

# Women's Health Course Toolkit



Published by: Popular Education Programme and DVV International, South Africa

February 2021

ISBN print: 978-0-620-96290-2

ISBN e-pub: 978-0-620-96291-9

This publication has been produced with financial support from BMZ

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Thank you to all the participants who created and tested these materials with us.

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## Foreword

For most people, personal and community health have become matters of much greater importance since the Covid-19 pandemic reached South Africa. The dire living conditions in working class communities to stay safe and healthy has been disproportionately challenging in comparison to the communities of the middle-classes and elites.

As citizens, women deserve the right to health but continue to be marginalised in many societies as their rights are overtly or subtly compromised. Marked increases in the cases of gender-based violence and femicide, exacerbated by state-imposed lock-downs to avert the spread of the Covid virus, placed women at greater risk. This, while they continue to fulfil central and supportive roles in their homes and communities. Whether, during pre-Covid times or in the current Covid context, the health of women in townships has always been regarded as important.

Education workshops and learning material that focus on women's health in the broadest sense are central to supporting women's agency as they navigate the challenges that affect their physical, emotional and psychological well-being. Education workshops that focus on women's health as well as gender, patriarchy and power, supported by DVV International over recent years, revealed the keen interest of women in the knowledge that they gained from these workshops; drawing on their own experiences and that of health specialists and gender activists.

Women engage in these workshops and other learning activities as collectives from communities where many of them work at grassroots level to transform the local living conditions towards improved community health.

It has become clear to many community education facilitators from among the DVV International non-governmental organisation (NGO) partners and other popular educators that developing a women's health education toolkit can go a long way in supporting community education. Such a toolkit is important too for Community Colleges and Community Learning Centres as they strive to include non-formal education (NFE) as part of the curriculum.

DVV International is therefore pleased to be supporting this work by our partners in the Popular Education Programme who have worked alongside The Women's Circle and the women whose knowledge and lived-experiences have contributed towards the content in this toolkit. Both these organisations have been central to advancing women's health through non-formal and popular education. This Women's Health Toolkit is another positive step in this direction.

Farrell Hunter  
**DVV International**

# Introduction

Women's health is a political issue: given basic inequalities between men and women, women face much greater risks of disease and poor health. The ongoing Covid-19 crisis has again demonstrated very clearly, how women bear the biggest load of care-work under extremely precarious and difficult conditions. Their health and wellbeing is closely connected to community health, within the larger framework of patriarchy, the economic system, the history of colonialism, cultural norms and ecological crises.

*The Popular Education Programme* in Cape Town has run 12 week women's health courses for the last 3 years: through face to face workshops in 2018 and 2019, and online in 2020. The course was based on the work and experiences of popular education activists and working class women. The curriculum was co-constructed with participants in response to specific questions and issues raised. It was not intended as a fact-packed course but rather a guided opportunity for women to explore a range of health issues and topics.

This 'toolkit' is a record of and preparation for workshops. It's primary aim is to support participants in running similar workshops within their constituencies. We hope others, too, will find the materials useful: please feel free to adapt them to your own conditions and challenges – use the ideas and information and develop your own!

The process of activities is roughly along the same lines:

- Lighting the fire – beginnings
- Assembling information
- Working with the information and turning it into insight and knowledge
- Planning for action.

To assist you navigating your way through this toolkit we have used a number of icons:

## LIST OF ICONS



**Purpose**



**Time**



**Activity**



**Process**



**Materials**



**Questions**



**Record on flipchart**



**Drama**



**Input**



**Dialogue / Group work**

# Introductory session

Trustbuilding games / groundrules / course logistics

Code-based discussion



## Purpose

- Introductions – towards trust-building amongst participants
- Clarify the purpose and potential outcomes of the course
- Set a clear signal about the popular education approach
- Build a basis for holistic understanding of health



## Materials

Copies of the image of 'woman pulling her hair'



## Time

180 min





## Process

1. Begin with a number of introductory games (see Games). Ensure participants learn each other's names. Conclude by requesting that all participants sit next to at least one person they had not met before.

Go through a process of establishing 'norms' or 'groundrules' – write them up and display them. Discuss how to deal with infringements!

Outline the WHC and allow for questions of clarification.

2. Distribute copies of the 'woman pulling her hair' picture. Ask each participant to consider the picture and answer the following question: 'what do you think is the cause of her screaming and pulling at her hair? What do you think are her problems?'



3. Form groups of 3
  - a. Share your interpretations of the woman's problem!
  - b. Relate the image to your own lives and discuss your experience of wanting to pull at your hair.
  - c. Choose one of the examples given in your group and prepare a short skit / performance that shows this experience!

Work for about 30 minutes on this.



4. Create a performance area and ask all groups to present their skit.
  - a. After each performance discuss what was shown: how do other participants relate to the story?
  - b. Record topics / issues shown on flipchart.





5. Review the list on the flipchart and identify the dominant issues of health raised.

Discussion points:

- How do the various health issues differ from one another?
- What is the difference between physical, mental, emotional, environment health?
- Which of these issues are individual, personal – and which are collective, community issues?



6. Ask: 'how do you recognize a healthy woman?'
- Share a few ideas put forward by the group, without discussing them.
  - Ask participants to get back into their groups and translate 'healthy' into other / home languages. Point out that there may be many words that mean slightly different things. For example: is 'health' the same as 'well-being'? How so / how not so?
  - In plenary, discuss and agree on a set of key features that indicate someone is 'healthy'.



Write them up on flipchart and review the list.

**What are signs of a healthy woman?**

**Included might be:**

- *Regular menstrual cycle*
- *Strong nails and hair*
- *Has a lot of energy*
- *Does not often suffer pain (esp headaches)*
- *Has fresh breath*
- *Has glowing skin*
- *Pays attention to what she eats*
- *Makes time to be active (exercise)*
- *Speaks about what's on her mind*
- *Sets boundaries*
- *Can ask for help when she needs it*
- *Has regular digestion*



# Treasure Hunt

## A game



### Purpose

- Raise awareness of personal skills and abilities



### Time

30 min



### Process

1. Ask all participants to stand in a circle.

Explain the process: You will call out a value or skill and everyone who thinks s/he has that value /skill stands together. Demonstrate what you mean: say "I am looking for people who like to sing!" (Ask all those who like to sing to stand together and briefly chat about why and what they like to sing.)

2. Begin to play – change categories often so that participants keep on moving!

Possible other values & Skills:

- knows how to cook well
- is a good listener
- can put a crying baby to sleep
- can carry heavy loads
- knows how to make a stove
- can make people laugh
- grows healthy crops
- knows how to treat a cold
- can run fast
- has a good relationship with her siblings

3. Stop the game and ask participants to sit in a circle. Explain that this game is called 'treasure hunt' because it helps us to identify the skills and abilities of people in the group.





Discussion points:

- What were the treasures? (personal abilities / skills)
- Who had at least 3 treasures? What does this say about us? (we have a lot of skills and knowledge amongst us! We can do many things)
- Why do we find it hard to think of these skills / abilities as valuable and things to praise?

4. Ask:

What can we do to help each other build our strengths and believe in our abilities?



### 5. Summarise the key points

- It is hard to build self-esteem, that is, to change the way we think about and see ourselves. A person who has no self-esteem has little confidence in her / his abilities. A person who has a good sense of self-worth is able to manage everyday challenges much better. She/ he can make decisions and act on them.
- We all have skills, abilities, strengths – but often we are not aware of them and do not value them.
- If we want to change the way we relate to each other we have to support each other and build each others' strengths and abilities.
- Building self-esteem (the way we view ourselves) is a difficult process. We can assist each other by encouraging, praising, thanking, showing respect and admiration. Such experiences will change the way we see ourselves.

# What is 'health'?

## A story telling exercise and text analysis



### Purpose

- Outline the different models of health and health care (as they relate to our lives)
- Deepen understanding of how 'health' and 'wellbeing' reflect the (material) conditions of everyday life
- Introduce the Alma Ata Declaration as a model of primary health care (and the PHM)
- Analyse how socio-economic, political and environmental factors impact individual health



### Materials

Copies of the 8 elements of the 'Alma Ata' for all

Questions for group discussion written on flipchart



### Time

180 min



### Process

1. Ask participants to turn to the person sitting next to them and, together, define health: What is 'health'? In plenary, ask for a few responses.
2. Give a brief input, including the points outlined below.





## What is health?

Health is often viewed as the absence of sickness. This is the 'medical model' of health, dominant in North America throughout the 20<sup>th</sup> century.

- It views the body as a machine, to be fixed when broken.
- It emphasizes treating specific physical diseases, does not accommodate mental or social problems well and, being concerned with resolving health *problems*, de-emphasizes prevention.

Health is not just an individual, personal condition - it reflects the conditions of everyday life.

For example, whether you eat nutritious food every day, whether you have proper housing with sanitation, whether you have love and care in your daily life, whether you have sufficient income to ensure your basic needs are met – all these factors contribute to your health. This means, health is a political issue: it is shaped by power. Who makes the decisions about health, who ensures pathways of access to health care – these are important factors that influence our daily lives and well-being.

Plato, a Greek philosopher who lived (429-347 BC) suggested that a perfect human society could be achieved by harmonizing the interests of the individual and the community. The ideal of ancient Greek philosophy "a healthy mind in a healthy body" could be achieved if people established internal harmony and harmony with the physical and the social environment.

The WHO (World Health Organisation) defined health as a "state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."

Elsewhere, health is defined as

- a balance between a person and the environment, the unity of soul and body, and the natural origin of disease
- a relative state in which one is able to function well physically, mentally, socially, and spiritually to express the full range of one's unique potentialities within the environment in which one lives.

3. Explain that health seen in relation to the conditions of everyday life is the basis for primary health care – the demand that underlies the People's Health Movement (PHM)

Distribute copies of the 8 elements of the Alma Ata

4. Form small discussion groups and reveal the following questions:
  - Which of these are provided in South Africa?
  - Which of these are provided sometimes, at some clinics / hospitals?
  - Which of these are sadly lacking?
  - How does inadequate primary health care provision affect you? Give examples!

5. In plenary, review responses. Ensure that the demands of the declaration are fully understood. (You may want to point out that his process has already taken the first demand – for education – seriously! Unless people know their rights they cannot struggle for them).

Have a short break

6. Ask participants to return to their groups. Explain that you will tell the beginning of a story – when you stop, groups are invited to continue and finish the story as they see fit. Tell a story such as the following:



### **Thembi's story**

"When I grow up", Thembi said to her friend Maria, "I will live in a big house with a garden, and every year I will go on holiday by the seaside. I will have a better life than my mother!" Thembi was the oldest of four daughters in the house and she had big dreams.

When she was in grade 8, Thembi missed her period. The next month, it didn't come, and she was feeling very nauseous in the mornings. Her mother was very angry and hit her: "How did this happen? I told you not to go with boys! Who did this to you?" Thembi was too frightened to tell her mother that the neighbour's son had forced her to have sex, one afternoon when she was watching TV at their house and the granny had gone out. He had threatened to kill her if she told anyone about it.

Stop. Ask: What happened next?



Invite groups to make up their own endings...

7. In plenary, each group gives a summary of the continued story....

Note different endings on flipchart.





8. Discussion points:
- In each of the stories, who/what is to blame for Thembi's dream being shattered?
  - What economic factors contributed?
  - What mental health issues contributed?
  - What social / environmental factors contributed?
  - How did gender relations contribute?
  - What cultural elements may have contributed?
  - What kind of changes are required to change the story of Thembi?
9. Wrap up by summarizing the key points



### Improving health requires many different kinds of changes:

- **Infrastructure:** the things we build for ourselves, eg houses, water systems, community structures
- **Consumption :** the things we buy, eg junk food, plastic containers, expensive label clothes
- **Behaviour:** the way we do things, our regular behavior, eg. listen well, act fairly / just, support, grow food
- **Political:** the power decision makers have, eg. Local people, corporations, government



## Materials

Primary Health Care, as defined at the Alma-Ata conference (1978), called for a revolutionary redefinition of health care. Instead of the traditional "from-the-top-down" approach to medical service, it embraced the principles of social justice, equity, self-reliance, appropriate technology, decentralization, community involvement, intersectoral collaboration, and affordable cost.

