended the event.

### The Girls’ Capacity Building Workshop

*By Sarah Obel and Hadija Mkocha, Form Five Msalato Students*

The Girls’ Capacity Building Workshop was held at our school, the Msalato Girls’ Secondary School. The workshop’s aim was to make us realize that *wasichana wana uwezo* (girls have the ability).

On Friday evening, girls and teachers from participating schools arrived. They were from Bihawana Secondary School, Dodoma Secondary School, Kiwanja cha Ndege Secondary School, and of course Msalato. We led them to the dormitory that had been prepared on the previous day, and from the time we met the girls, we knew that the whole function was going to be great. That evening we introduced ourselves to each other and retired to bed.

On Saturday morning the students and teachers had breakfast together; that made us feel close to the teachers and get along with them, as well as our fellow students through the day.

During the day we played games, held debates, and discussed different issues in groups. We also had a chance to hear the triumphs and tragedies of some distinguished career women. We learned that with hard work, accompanied by determination, everything lies within our reach. We also listed more than one hundred careers

*Building Sustainability continues on page 22*

*Building Sustainability continued from page 21*



*PROUD MENTORS: Teachers and a Peace Corps Volunteer participate in the singing and dancing at a Girls' Capacity Building Workshop in Tanzania.*

Photo provided by: Joel Wallach, Country Director

a woman could fit into, and this made us see that our contribution as women to the world's well-being could be great.

The most fascinating game of all was the human knot, in which we stood in circles of about seven people; we then grabbed hands while closing our eyes. On opening our eyes, we were entangled in a network of hands, and we had to try to recreate our circle (untie ourselves) without parting our hands. It was very difficult, but with trying and trying again, we finally succeeded. This gave us another good example of how determination leads to success.

The debates we held were on whether or not pregnant girls should be allowed to stay in school, whether a girl or a boy should be educated, and which is better: a single sex school or a co-educational one. The debates made us all talk, and even the shyest girls were able to say something. It was good to hear different ideas from different girls coming from different places.

Then there was the remarkable candle-lighting event. Miss Kalimah who led us through the ceremony, lit her candle (before the others were lit) in the dark hall as one educated person in an ignorant society. With only one candle lit, the room was almost totally dark. Through sharing the knowledge with someone else (by lighting others' candles) the room became brighter. This meant that when we share what we know with others, we women brighten our lives as well as our future. It was so amazing to be a part of this event. We sang at the top of our voices that day, each time reminding ourselves that we girls "have the capacity."