The Alma-Ata Declaration on PHC envisaged a minimum package of eight elements:

1. education concerning prevailing health problems and the methods of preventing and controlling them
2. promotion of food supply and proper nutrition
3. an adequate supply of safe water and basic sanitation
4. maternal and child health, including family planning
5. immunization against the major infectious diseases
6. prevention and control of locally endemic diseases
7. appropriate treatment of common diseases and injuries
8. provision of essential drug

Where appropriate, the employment of lay health workers from the community should be trained to tackle specific tasks, including education, and to provide first-level care, with appropriate referrals to secondary and tertiary health facilities

# Health in Context

## Story-telling about environmental factors



### Purpose

- Explore how health issues are related to the environment
- Illustrate our responsibilities towards nature and the environment
- Explore how we can improve health by changing environmental factors



### Materials

- newsprint, pens; crayons / kokis
- recommended: [https://ideas.ted.com/practical-smart-advice-for-changemakers-from-a-young-climate-activist/?utm\\_source=recommendation&utm\\_medium=email&utm\\_campaign=explore&utm\\_term=ideas-blog-1](https://ideas.ted.com/practical-smart-advice-for-changemakers-from-a-young-climate-activist/?utm_source=recommendation&utm_medium=email&utm_campaign=explore&utm_term=ideas-blog-1)



### Time

60 - 90 min



### Process

1. Tell a brief story that illustrates the connection between individual and environmental health. Examples

- A child living close to an oil refinery, suffering from asthma
- A child living in a wine farm area, with FAS (Fetal Alcohol Syndrome)
- An older migrant worker who used to live in a hostel and has TB
- A youth with AIDS
- An infant with severe burns
- A middle-aged woman from an informal area suffering from diarrhea

Point out how many medical conditions and diseases are directly related to where and how people live and work.



2. In plenary, brainstorm other examples of common illnesses related to unhealthy environments. Write them up on newsprint, leaving space between each one.

Cut or tear up the sheet so that each piece has one example on it and hang them in different places on the walls (or place them on the floor in different parts of the space)



3. Ask participants to choose one and stand next to it. Ensure all groups are roughly equal in size. Explain, that this activity asks groups to make up and tell a story. They can make pictures as illustrations, or do a sketch, dialogue, interview – be creative in how they tell the story! Each group must prepare to present the story to the whole group.

### Note

Your story must show the environmental factors that impacted her/his health. What were the incidents or crises that lead to him/ her getting sick / unwell?

4. Each group presents their story. Follow each presentation with a short discussion on the health issue, what caused it, and what steps could be taken to address it?
5. Have a plenary discussion to identify the common issues in the stories:

Discussion points:

- What are typical health problems in industrial areas? In crowded conditions? Amongst poor and unemployed populations?
- What are typical health issues for rural populations? Informal settlements?
- What are the causes of unhealthy environmental conditions?

6. Wrap up by summarizing and adding to the steps that can be taken to address unhealthy environmental conditions: what environmental factors do we need to change to improve health?





# The silent enemy

## A role play and discussion

### Note

In advance of this session identify 3 volunteers to perform a short reading / play. Ask them to read through the scripts and rehearse their roles!



### Purpose

- Reflect on the impact of socio-economic and historical factors on everyday life and health
- Share information about gender/ patriarchy, capitalism, colonialism



### Materials

- 3 copies of 'A silent enemy' for performers (or copies for all)
- Image of wheels and cogs



### Time

120 min



### Process

1. Introduce the session by asking: who knows people who are sick due to socio-economic and environmental factors?
  - Share some examples – such as TB from using public transport and living under crowded conditions; asthma due to air pollution; depression due to child abuse; malnutrition and diarrheal disease due to the drought; FAS\* due to the 'dop system' of supplementing wages with alcohol etc
  - Discuss how environmental factors impact health.
  - Ask for examples of colonialism, capitalism, gender impacting health negatively.
2. Outline the session: Explain that this activity begins with a 'radio play': 3 volunteers will perform a short story. After that we will discuss and analyse the story.
3. Perform the play.



\* Fetal Alcohol Syndrome



4. Ask participants to turn to the person next to them and have a brief conversation
  - What have you heard? What do you think of the play?

After a few minutes ask

- Who, in this play, is 'the silent enemy'?

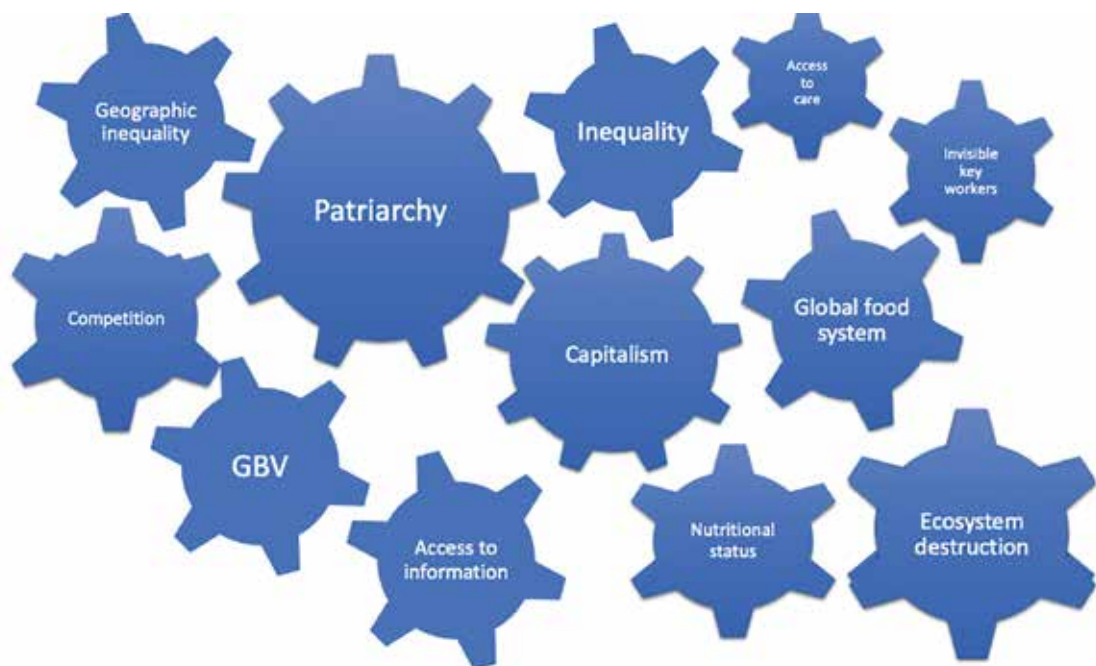
5. In plenary, discuss 'the enemy' / enemies.

If you want, you can request participants to get into different groups depending on who they identify as the main enemy (virus, patriarchy, colonialism, capitalism)

Ask each group to develop a strong argument for why they think their enemy is the worst one!

6. Wrap up the discussion / arguments by summarizing how all 'enemies' are interlinked.

Collect suggestions on newsprint; show the image of the wheels and cogs and explain how each wheel turns the others. This illustrates how systems are interconnected.



7. Ask: what can we do about interconnected risks to health? Individually? Collectively?



## The silent Enemy Covid-19

Mother (M)  
Zodwa (Z) 15 years old  
Sipho (S) 12

Scene	Sounds /setting	Dialogue
1	<p>Footsteps. Front door opening.</p> <p>Footsteps of mother</p> <p>Noise of M wiping the doorhandle</p> <p>Background sounds of TV</p> <p>Sounds of footsteps, then very little water swilling in a bucket. Sounds of bucket being picked up, steps, door opening and closing...</p> <p>Sounds of water filling bucket.</p> <p>Opening and closing door again as Z returns and puts down the bucket. Sounds of hand-washing</p>	<p>M: go and wash your hands! Before you touch anything in this house, wash your hands with soap. And do it properly – I want to hear you singing 'happy birthday' twice.</p> <p>Z: (sniffing) Jik! Everything smells of Jik. Come on, Ma, you really exaggerate! You don't have to put a mask on the baby!</p> <p>M: If we can't sit 2 metres away from each other in this house, we have to wear masks. Especially Sipho, because he sneezes all the time from the dust. I tell him he must sneeze into his elbow but can I trust him....?</p> <p>Z: What should I do with the face mask?</p> <p>M (shouting): don't wave it into my face! Away from me! If someone coughed on you in the taxi this lappie is now full of virus. You touched it with your hands – go and throw it into the bowl with the jik water! Later, we will wash it and hang it in the sun and then iron it. And wash your hands!</p> <p>Z: The bucket is empty again! How can I wash my hands if there is no water!</p> <p>(mumbles, angrily)</p> <p>(Shouting and greetings – outside)</p> <p>Z: that creepy man next door – I hate it when I meet him at the tap. He always tries to touch me!</p> <p>And then I spill the water, trying to dodge him. Haiiii</p>



	<p>Sound of pot lid being lifted.</p> <p>Sound of a chair moving. Footsteps. S comes close.</p>	<p>Z (sniffing the air): Ma – that smells good! And it looks good: bright orange!</p> <p>M: It's sweet potatoes and beans. These potatoes are full of Vitamin B – boosts your immune system!</p> <p>Z: and I see you have naartjies! Yummy. Vitamin C...</p> <p>S: Can I have one now!?! Please Ma!</p> <p>Z: Is Baba coming home tonight?</p> <p>M (laughing) You mean he can smell the food from far away!</p> <p>Z : he only comes when he wants food or money. And last time....</p> <p>S: Ma gave him the money she had saved for my school shoes! And he hit her!</p> <p>M : (Disciplines them)</p> <p>Z: He hit her because she asked him to look after the baby while she went to the clinic to get her pills! (puts on a father's voice) "you look after your children! This is not my job!"</p> <p>M: This is no way to speak about your father! Stop it!</p>
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2	<p>Radio playing softly. Family sitting around the table drinking tea. Sounds of baby gurgling.</p> <p>Sound of chair being pushed back; objects put on the table. Ma gets up.</p>	<p>Z: What are you sewing, ma?</p> <p>M: I am just mending your schooldress. There's no money for new clothes. When I was a little girl, Mama and Gogo were seamstresses and they would buy the material, and cut it and sew it into pinafores and sell them at the market. (Sighs) They also grew their own vegetables, and brewed beer for special occasions, and (laughing) at Christmas they performed plays to each other! (Pause) Now, the only sewing is mending and darning.</p> <p>Z: What happened, why did you stop sewing pinafores? You had your own business!</p> <p>M: Ah, they told us we had to be employed. If you work at home, it's not called 'work'. We used to work from home, and we would decide how much to sell things for! And then we were sent to the factories, to be employed. And we earned peanuts.'</p> <p>S : (Laughing) those days were just like now! You see, now you are working from home again! But they call it 'lockdown'!</p> <p>M: (sighs) ja, when they began to take the minerals and gold from the earth, and decided they wanted the best land for their big farms they pushed the people and animals off the land. That's when we were moved – and we could no longer grow vegetables. And those big bosses poisoned the water and cut down the trees. Now, we cannot even grow a few mielies. We have no land.</p> <p>Z: but tonight the supper was good! I liked the stew!</p> <p>S: and the naartjies!</p> <p>M: Look after the children, Zodwa. I am going to the women's meeting.</p> <p>Z: But Ma, what about social distancing?</p> <p>M (smiles): This one is about social solidarity!</p>
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# Understanding the language of gender and patriarchy

## A 'translation' exercise



### Purpose

- Build insight into terms and concepts of gender / patriarchy
- Deepen awareness of how gender and patriarchy are tools that keep inequality in place
- Understand, how patriarchy works together through all systems



### Materials

- Useful reference:

<https://www.foei.org/what-we-do/gender-justice-dismantling-patriarchy#:~:text=%22Gender%20Justice%20and%20Dismantling%20Patriarchy,Women's%20rights%20are%20Human%20Rights.>

Useful background / introduction to gender / feminism: [https://www.ted.com/talks/chimamanda\\_ngozi\\_adichie\\_we\\_should\\_all\\_be\\_feminists?language=en](https://www.ted.com/talks/chimamanda_ngozi_adichie_we_should_all_be_feminists?language=en)

- Copies of 'concepts' word sheet for all



### Time

90 min



### Process

1. Distribute copies of the 'concepts' and request participants to move around the room and find as many people as possible who can define one or more terms on the sheet.

Ask them to write the names of those who can explain a term, into the box.

Stop the process after 5 minutes, and briefly ask for feedback:

- which concepts have only one or no names next to them?
- Which ones are easier to understand or well-known, and have more names?



2. Ask participants to get into 4 groups and allocate each group 2 of the concepts.

Each group should try and translate the term into other languages, and then work on an explanation of what it means.

3. In plenary, ask each group to report back and, together, develop a clear explanation of each concept. Find examples for each to illustrate it.

Here are some examples of explanations:



<p><b>Chauvinism</b></p> <p>excessive or prejudiced support for one's own cause, group, or sex.</p> <p>"an irrational belief in the superiority or dominance of one's own group or people".</p>	<p><b>Sexism</b></p> <p>Sexism is prejudice or discrimination based on a person's sex or gender. Sexism can affect anyone, but it systematically and primarily affects women and girls. It has been linked to stereotypes and gender roles, and may include the belief that one sex or gender is intrinsically superior to another.</p>
<p><b>Feminism</b></p> <p>advocacy of gender justice and a struggle against all systems of oppression.</p> <p>Feminism is a range of social movements, political movements, and ideologies that share a common goal: to define, establish, and achieve the political, economic, personal, and social equality of the sexes.</p>	<p><b>Androcentrism</b></p> <p>the practice, conscious or otherwise, of placing a masculine point of view at the center of one's world view, culture, and history, thereby culturally marginalizing femininity.</p> <p>centered on, emphasizing, or dominated by males or masculine interests</p>
<p><b>Misogyny</b></p> <p>dislike of, contempt for, or ingrained prejudice against women.</p> <p>the hatred of, contempt for, or prejudice against women or girls.</p>	<p><b>Patriarchy</b></p> <p>a system of society or government in which the father or eldest male is head of the family.</p> <p>a social system in which men hold primary power and predominate in roles of political leadership, moral authority, social privilege and control of property. Some patriarchal societies are also patrilineal, meaning that property and title are inherited by the male lineage.</p>
<p><b>Gender</b></p> <p>From Latin: genus = "kind", "type", or "sort"</p> <p>Distinguish between biological sex and the social construct of gender: One's biological sex is directly tied to specific social roles and expectations associated with 'boy' or 'girl' (male/female)</p>	<p><b>Power</b></p> <p>the ability or capacity to do something or act in a particular way.</p> <p>the capacity or ability to direct or influence the behaviour of others or the course of events. Power comes from the Latin word <i>potere</i>, which means "to be able."</p>



4. Discuss: why is it important that we all understand the concepts clearly?

### **Understanding the language of gender and patriarchy**

Gender matters everywhere in the world. We need to understand how it works. Men literally rule the world. Ideas may have changed but our ideas of gender have not.

Understanding concepts helps us to communicate and understand each other more clearly.

It helps us to clarify meanings of concepts and terms that are used to oppress us. Concepts help us to make sense of and describe behaviours and hostile attitudes. Language and power go hand in hand – the concepts show how.

Feminism is often regarded negatively and we need to understand clearly what it is and what it wants to achieve – for everyone!

Anti-patriarchal language is part of the fight against the system. We must know it.



5. Ask participants to pair off into same/home language groups – ie. Two people who both speak a particular (vernacular) language. Explain that this exercise is a rehearsal for 'real life' beyond the workshop. Give the following instruction:

- Take turns explaining different concepts to each other in your (home) language. Help each other to develop clear explanations and illustrations.



6. In plenary, report back on the exercise.

Questions to ask:

- What terms / words were particularly difficult to explain? Why?
- What helped you to find a way of explaining?



7. Wrap up by explaining gender justice:

*Gender justice is 'a world where everybody enjoys autonomy, freedom and equality, and is able to share equitably in the distribution of power, knowledge and resources. To make this world we have to act in a way that promotes gender justice!'*





## Materials : Concepts

<b>Chauvenism</b>	<b>Sexism</b>
<b>Feminism</b>	<b>Androcentrism</b>
<b>Misogyny</b>	<b>Patriarchy</b>
<b>Gender</b>	<b>Power</b>



# Constructing 'The Masters House'<sup>1</sup>

## Building a symbolic 'house' to visualise gender and patriarchy



### Purpose

- Deepen understanding of how gender injustice is constructed and maintained
- Make clear how people are socialized into gender roles



### Materials

- 4 differently coloured 'stick its' (at least 20 of each) or coloured strips of paper and glue
- Large sheet of newsprint / paper with the outline of the walls and a roof of a house, and the heading 'Masters House'. The bricks will be the stick-its
- Kokies



### Time

120 min



### Process

1. Introduce the activity by quoting Audre Lorde: 'You cannot use the Master's tools to dismantle the Master's House'.

Encourage a brief 'buzz' around this quote; do participants agree with it? Why / how so?

2. Explain that in this activity we ask ourselves: where do we learn the things we do and say? We will look at various institutions, or places, in the world around us:

1. Education – the system as we have it in S.A.
2. Religion – the various places and kinds of worship we have
3. Culture – including family, tradition
4. Media – print media, TV, radio, social networks, advertising etc

We ask: What do these institutions or places teach us about how to be a woman or a man, about how we should or should not behave?

1. With thanks to Anna Davies van Es from JASS who taught me the process

We then construct a house using bricks (made from the stick-its), to describe the actions and ways of being a woman or a man.



3. Divide the participants into 4 groups and allocate a topic to each one. Distribute different coloured stick-its and pens. Set an approximate time limit of 30 minutes.

Repeat the instruction: 'what does education, culture, religion, media tell us about how to be a woman or a man? Write one action or way of being on each stick-it.'

Give an example to illustrate what you mean.

Example: 'boys don't cry!' where do we hear this? Who says this? Both home/ culture, and education, and even the media.....

4. While groups are working, stick up the house or place it in the centre of the floor.

Monitor the groups and assist where necessary. You may want to ask questions or give hints to deepen groups' work. Example questions

- In various religions, are there special clothes for men/women? Are there rituals around death and dying?
- In education, are there subjects boys/girls study in preparation for what they are expected to become?
- In culture, are there different ways in which boys and girls communicate with elders?
- In media, how are men and women shown differently?

5. When the groups are finished assemble all around/in front of the house. Ask each group to read out and stick their stick-its in a 'pillar', as bricks, so that the house is finally made up of different coloured pillars.





6. Review the findings.
  - 6.1. Ask a range of questions to describe the 'house'.
    - What do these institutions say about how girls / women should behave?
    - What can or can't boys / men do?
    - What is the message conveyed in media, about men/women?
    - What does it mean if there are the same bricks (messages) in different pillars?
  - 6.2 Ask a range of questions to analyse the messages on the bricks.
    - What happens if women do not obey the rules / behave like they are supposed to?
    - What about men?
    - What are the linkages between the institutions?
    - How can we escape the house (or not)?
  - 6.3 Ask a range of questions that address the issue of change and transformation
    - What does it mean to do the work of breaking down the Master's house?
    - What can we do individually to break down the house?
    - How should we act collectively to break it down?
7. Wrap up 'the Master's House':



There are common messages from different institutions that get repeated over and over. Men are supposed to be dominant, women subservient and obedient. Girls get told from an early age that they are worth less than boys; they have fewer opportunities and freedom. The messages are repeated so much that women and men begin to internalise and even believe them, and act accordingly. Even though some things have changed many have remained the same. For example, if a man helps with his baby or child, he is thanked. The woman is just expected to do what she does. This shows, that 'the Master's House', patriarchy, is an organised system; it is made up of many parts and it is structured; it influences all of us – whether we agree with it, or not.

8. Apply the lessons:

Ask participants to step up to the house and review the bricks / messages. Ask them to consider which of these messages they have contributed to? Which of these do they, themselves, maintain? Ask each participant to peel off one brick and find a partner.



- In pairs, share the bricks you have taken.
- Discuss what this means for your life, and the life of others with you.
  - How does the message on the brick impact health (or not)?
  - How will you go about making a change? What can you do to contribute to dismantling the Master's House?

9. In plenary, conclude with a round-robin: Each participant will contribute one idea to the challenge 'this is how we dismantle the Master's House'!

# Getting to know our bodies

## A game, plenary dialogue, research and series of 'teach-backs'



### Purpose

- Understand that our bodies are systems in which all parts work together to make the system run smoothly
- Develop insight into different body systems and their functions / functioning



### Materials

- Hand-outs on human body systems



### Time

120 min



### Process

1. Give a brief introduction to explain 'body systems'.

Every human body is made up of cells, tissues and organs. They all function together to make up a system.

A system is an arrangement, an organisation, a structure of parts.

Each system performs a specific function – for example, processing what you eat, making new blood cells, helping you to breathe.

All the systems must work together for the body to function properly. If one part does not work well, all the others are affected.



2. Begin with a drama activity that demonstrates what a system is and how the parts work together to make a whole 'complex system'.

Ask all participants to stand in a circle. Invite one volunteer to step into the circle and make a simple movement that she can repeat comfortably. This is the first part of the machine. While she continues to repeat the movement invite others to join and add to the machine, one by one. Ideally, each motion should relate to what others are doing.

Ask all players to make a simple (repetitive) sound to go with the movement. Let the 'machine' run for a while, then call a 'freeze'.

3. Ask participants to describe what happened.



#### Discussion Points:

- What did this remind you of in real life?
  - What would happen if one part of the 'machine' broke and stopped working?
  - How does this relate to our bodies: if one part stops working – what happens to the rest of the body?
4. Conclude by pointing out that this 'machine' was a system: a structure of moving parts – much like our bodies.

#### Note

Alternatively, you could distribute building materials such as lego blocks and ask each participant to construct a simple structure.

Invite them to join their individual structures to build one system of interlocking parts that stands up tall.

Ask them to label or name this construction: What is its function?

5. Ask participants to name what body systems they know (give an example to illustrate what you mean – eg. 'reproductive system') Point out that each system consists of multiple parts (eg male reproductive system: penis, testes, prostate etc)

Write responses on flipchart (optional)



#### Body systems

- Skeletal (Bones – incl. bone marrow: production of blood cells)
- Nervous (brain / spinal cord / nerve fibres)
- Circulatory (heart / blood vessels, blood)
- Lymphatic (lymph glands / vessels / fluid; thymus, tonsils, spleen)
- Immune (white cells – produced in bone marrow and thymus) = cd4 cells!
- Respiratory (nose, mouth, trachea, bronchial tubes, lungs)
- Digestive (mouth, oesophagus, stomach, intestines, pancreas, liver, rectum. Anus)
- Reproductive (male: penis, scrotum, testes, prostate)  
Female: vagina, uterus, ovaries, fallopian tubes, cervix)

6. Explain that the following activity asks participants to work in groups and research a particular system – followed by a 'teach back' to the rest of the participants.



- Form groups of 4-6 people and give each group one of the 'systems' hand-outs. (see materials)
- Instruct each group to read through the hand-out and discuss the information and prepare a short presentation in which they will teach others the information. Ensure that the presentation talks about how different parts of the system are linked and/or work together.
- Set a time-frame of approximately 30 minutes.

7. Walk around and assist when / where necessary.
8. Call the groups together and facilitate the process of 'teach-backs'.



9. Begin a plenary dialogue on 'systems'. Point out that people are part of a broader complex system of interrelated interdependent parts.



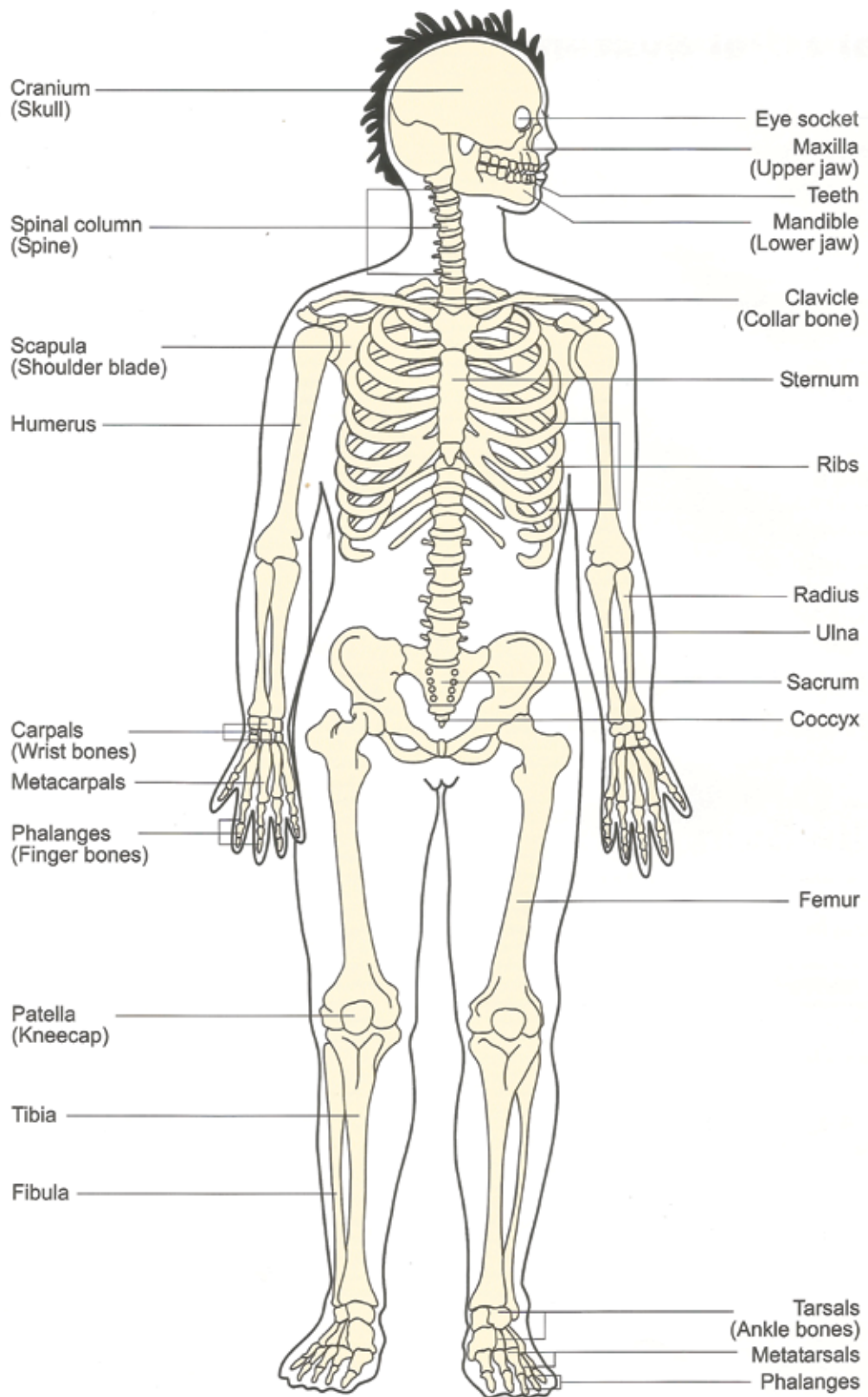
Questions to ask:

- What are examples of other systems that impact our lives?
- How do they relate to one another? Are they in conflict or harmony with each other?
- How do they facilitate/support or hinder/harm each other?