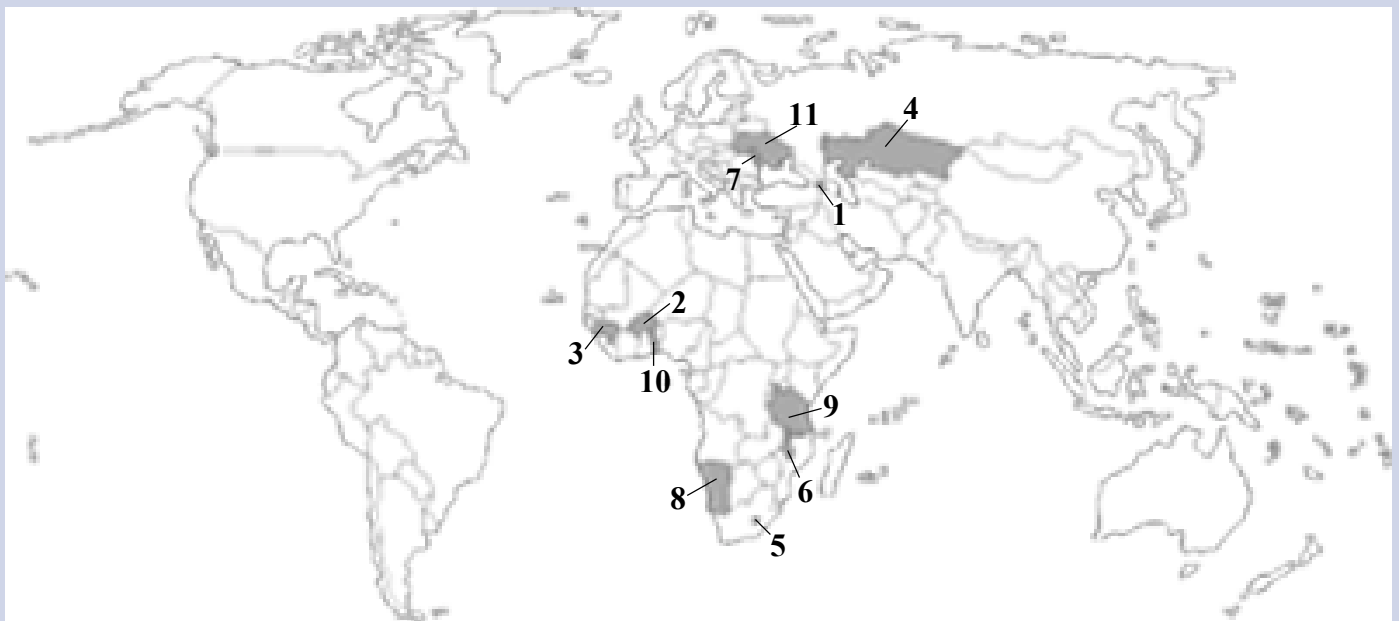
We retired to our dorms at around 11:00 p.m. and that was the end of a long, but really exciting and unforgettable day.

On Sunday morning, we had breakfast together and girls from each school sang songs to bid each other farewell. We then said goodbye and all the guests left. Actually, they stayed behind with us, in our hearts and in our minds.

We are so grateful to the organizers of the workshop, since through it we not only built our capacity, but also had a chance to realize how able we are as girls and as women in our society. We learned a lot and made about sixty new friends within three days. It is our wish that every girl in this world gets a chance like we had to make this world a better place. It is true wisdom, *wasichana wana uwezo* (we girls have the ability)!

c/o Salome Semboko  
Program Assistant  
Peace Corps  
P.O. Box 9123  
Dar Es Salaam, Tanzania





Articles in *The Exchange*, HIV/AIDS, March 2001, Were Submitted From...

- |                 |            |             |
|-----------------|------------|-------------|
| 1. Armenia      | 5. Lesotho | 9. Tanzania |
| 2. Burkina Faso | 6. Malawi  | 10. Togo    |
| 3. Guinea       | 7. Moldova | 11. Ukraine |
| 4. Kazakhstan   | 8. Namibia |             |

## Upcoming Issues

The next issue of *The Exchange* (Volume Number 35) will focus on gender roles and information technology (IT).

Volume Number 36 of *The Exchange* will focus on the role of boys' and men's participation in WID/GAD. The submission deadline is April 15, 2001.

## Upcoming Events

- March: Women's History Month (USA)
- March 8: International Women's Day
- April 7: World Health Day
- April 27: Take Our Daughters to Work Day (USA)
- May 1: International Labor Day



# Gender (With a Hard “G”) in Ukraine

By C. N. Smith /PCV

My first encounter with the term “gender” in Ukraine was telling my counterpart why I could not join him for drinks. That evening I was speaking to a Women’s Center on gender. He asked hesitantly, “*Why are you going to talk to a women’s group about grammar? I didn’t think English even had gendered nouns.*” Startled, I clarified as best I could the idea of gender in the three minutes before our parting. Luckily, he spoke English, and we began to scratch the surface of the ideas of gender.