10. Review: Discussion Points

- Why is it important to think of our bodies as belonging to a larger complex system of parts?
- What does this mean for our health? What is the lesson for physical, mental, emotional well-being?







# Skeletal System

## What does the skeletal system consist of?

The skeletal system consists of 206 bones.

## What does the skeletal system do?

- Gives the body shape and support
- Allows movement
- Protects the delicate organs and tissues of the body
- Produces blood cells

## How does the skeletal system work?

### Protection

The outer shell of bone is hard and rigid. Minerals obtained from food (such as calcium and phosphorus) help to make bone tissue strong. Bones are specifically shaped e.g. the skull covers the brain like a crash helmet, and the spine forms a tube to encase the spinal cord.

### Movement

**Muscles** are attached to bones by bands of strong tissue called **tendons**. Muscles are made of strands or fibres. It is the contracting (or shortening) of muscle fibres that pulls the bones in different directions. The muscles contract and relax in response to messages from the brain (which we will look at in more detail later).

**Joints** are where two or more bones meet.

### Blood cell production

**Bone marrow** is found within some bones in the body, such as the femur (thigh bone). Blood cells are produced in the bone marrow.

# The Skin

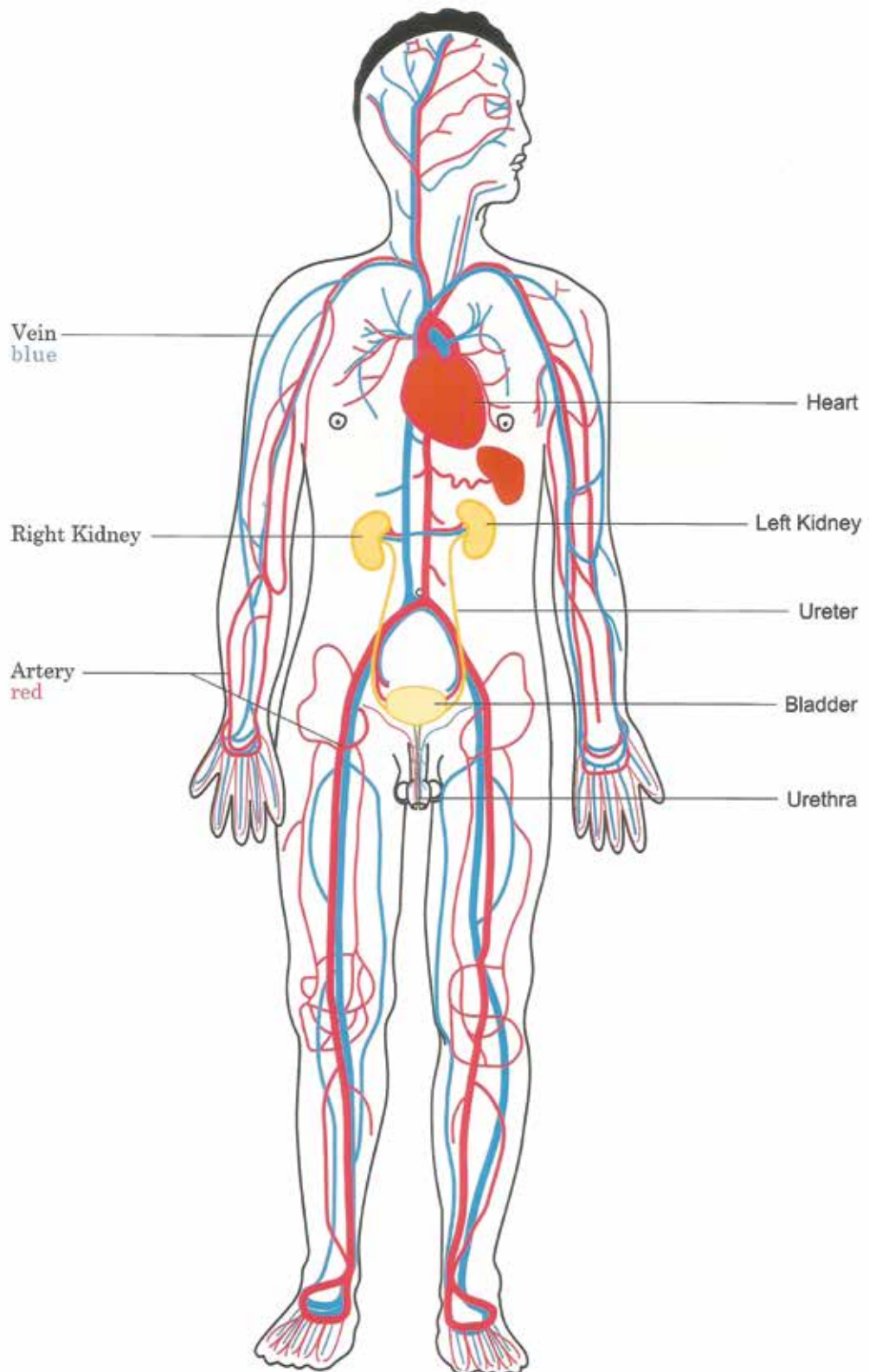
## What does the skin do?

Skin is the barrier that protects the body as it interacts with the world around it.

## How does the skin work?

The skin is made up of more than one tissue.

- Outer layer:** the outer layer of the skin is strong, waterproof, pliable and elastic.
- Sweat glands:** sweat glands produce sweat that rids the body of some of its waste and keep the skin cool.
- Nerve endings:** nerve endings provide the sense of touch. Feeling pain is one way in which the body avoids injury.
- Sebaceous glands:** sebaceous glands produce oil which keeps skin supple and prevents it from drying. Fingers and toes do not produce this oil which is why they wrinkle after a long period in water.
- Hair follicles:** hair follicles produce hair that provides warmth.
- Pigment or colour:** special skin cells produce pigment that provides some protection against the sun.
- Tears:** special cells in the skin around the eyes produce tears. Tears keep the eyes moist and free of germs.





# Circulatory System

The circulatory system consists of:

- Heart
- Blood vessels
- Blood

## What does the circulatory system do?

The circulatory system supplies oxygen and nutrients to all cells in the body and removes waste products from them.

## How does the circulatory system work?

The oxygen received from the lungs and the nutrients in food are dissolved in the **bloodstream**. 'Stream' describes how the blood is constantly flowing.

### Blood

Blood is composed of cells, just as the rest of the body is. These cells are contained in fluid called **plasma**.

- **Red blood cells** give blood its colour. Their function is to carry oxygen.
- **White cells** (white blood cells) defend the body against germs
- **Platelets** help blood to clot.
- **Blood vessels** are the tubes in which the blood is transported (circulated) around the body. They branch into smaller and smaller vessels until they become a network of tiny vessels. The walls of these vessels are thin enough to allow the oxygen and nutrients that are dissolved in the plasma, to pass through and into the body's cells. Arteries carry blood from the heart to the rest of the body. Veins carry blood to the heart.

The **heart** is approximately the size of the person's closed fist. It is mostly made of muscle tissue and it functions as a pump that pumps the blood continually around the body. The heart pumps (beats) approximately 30 million times a year.

# Renal System

The renal system consists of:

- Kidneys
- Ureters
- Bladder
- Urethra

## What does the renal system do?

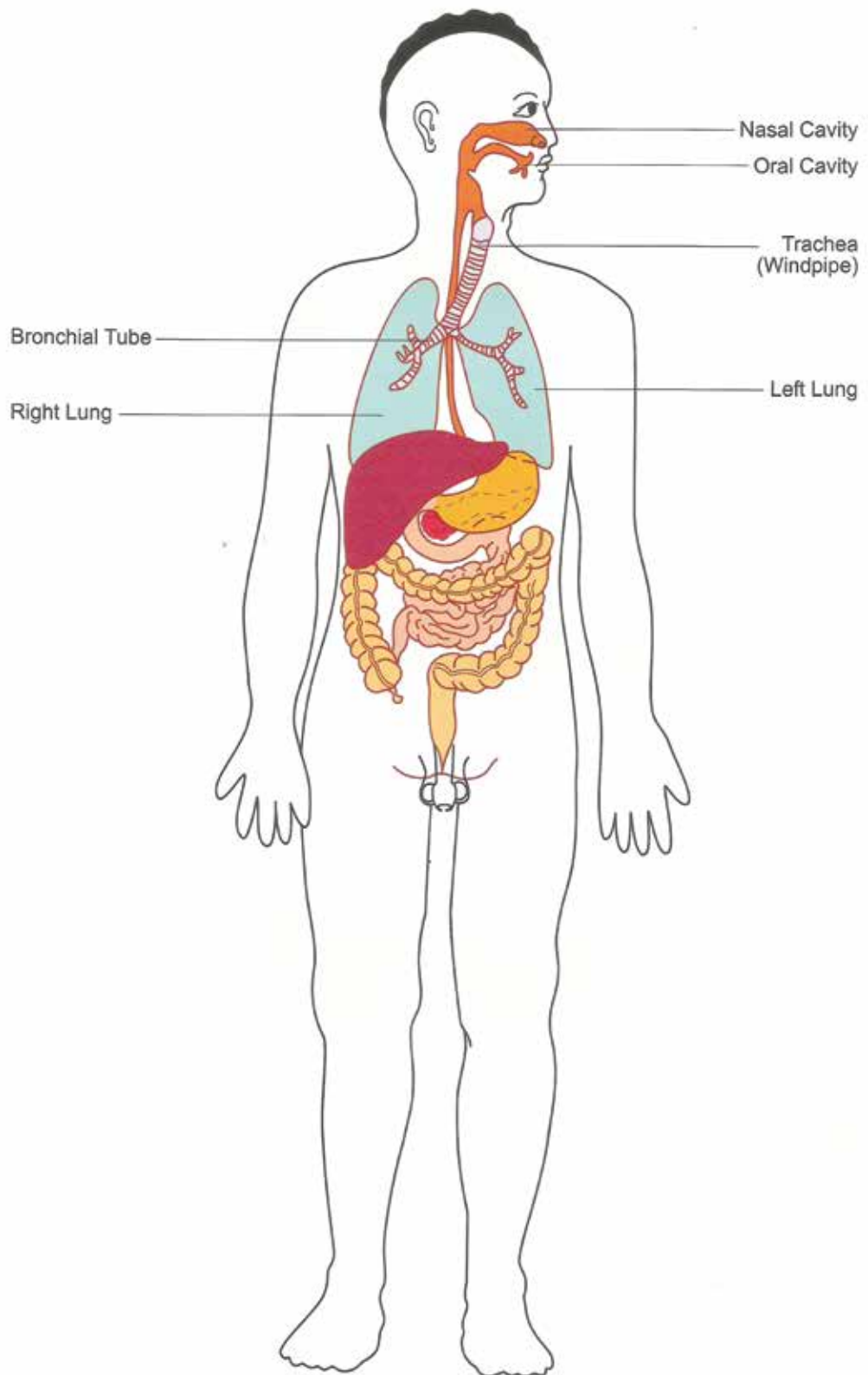
The renal system clears the blood of wastes and disposes of them.

## How does the renal system work?

Waste from the cells is transported in the bloodstream to the **kidneys**. The kidneys' function is to remove and process the waste along with excess fluid that the body no longer needs.

The excess fluid and waste are passed down 2 tubes called **ureters**, and into the **bladder**, where it is stored. It is then passed from the bladder through a tube called the **urethra**, and out of the body in the form of **urine**.

The openings for the urethra are; the end of the penis in the male, and a small opening just in front of the vaginal opening in the female.





# Respiratory System

The respiratory system consists of:

- Nasal Cavity (Nose)
- Oral Cavity (Mouth)
- Trachea (Windpipe)
- Bronchial tubes
- Lungs

## What does the respiratory system do?

As we have mentioned earlier, all cells require oxygen to produce and carry out their functions. The respiratory system provides the body with oxygen. This process is known as respiration.

## How does the respiratory system work?

### Inhalation - breathing in

The lungs are attached to a large muscle that lies below them (the **diaphragm**), and to the ribs. During inhalation, the brain sends messages, via the nerves, to the diaphragm and rib muscles to contract. This expands the rib-cage and air rushes into the lungs.

### Exhalation - breathing out

When the muscles relax, the rib-cage returns to its original position and the air is forced out.

### How does oxygen enter the bloodstream?

The lungs are a network of tubes which end in tiny air sacs (over 300 million). It is here that oxygen (one of the gases in the inhaled air) passes through the thin walls of the air sacs directly into the blood stream. When the cells use the oxygen, they produce a waste product (a gas called carbon dioxide), which is passed from the blood to the sacs to be breathed out.

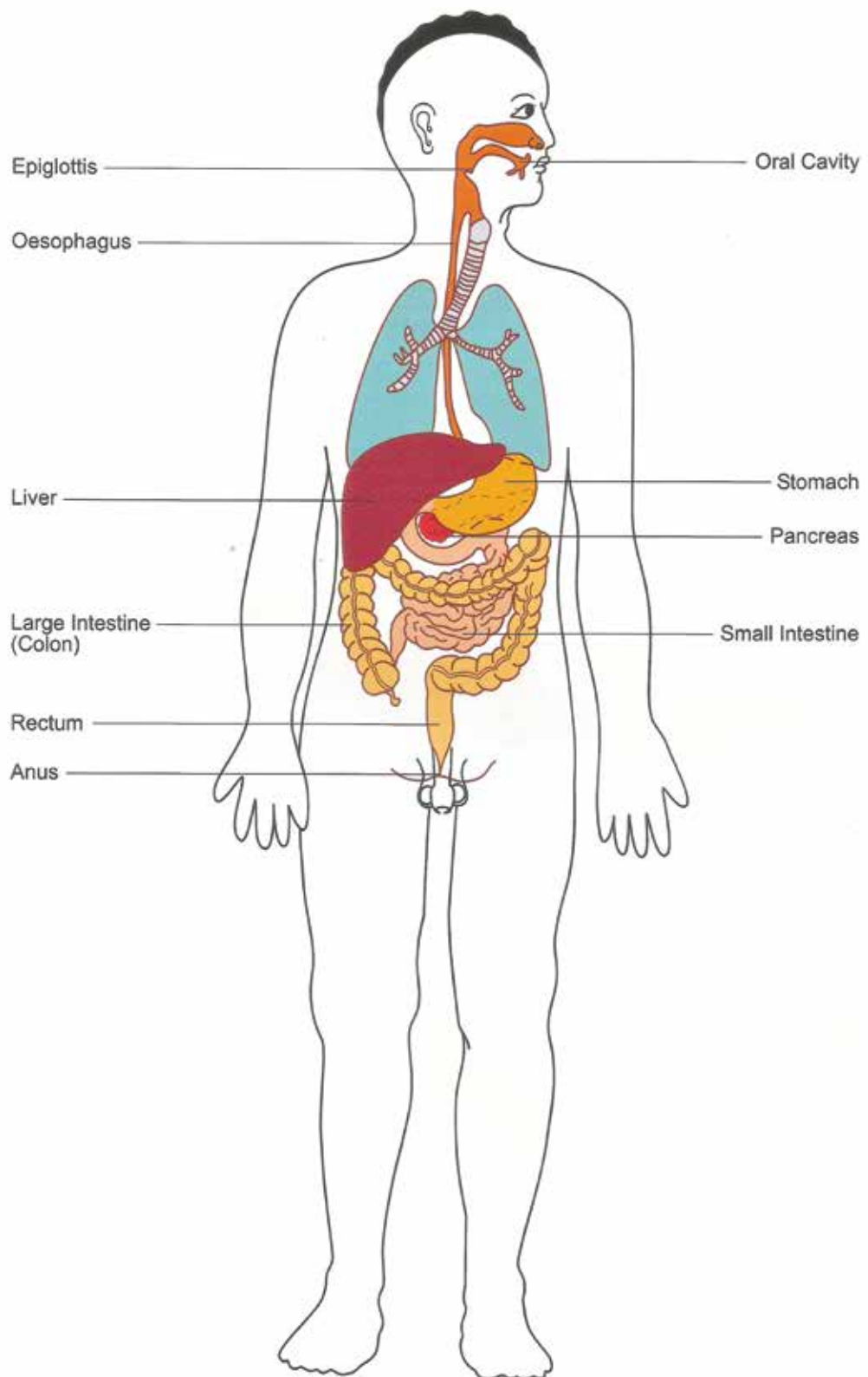
## What is the link between TB and HIV?

**Tuberculosis (TB)** is an infectious disease that can affect any part of the body, but mostly the lungs. TB germs spread from person to person through coughing. This happens when an infected person coughs TB germs into the air and another person inhales them.

Not all people who become infected with TB (inhale the TB germs) go on to develop the disease and become ill. In the majority of people, the TB germs enter the lungs where they remain dormant (inactive) and are not passed to others.

In those infected persons who do go on to develop the TB disease and become ill, the illness only becomes evident after a period of time. TB is curable if treated correctly.

HIV-positive people are more susceptible to TB because of their weakened immune system and tend to develop the disease more rapidly. TB in patients with HIV can also be cured.





# Digestive System

The digestive system consists of:

- Oral cavity (mouth)
- Oesophagus (Gullet)
- Stomach
- Small Intestine
- Pancreas and Liver
- Large intestine (Colon)
- Rectum and Anus

## What does the digestive system do?

The digestive system breaks down food into nutrients that provide the body with energy and warmth. This process is known as **digestion**.

## How does the digestive system work?

### Nutrients

Nutrients are a general term that includes proteins, carbohydrates, fats, vitamins and minerals. The body requires adequate supplies of each nutrient to produce cells, and maintain and repair the body's tissues. Without nutrients, the body cannot grow, develop and function correctly throughout its lifetime. Food must be broken down into smaller, basic components before the nutrients can pass into the bloodstream to be used. We will see how this works as we follow the passage of food.

### Mouth

The **mouth** processes food in 2 ways: **mechanical** and **chemical**. Mechanically, food is cut, chewed and mixed in the mouth. Chemically, the salivary glands (groups of specialised cells on the walls of the mouth) produce saliva which begins breaking down carbohydrates.

### Oesophagus (Gullet) and Epiglottis

The food is swallowed and passed down the **oesophagus (gullet)** to the stomach. The oesophagus is a long muscular tube. There is a small flap of skin called the **epiglottis** which lies at the junction of the oesophagus and trachea (windpipe). During swallowing, this flap covers the trachea opening so that food does not go into the lungs.

### Stomach and Small intestine

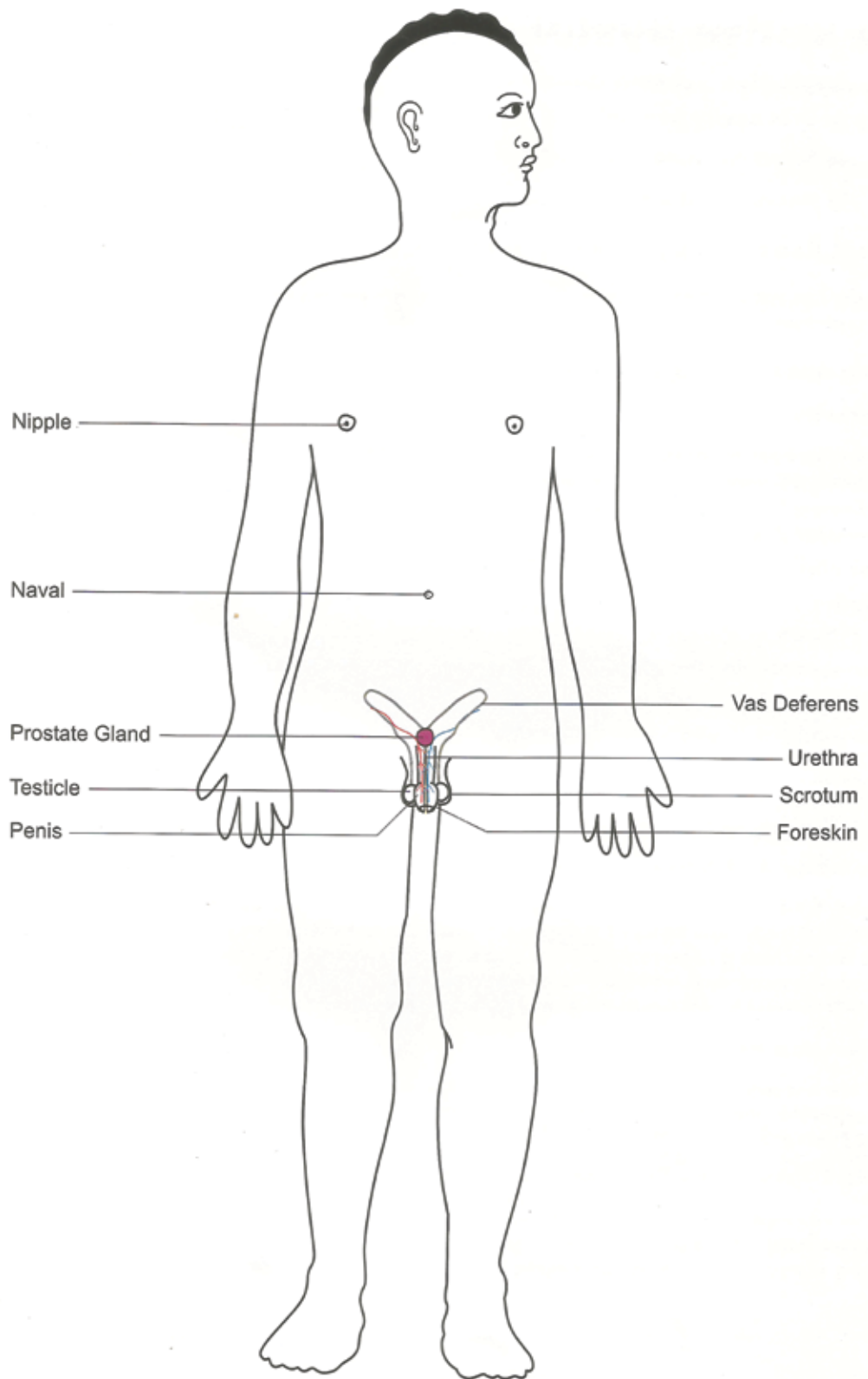
Similarly to the mouth, the **stomach** also uses mechanical and chemical processes to break down food. The muscular wall of the stomach churns the food. The stomach produces a fluid containing acid and chemicals which break down food. The acid also helps to kill germs. Food spends up to six hours in the stomach. The food is now the consistency of soup and passes into the **small intestine**, a coiled tube almost 3 meters in length. This provides a large surface area for nutrients and water to pass through the inner wall of the intestine and into the bloodstream.

### Liver and Pancreas

The **liver** and **pancreas** produce chemicals that break down different nutrients. The chemicals from the liver pass into the **gall-bladder** (not shown) and from there into the small intestine. Chemicals from the pancreas pass directly into the small intestine.

### Large Intestine, Rectum and Anus

At this point, most of the nutrients have passed into the blood stream. The remaining food continues into the **large intestine (colon)**. Any remaining water and nutrients that the body requires can pass through the walls of the colon, leaving waste products called faeces or stools. These are stored in the **rectum** and passed out through the **anus**.







# Male Reproductive System

The male reproductive system consists of:

- Scrotum
- Testicles
- Vas Deferens
- Prostate Gland
- Urethra
- Penis

## What does the male reproductive system do?

The function of the male reproductive system is to produce the male sex cells or "sperm" (sex refers to gender in this case). It is the union of the sperm and the female's egg (ovum) that creates new life. This process is **reproduction**.