My second encounter was later at the women’s center, speaking with three boys who were excited to practice their English. These boys, incidentally, had never heard the word “gender” either, nor anything about it. Luckily again, the center’s director spoke English and helped get the subtleties of our sentences through, which is helpful when introducing a new word, let alone a new concept, that literally did not exist in Ukraine as little as five years ago. My third encounter was later that night, explaining to my host family where I had been and why I missed dinner. Only there was no translator and their English was limited, leaving us to rely on my newly acquired Ukrainian. I managed to roughly communicate what this new word meant (“gender” with a hard “g”), and they managed to roughly understand. This time, luck was not the presence of a translator but an intimate circle of extraordinarily sympathetic listeners. What was im-

portant—most important in communicating an insightful, engaging idea like gender—was the context of a close relationship.

I often think back to that evening at the women’s center, when after a long directed discussion, a row of older women along the wall nodded commiseratively as one of them asked why anyone cares about gender. “*Meanwhile,*” she said, “*our husbands can’t find work.*” Another woman added that Ukrainian women have always been strong, never subdued. “*We had to be,*” she said. “*We carried water, plowed the fields, and raised livestock and children all at once.*” The situation is complex. I made sure I went up to that baboushka afterwards and told her how thankful I was for her comment.

Ukraine has taught me just how cultural the concept of gender and its importance is. It was not because of any moving statements of mine that my family understood me that night. It was because we lovingly knew each other. On a practical level we could point to things—behaviors, movements, dishes—and we had a history on which to draw, like who did what and when. On another level we were genuinely interested in sharing with each other. And at the end, when my host father pointed out that there were few gender roles in their house, he was able to simply hold up his arms like he was hugging the inside of the apartment and smile.

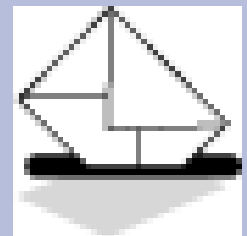
My counterpart understands more now too, though he continues to laugh at some of the things I say. Understand, “feminist” is still a bad word in Ukraine. “*No, I don’t hate men, thank you for asking, I’m generally quite fond of them.*” Then the perplexed look of questioning just before they give up trying to understand. So I answer the question they cannot seem to form. “*I’m generally quite fond of women, too. In fact, the same standards apply for both.*” I raise my eyebrows and smile, waiting for the lightbulb to flicker. Sometimes it does; sometimes it does not. But there is still that question—that there are some other things that are even more important. Like what? Like how you raise your children, for one. (“*They just had a baby!*” “*That’s great. What is it? A boy? A girl?*” “*It’s a baby!*”). Who you choose to care about, and how you treat them for another example. Sometimes, though, cross-culturally, many questions are tough to chew. Sometimes I notice my own languishing with the close quarters in which I use feminism and gender awareness. I am okay with that. If they are mistaken for one another, it seems to me, so much the better. Some confusions are better than the cure.

Every conversation here gets a little more interesting. Maybe it is me and my muddling Ukrainian. Or maybe it is that intriguing new word with the hard “g” that may be popping up more and more often.

## Express Yourself

Tell us what is happening with WID or GAD in your country that you would like to share with others. Tell us your success stories. What works? What does not? When you tell us about your project, please give a location and an address. Photos should include the names of the key individuals in the picture, a brief description, location and the name of the photographer. Send contributions, comments, suggestions, and requests to:

Editor, The Exchange Newsletter  
Women in Development/Gender and Development  
Peace Corps/The Center  
1111 20th Street, NW  
Washington, D.C. 20526  
USA  
memry@peacecorps.gov



Lyn Messner, WID/GAD Coordinator

Matthew Emry, WID/GAD Program Assistant

*The Exchange* is published by The Center for Field Assistance and Applied Research, the Peace Corps, for distribution to all Peace Corps Volunteers and staff. Views expressed in *The Exchange* are those of the individual writers and do not necessarily represent the official position of the Peace Corps. Use of funds for printing this newsletter has been approved by the Office of Management and Budget, U.S. Government. We reserve the right to edit for style, clarity, and length. Peace Corps reserves the right to use any submitted writing, photos, and artwork in other publications.