## How does the male reproductive system work?

### Puberty

The male begins to produce sperm cells when he reaches puberty. This generally occurs between the ages of 10 – 14, and varies from individual to individual. The physical and emotional changes associated with puberty are partly due to **testosterone**, a hormone produced in the testicles. Testosterone is responsible for controlling male development and the production of sperm inside the testicles. The production of testosterone is triggered by the brain.

### Testicles

The testicles are two egg-shaped organs contained in the scrotum. They continually produce sperm throughout the man's life. Each sperm is very tiny, only 0.05 millimetres long.

### Scrotum

The scrotum is a loose pouch of skin that holds and protects the testicles. It lies outside the body because sperm production requires a temperature lower than internal body temperature.

### Vas Deferens

The sperm cells pass from the testicles into the vas deferens, two tubes which lead to the urethra.

### Prostate Gland

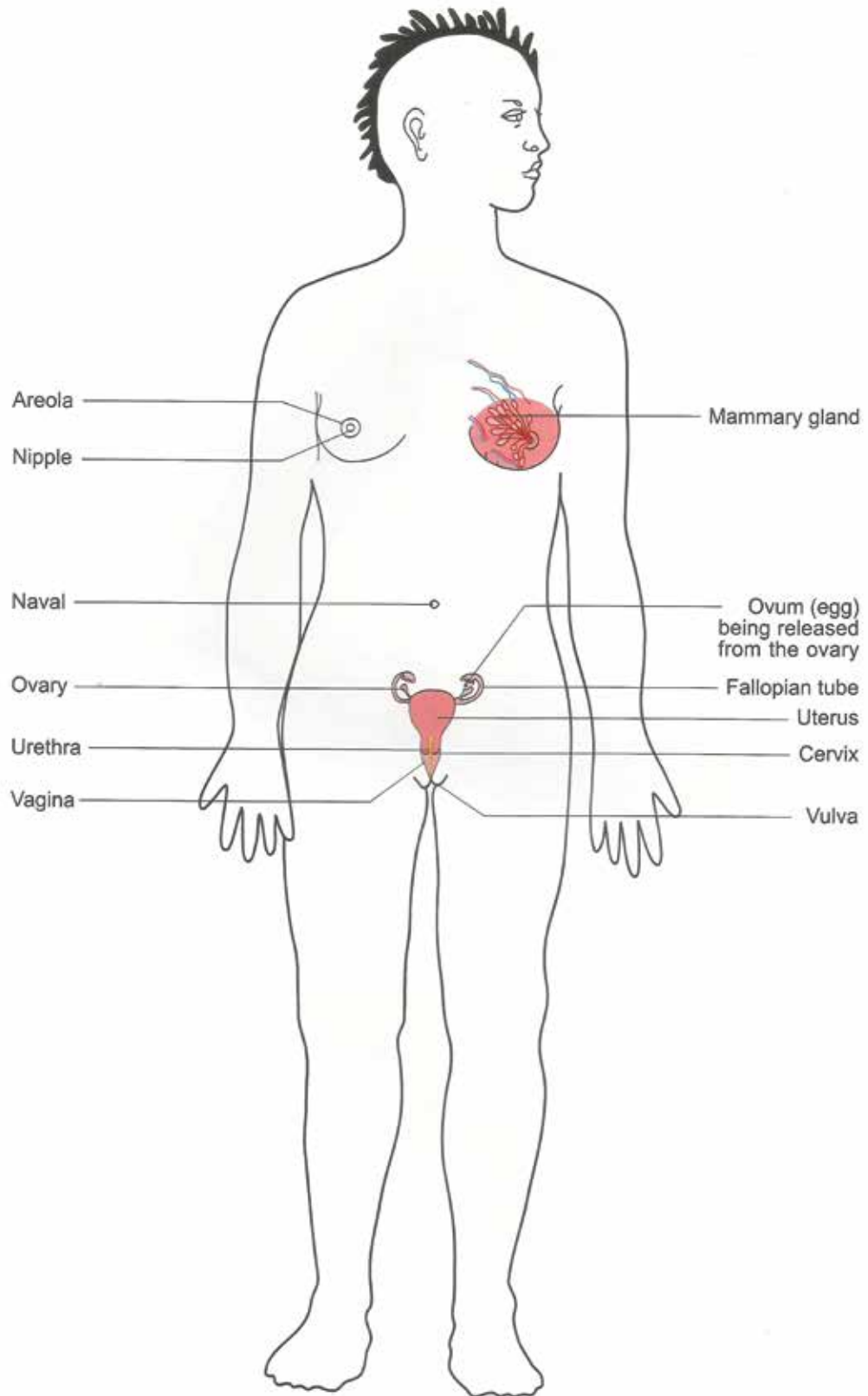
The prostate gland produces a fluid into the vas deferens that provides special nourishment for the sperm cells. The whole mixture of sperm cells and secretions is a thick whitish fluid called semen.

### Urethra

The semen passes from the vas deferens into the urethra, a tube that runs through the centre of the penis. It provides an outlet for both semen and urine.

### Penis

The penis consists of the **shaft** (main part) and **glans** (the tip or the head). The **foreskin** is a fold of skin that covers the glans and is sometimes removed by **circumcision**. The tissue inside the penis has special blood vessels which can fill with blood, making the penis hard and straight. This is called an **erection**.





# Female Reproductive System

## The female reproductive system consists of:

- Ovaries
- Fallopian tubes
- Uterus (Womb)
- Cervix
- Vagina
- Vulva

## What does the female reproductive system do?

The function of the female reproductive system is to produce female sex cells (eggs or ova), and to facilitate pregnancy and child birth.

## How does the female reproductive system work?

### Puberty

Egg production takes place in the **ovaries**. The eggs begin to form before birth which means that at birth, a girl will have in her ovaries all the eggs that she will ever have. It is not until puberty that the eggs are ready for release from the ovaries, which continues until she reaches menopause around the age of 50. The ovaries also produce **hormones**, including oestrogen and progesterone, which control egg production and are responsible for the physical and emotional changes associated with puberty.

### Menstruation

The **menstrual cycle** is a period of time during which egg-release from the ovaries (**ovulation**) takes place. During the first part of the cycle, the lining of the uterus thickens to receive the fertilized egg. An egg (usually one per cycle) is released from the ovary and enters the **fallopian tube**. If fertilization does not take place, the lining of the uterus is shed, along with the unfertilized egg (**menstrual bleeding**), after which the cycle begins again.

The menstrual cycle is controlled by the hormones **oestrogen** and **progesterone**, which in turn are triggered by the brain. The cycle lasts for approximately 28 days, but can be longer or shorter for some women.

### Fallopian tubes and Uterus

Once the egg is released from the ovary it enters the **fallopian tube**, which leads to the **uterus (womb)**. The uterus is about the size of a fist with a thick muscular wall that can expand over 1000 times in volume to hold a developing baby.

### Cervix and Mucus Plug

The narrow opening at the bottom of the uterus is the **cervix**. The cervix has a very delicate lining of cells that produce a thick mucus that helps to protect both the cervix and the uterus from germs. During pregnancy it is closed with a plug of mucus. During labour this **mucus plug** is expelled and the cervix stretches to allow childbirth.

### Vagina

The **vagina** is the muscular tube that extends from the cervix to an opening on the outside. Like the cervix, the vagina also stretches in childbirth. It also has a very delicate lining. Cells in the vagina's lining produce vaginal fluid that plays a vital part in protecting the vagina from injury and germs. The **hymen** is a thin piece of skin that usually partially covers the external vaginal opening. It sometimes tears during first sexual intercourse and may bleed a little. In some women it tears for other reasons without them knowing.

The visible exterior of the reproductive system is called the **vulva**. The vulva includes the **labia (lips)** which protect the vaginal opening, the urethral opening and the **clitoris**. The clitoris is a small sensitive mound of skin.

# Nutrition

## A series of activities working with pictures



### Purpose

- Identify nutritious foods and a healthy diet

#### Note

If you are working with a group of participants who have not previously investigated food / nutrition, you may want to begin with a card-sorting activity.

This a useful starting point for group dialogues as it allows participants to identify what they know and ask questions to clarify uncertainties. It turns all participants into teachers and learners and illustrates how food knowledge does not belong to 'experts'.

Alternatively, skip the first activity.



### Materials

- Sets of food cards – these could be images cut from magazines or downloaded from the internet
- Picture of a 'food pyramid'
- Picture of a 'healthy eating plate'
- Paper plates (optional)
- [https://www.youtube.com/watch?v=Gmh\\_xMMJ2Pw](https://www.youtube.com/watch?v=Gmh_xMMJ2Pw) (healthy plates)
- <https://www.youtube.com/watch?v=1sISguPDlhY> (gut health)



### Time

90 min



### Process

1. Spread pictures showing different kinds of food on a table or the floor and invite participants to sort these into 'groups'. Which kinds of foods belong to the same group?

Review the groups of pictures and correct any misplacements. Discuss what the pictures in each pile/group have in common. Questions to ask:



- Why does it matter to know which foods belong to which group?
- What does it mean when people say 'you are what you eat'?

Point out that eating a balanced diet of nutritious foods is important for health.

2. Display an image of the food pyramid, or draw it, or create it using the pictures, as you speak.



Together, describe and explain each layer of the pyramid: what types of food are there, what is their function – why do we need them?

Briefly, discuss the function of different food groups.

### Food groups

**Protein:** Found in beef, pork, chicken, game and wild meats, fish and seafood, eggs, beans and other legumes. Protein provides the body with amino acids, the building blocks needed for growth, development, and repair and maintenance of body tissues.

**Carbohydrates:** Found in wheat (bread), maize, beans, root vegetables, rice. The main role of a carbohydrate is to provide energy – needed for movement and development.

**Fat:** Found in oils, coconut, nuts, milk, cheese, meat, poultry and fish. Fats provide structure to cells and cushions membranes to help prevent damage. Oils and fats are also essential for absorbing fat-soluble vitamins including vitamin A.

3. Explain that these are the 'large' (Macro) nutrients – we also need micro-nutrients and these are contained in many of the foods mentioned: examples are



**Vitamin A** (helps the eyes to see and boost the immune system) - found in orange and dark green vegetables

**Calcium and magnesium** (help muscles and blood vessels relax, preventing cramps and high blood pressure) – found in dairy products, bananas

**Vitamin C** (helps wounds heal and the body's ability to fight off germs) – found in citrus fruit

**Iron** (helps the blood transport oxygen throughout the body and prevents anemia)- found in spinach, liver, eggs

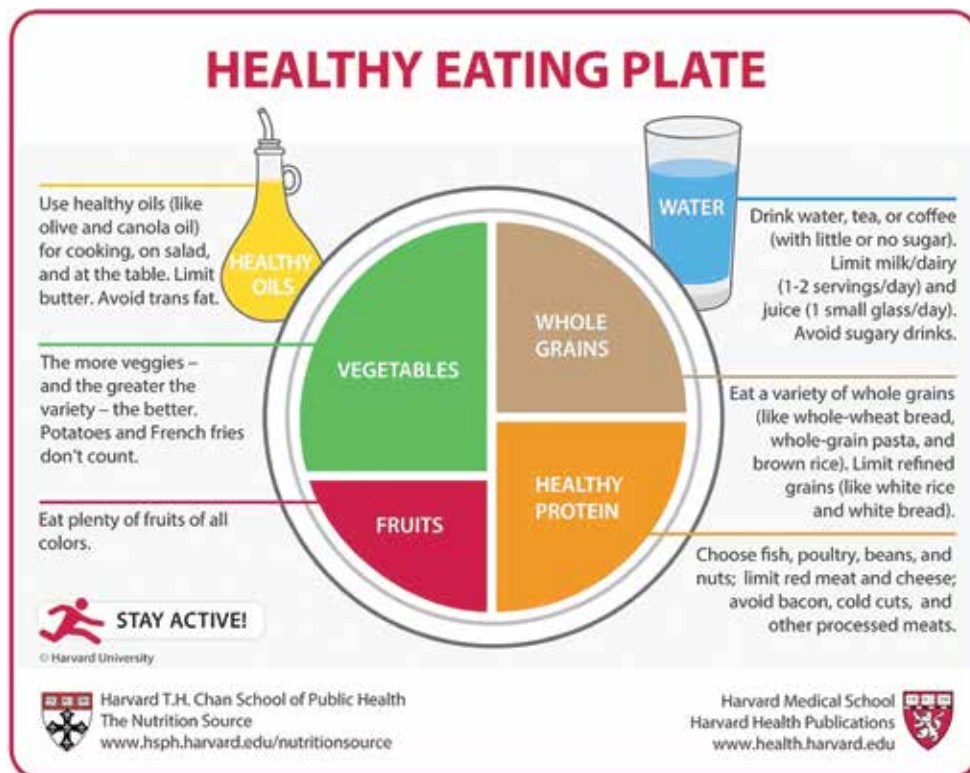


Discussion points:

- Why are the food groups shown as a pyramid? What does this suggest?
- Should all people eat the same kinds of food? How do the food needs differ for children, older people, athletes, pregnant women?
- Which of these foods should be avoided by people with diabetes?

Point out that we should *all* eat a variety of food from different food groups to ensure we have a balanced diet that keeps our bodies going.

4. Show the image of a 'healthy eating plate' and discuss the quantity of vegetables, grains, fruits, protein. Alternatively, show one of the films available on the 'plate method' or 'gut health'.



5. Collect all the pictures into one pile.

Form smaller groups, distribute a paper plate to each group (optional) and ask groups to construct their own healthy eating plate, using the pictures. Alternatively, ask them to draw a nutritious plate of food.

Display plates and ask each group to explain their plate in terms of its nutritious value.



Discussion points:

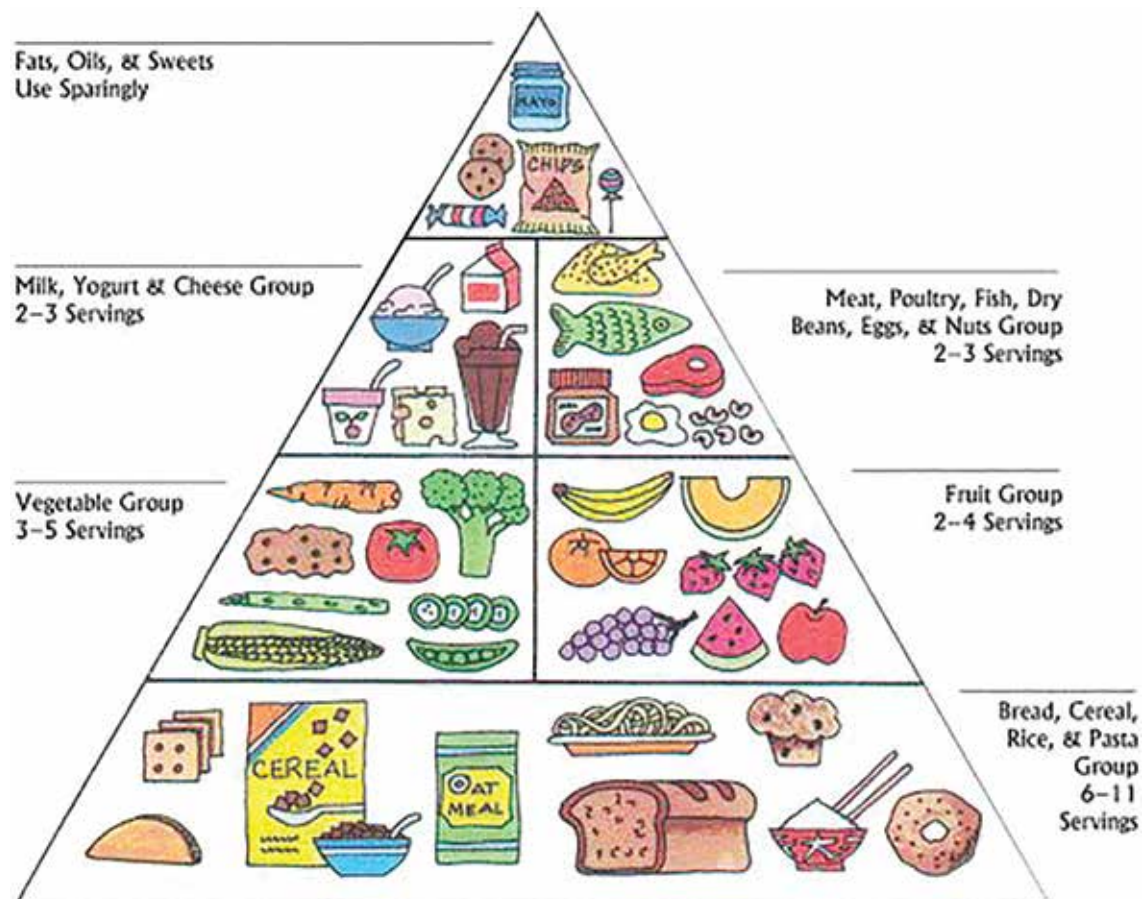
- Think about taste: What foods do we like /dislike?
- What about drinks: what is the value of fizzy sugared drinks? What should we drink and why?
- What are some of the difficulties about serving healthy eating plates in our homes? What can we do about it?
- What is the link between what we eat, and accessibility and affordability?



6. Play a brief energising game on food groups
  - Ask participants to sit in a circle. Going around the circle, allocate food groups: protein, carbohydrate, vitamin, fat (repeat until all participants have been allocated a group)
  - Explain that in this game, you will call a type of food and all those who belong to the food group of that food must get up and swap places. Illustrate what you mean by demonstrating the game: call out 'broccoli'! All those who have been allocated 'vitamins' should swap places. Point out that some foods may belong to more than 1 group...
  - Other suggestions are: fish, coconut oil, potatoes, tomatoes, beans, milk, peanuts, cucumber, mutton, sunflower oil, spinach, carrots, eggs.....etc
7. Wrap up by asking each participant to name their favourite meal!



## Materials



# Food systems

## A film-based activity



### Purpose

- Deepen understanding of what 'food systems' are
- Explore how food systems co-determine what we eat
- Analyse how the dominant food system reflects injustice and ecological risks

#### Note

This session needs some preparation – in particular, it requires access to the internet or downloading one of a range of films on our current food system.

The activity builds on a previous session focused on 'systems' and demonstrates the link between socio-economic, political, ecological systems and the food system that determines what we put on our plates.



### Materials

There are a number of charts, illustrations and brief films that describe this process.

For example:

Food Inc

<https://www.youtube.com/watch?v=VcL3BQeteCc> (why food system has to change)

<https://www.youtube.com/watch?v=rEkc70ztOrc> (Meatrix: where animal products come from)

[https://www.youtube.com/watch?v=X\\_eYvg1sd4](https://www.youtube.com/watch?v=X_eYvg1sd4) (Meatrix 2: where meat comes from)

[https://www.youtube.com/watch?v=pFIsuekWdjY&feature=youtu.be&fbclid=IwAR2DOE2ISURVvLzHynrhmczFKwNEDLzIRm2sM\\_6-ordt3Ux28zzYX2M8CLM](https://www.youtube.com/watch?v=pFIsuekWdjY&feature=youtu.be&fbclid=IwAR2DOE2ISURVvLzHynrhmczFKwNEDLzIRm2sM_6-ordt3Ux28zzYX2M8CLM) (This is a Gugulethu film documenting a community food garden – healthy eating meant fewer clinic visits!)



### Time

90 - 120 min



### Process

1. Refer to a recent meal and one of the main ingredients. For example, if you just had a tea break, use the biscuits or sandwiches as a reference. Example: bread.
2. Introduce the activity by asking: where did the bread (or biscuits, or....) that you just had for tea come from? Ask participants to buzz with their neighbours.





Collectively, describe the process from 'the field to the table' of a loaf of bread  
Keep asking questions until you get to the source of the flour – the seed!

Write notes on flipchart – you will use them later.



### Stages of a food system

growing,  
harvesting,  
processing,  
packaging,  
transporting,  
marketing,  
consumption,  
disposal

3. Point out that everything we eat is produced within a particular food system. The process we just described is that system.



Discussion points:

- Where and how did your grandparents get their bread?
- Where / how do people in cities / rural areas get their bread?

Point out that at different times, in different parts of a country and the world different people used to have different food systems (and they used to eat different kinds of things!) but increasingly, we all have the same system, and we are all part of one global system. (This food system is controlled by 10 global corporates!)

Ask: What is a 'food system' ?



### A food system

- includes all processes and infrastructure involved in feeding a population: growing, harvesting, processing, packaging, transporting, marketing, consumption, and disposal of food and food-related items.
- includes the inputs needed and outputs generated at each of these steps
- operates within and is influenced by social, political, economic and environmental contexts.
- requires people who provide labour, research and education.

4. Refer to the list on flipchart and for each stage, discuss the inputs and labour involved:
  - What kind of work is involved and who does that work?
  - Who benefits? Whose interests are protected?
  - Who decides the cost of bread?
5. Explore the wider implications of the food system described.



Discussion points:

- What are some of the social factors that affect the production and delivery of the loaf of bread?
- What are some of the economic factors?
- What are political factors?
- What are environmental factors?
- What happens when the climate changes?

6. Ask participants to set up the seating for watching a film, and prepare to show 'Food Inc' or a similar film that demonstrates how the dominant food system is built on maximising profit and exploiting nature irrespective of the health implications for consumers.

7. Facilitate a plenary dialogue on the food system portrayed in the film.



Discussion points:

- Who benefits from this system? Who suffers, and how?
- What are the health implications of such farming methods for people?
- What is the impact of hormones and antibiotics fed to animals and the soil, on people?
- What are the implications for farmers and others in the 'food chain' – that, is on the road from farm to table?
- How does the food system reflect other systems and structures in our society?
- What values are underlying the farming practices? How are these reflected elsewhere?
- What alternatives would you suggest?



8. Conclude the activity by asking participants to consider action:

- What are people doing to respond to and change this food system?
- What else can we do to ensure the food we eat is nutritious?
- What can we do to ensure the food we eat is sourced justly / without exploiting workers or the earth?
- What can we do to change the conditions that allow for sustainable food production?



Record suggestions on flipchart!

9. End off by showing the 3 ½ minute documentary about the Gugulethu food garden – a local alternative food system! Discuss the link between healthy production and wellbeing.

Or

Introduce and explain the concept of 'food sovereignty' – what are the advantages?

*Food Sovereignty* is the right of peoples to healthy and culturally appropriate food produced through ecologically sound and sustainable methods, and their right to define their own food and agriculture systems.  
<https://www.safsc.org.za/>

You may want to suggest that all people can join the S.A. Food Sovereignty Campaign.

# Infections

## A radio play



### Purpose

- Identify some of the differences between bacteria and viruses
- Make links between human action and infections / pandemics
- Deepen understanding about spread and prevention of infections

#### Note

The code for this session is a short dialogue / play. Select 3 participants who are comfortable with performing /acting out a short dialogue and give them the script well ahead of time, so they can rehearse their parts.



### Materials

- Copies of the 'interview' script
- Questions for group work

Recommended for viewing

<https://www.youtube.com/watch?v=9axOFtPqS0c>

Good overview – could be shown to participants as final summary, time permitting

<https://www.youtube.com/watch?v=fHzs9FcnkdE>

Lots of jargon, delivered quite fast, but clear visuals. Not suitable for showing

<https://www.youtube.com/watch?v=zQGOcOUBi6s>



### Time

120 min



### Process

1. Point out that many diseases are spread by pathogens – this session focuses on bacteria and viruses.
2. Do a brief warm-up exercise. Explain that you will ask a few questions. If participants answer 'yes' they should stand up. Pause – then ask them to sit down again.
  - Do you know anyone who has fallen ill with Covid-19?
  - Do you know anyone who has or has had TB?
  - Have you ever had 'the flu'?

- Have you or members of your family ever had diarrhoea?
- Have you or someone you know ever had urinary tract infection (UTI)?
- Have you ever had a sore that went septic (infected)?
- Do you know anyone who has had pneumonia?

Point out that all the conditions you asked about are caused by pathogens, or germs. Some germs are viruses, others are bacteria. (there are other pathogens, like fungi and parasites but these will not be discussed, here.)

Ask: what happened – when did many people or fewer people stand up? What does that tell us about particular sicknesses and infections?

3. Outline the session; we will begin with a short play – an interview with ‘killer germs’.

After that, we will explore bacteria and viruses and some of the diseases they cause.

Finally, we will discuss how to prevent or avert infections – and how to respond to them.

4. Introduce the ‘Interview with Killer germs’ – point out that this is a humorous take on germs giving them ‘personality’. Please warn sensitive participants not to be offended by the humour!



Invite the performers to read out / perform the interview. (see materials at the end of this activity)

5. Thank performers – call them by their real names to break the spell of killer germs!



6. Ask participants to turn to their neighbours and buzz about the dialogue.

Discussion points:

- What did you like / dislike about the ‘interview’?
- Were there any surprises? Like what?
- What new information did you learn, if any?
- How does the dialogue with germs speaking for themselves help people to think about diseases?



7. Ask: What is an infection?

An infection is a disease caused by a microorganism, called pathogen, or germ, that gets into a person’s body and causes harm. The micro-organism uses the person’s body to sustain itself, reproduce, and colonize/take over. Examples of pathogens include:

Bacteria  
Viruses  
Fungi  
Parasites

8. Divide participants into 3 groups – each group has their own task.

Distribute question sheets (see materials), flipchart and pens and ask each group to respond to their questions.

9. In plenary ask each group to present their responses to the questions. Add further points as they arise in discussion. Possible responses are given here.

Group 1

- What is the difference between bacteria and viruses?
- What are examples of diseases caused by bacteria and viruses?



### **Bacteria**

Bacteria are single cell living organisms. They have a cell wall and all the components they need to survive independently and reproduce. They get their energy from other sources, like their host. Most bacteria are beneficial for us – for example, those living in the intestines. Examples of diseases caused by harmful bacteria:

TB, UTI, strep throat, pneumonia, abscesses ('boils'), tetanus

### **Viruses**

Viruses are smaller than bacteria. They are not able to live independently because they need a host cell to survive and reproduce. They are just a core of genetic material RNA or DNA, and a protein coat that get inside the cells of the host which then sustains them. They are parasitic.

Examples of viral diseases:

Flu, covid-19, measles, Ebola, rabies, HIV

HIV is a little different from other viruses that cause self-limiting illnesses because HIV stays forever. ARVs reduce the level of HIV virus, which allows the person to be healthy – but the infection never goes away.

Group 2

- How do you know when you have been infected? What are signs and symptoms?
- How does an infection spread? How do you get it?



### **What are signs and symptoms of infections?**

- fever
- chills / sweats
- pain (eg sore throat)
- cough
- blocked nose
- stiff neck
- burning when you pee
- discharge / irritation
- redness, soreness, swelling
- diarrhoea
- How does an infection spread?
- Skin contact
- Transfer of body fluids such as blood and semen
- Contact with faeces
- Contact with surfaces that were contaminated
- Airborne particles / droplets ('aerosol')



### Group 3

- How can you prevent infection – Individually? Collectively?

#### **Preventing infections**

Good hygiene: keep body and environment clean  
 Keep home well ventilated with windows open when possible  
 Practice safe waste disposal / recycle  
 Social responsibility: like wearing a mask, and observing quarantine  
 Wash your hands often, with soap!  
 Teach children about hand-washing  
 Cover your mouth with your elbow when coughing or sneezing  
 Clean cuts and open sores and bandage / cover  
 Do not pick healing wounds or blemishes  
 Avoid direct contact with tissues etc used by others  
 Do not share eating and drinking utensils  
 Learn about home remedies for disinfecting (eg. Lemon juice, sunlight)  
 Practice safe sex  
 Train community health workers and give them status and decision-making powers  
 Set up health committees  
 Read the Alma Ata Declaration and lobby for implementation



10. Buzz: ask all participants to buzz with their neighbours:

What are important lessons learned? What will you take home from the session?

11. Conclude with a brief plenary round-robin.



## Materials

Instructions for group work

#### **Group 1**

- What is the difference between bacteria and viruses?
- What are examples of diseases caused by bacteria and viruses?

#### **Group 2**

- How do you know when you have been infected? What are signs and symptoms?
- How does an infection spread? How do you get it?

#### **Group 3**

- How can you prevent infection – Individually? Collectively?



# Materials

## An interview with Killer germs!

1. Moderator
2. Covi the corona virus
3. Teebee the tuberculosis bacillus

Moderator	<p>(<i>Enthusiastic</i>) Welcome to the programme on killer germs! We are extremely pleased that google-translate has become available to help us interpret the language of viruses and bacteria and so we can bring you this exclusive interview!</p> <p>Covi, delighted you could make it – since you are very busy right now, still travelling all over the world! And Teebee, always around, reliably infecting and often killing....</p>
Covi	<p>Thank you for inviting us to the show. The last 8 months have been fun for us corona viruses, but also exhausting. Just as they chased us away in one country, we had to make tracks and settle in another! But I am proud to say, we are truly world travelers – and we have made the headlines everywhere! Bigger than cousin Ebola.</p> <p>(<i>Dismissive</i>) Ebola gets such attention even if it only hits a few people, usually in poor countries. I suppose bleeding always gets people talking!</p>
Teebee	<p>You can say that again! Tuberculosis is only interesting when people cough up blood and catch it in their hankies and look at it ! They used to show it in old movies, when we managed to kill the famous poets and writers and musicians. (<i>Sad</i>) Now, we hardly make the headlines. We are so old news! Nobody even remembers where we come from.</p>
Covi	<p>True. Tuberculosis has seen better days. The HIV AIDS epidemic really stole the limelight! People only talked about you because there was this stigma that if you had TB it meant you were HIV positive. I guess that's the problem with stigma: you have to play it right to get notoriety!</p>
Teebee	<p>(<i>bragging</i>) Covi – We have been around for much longer than you, and we were here long before HIV; and we <i>still</i> kill more people than you. Remember: we were a major killer in the rich countries, Europe, the Uk – but then they improved social conditions, like housing and nutrition. Socioeconomic improvements are not good for us, it makes infection so much more difficult! So that was the end of us, in Europe – but luckily, in South Africa there are many poor areas where we thrive! <b>You</b> did it right: you came out in the rich countries. You got the headlines because you travelled across continents, and you settled on the wealthy first!</p>
Covi	<p>(<i>Smiling</i>) Ah, that was a stroke of genius! Noone would have believed us if we said we jumped over to people, from bats. I mean who would have heard about the killings in China, Wuhan, if we hadn't made it to Europe!</p>
Moderator	<p>I heard about that story – you dropped from bats to pangolins and from the pangolins to people – in the market!</p> <p>Can you tell us more about how you do it! You, Covi, are a virus, and you, Teebee are a bacillus – how are you different or similar?</p>



Teebee	<p>There are many different kinds of bacteria – we are not all the same. In fact most bacteria are really good for people: like those that live in their guts and keep the digestive system going. I am part of the tuberculosis bacteria; they call us ‘bad’. We are powerful! And yet, we are very small, you can’t see us with the naked eye. We only consist of a single cell but we can live independently. And given the right kind of environment, we can reproduce really well!</p>
Covi	<p>I belong to the virus family – we are even smaller than you! In fact, we are not even a full cell! We are just a bit of DNA or RNA with some protein. That’s why we are so vulnerable to soap! And we can’t live for long outside a warm living body! We need to get into our host’s cells to reproduce. It’s a problem. We are dependent. And we must be careful not to kill our hosts because then we can’t survive. You are more lucky, that way, you can survive longer, by yourself, outside.</p>
Teebee	<p>Me, Teebee, I travel through the air. It’s a great way to commute! All I need to do is sit tight in my host and wait for her to cough or sneeze or shout or sing – and oops, I fly out and land on another host. It’s so easy! Especially when they use public transport – taxis, trains and busses are full of people close together, so I can easily find myself a new victim! Haha! They say ‘open the windows!’ but who wants to be in the cold!</p>
Covi	<p>Just like us! Our cousin HIV made a mistake by spreading through body-fluids only. We are using the same tactic as you: flying in droplets, floating around, airborne is the way to go! But just to be safe, I also settle on surfaces – I love doorknobs and handles and light-switches and all those cool places that lots of people touch. Even coins! The trouble is, not all people are welcoming. (<i>Angry</i>) Some keep on washing their hands, or use that sanitizer stuff, or using face masks so I can’t get into their body through their mouth or nose. They are really nasty, trying to suffocate me!</p>
Teebee	<p>But once inside, you spread so quickly! And you make people sick very fast.</p>
Covi	<p>Especially if they are large and heavy, and they have high blood pressure. Or even better: if they are diabetic! The death rates go up and we stay in the headlines! I admit, we are sneaky. Often they don’t even know we are there, we can infect without them feeling sick. So they can pass it to others even though they seem well. And while we incubate they keep on laughing and singing and shouting, and the young people have parties and invite us in because they won’t wear masks. Life is easy! Also some of these humans don’t follow the rules and isolate for 10 days when I infect them or go into quarantine for 10 days when they have been with someone who is infected by me. Also, I am lucky because so many poor people live in such conditions that they can’t always obey such rules!</p>





Teebee	<i>(Jealous)</i> well, creating this pandemic you hit the jackpot. What a killer!
Covi	Especially once we moved from the rich. When we hit the others who don't have enough water and toilets, live close together, and don't have access to good health care, we really multiplied! Of course, we have our propaganda machine; those people who deny our existence, and who refuse to wear masks. They are really helping us.  <i>(worried)</i> As long as they have no vaccine, we are safe!
Teebee	<i>(sad)</i> You are so lucky. With us bacteria they use Antibiotics for six months to get rid of us and there is a vaccine (BCG) they give to babies which can help protect them a bit. Antibiotics don't work on you viruses. In fact, there is no medicine that can get rid of most viruses is there?
Covi	No. We are tough! But Teebee, you bacteria have also learned how to be sneaky! You hide away from the antibiotics, and when your host doesn't take the whole course of medication, or all the medicine for the whole 6 months, you multiply and become a new multi-drug resistant TB!
Teebee	<i>(Proudly)</i> yes, we survive really well – and we are still the No 1 killer disease. Trouble is, we have not managed to spread amongst the rich and famous. When we get them they followed the treatment plan. <i>(Smiling)</i> Anyway – maybe it's good that we have kept out of the headlines, because this way people don't think about us and we can continue infecting and killing! Actually, if people realized, hand washing, masks ,ventilation and social distancing can also reduce us spreading.... So at least we are on the same side as you in hoping people aren't able to always follow these measures when they are poor.
Moderator	Killers! It is clear that your lives are secure as long as our societies are divided into poor and rich, those living under crowded conditions using public transport, and those with private homes and a car, and those without or with access to good health care. Killer germs thrive under conditions where people may not have access to clean water and do not take care washing their hands with soap. They do well when people are arrogant, thinking they are immune, and engage in dangerous behaviour. They can spread easily from one host to another, and when people are malnourished they are more vulnerable to infections.
Covi Teebee	Viva inequality, viva!
Moderator	Thank you for the interview.

# Reproduction and sexuality

## Brainstorm and role play



### Purpose

- Learn the medical or scientific terms for female reproductive parts
- Develop a language to speak about sexuality
- Investigate some of the double standards about sex
- Formulate demands for sexuality education



### Materials

- Copies of cartoon
- 7 Stories of sex education – cut up into individual strips



### Time

120 min

#### Note

Many people feel uncomfortable talking about sexuality. Take care to create an atmosphere which encourages people to feel safe and confident enough to participate.

Humour is one way to relax people with each other.

You may want to raise the issue of sexuality by talking about sex education, rather than personal experiences.



### Process

1. Distribute copies of the cartoon and give pairs of participants a few minutes to respond to it.

In plenary, collect some responses.



Discussion points:

- Why does the man in the picture speak about 'downstairs'? What does he mean?
- Has this ever happened to you, that someone spoke about 'downstairs' meaning your reproductive organs? Why did they not name your organs?
- What are cultural taboos about women's genital area?
- Who are the experts of women's bodies and women's sexuality?



2. Ask participants to get into small groups made up of different language speakers.

The task is to come up with as many terms for 'downstairs' as possible – in different languages, cultures and age sets. Introduce a competition: which group can come up with the most words or terms for 'downstairs'?

(If you need to prompt the groups suggest they think of how different people refer to reproductive organs: how do parents refer to them? What about women amongst themselves? And older people? Children amongst themselves?)

Ask groups to count the number of terms they collected!

In plenary, share some of the terms.



Discussion points:

- Why are there so many?
- What do the terms suggest? What are the associations?
- Are there differences in various cultures/languages? How so?
- Why is it so hard to say them out aloud?

3. Wrap up with a short story:

#### **A story**

In one course we found that very few women had ever used the word 'vagina'. They felt very embarrassed to say 'vagina'. We made up a song with the word, and sang it together – and everyone felt relieved! The homework that day was for participants to go home and teach their families about 'technical terms' for 'women's private parts'.



4. Introduce the next task that deals with sex education.

Sex education is contested – many people do not believe that children should learn about sex at school. However, it is important that all girls and boys learn about how bodies work, and how sexual relations should aim at being satisfying and happy for both partners.



Ask participants to form 7 groups, and give each group one of the 'stories of sex education'.

Instruction:

- In your group, read out the short story.
- Decide who will do the report-back of your discussion – who will take notes?
- Discuss your own experiences of sex education: what happened? What were you told / not told? How did the information given help you to prepare for changes in your body and negotiate sexual relationships?

5. After about 30 minutes ask each group to read out their 'story' and give a brief report-back of the discussion.

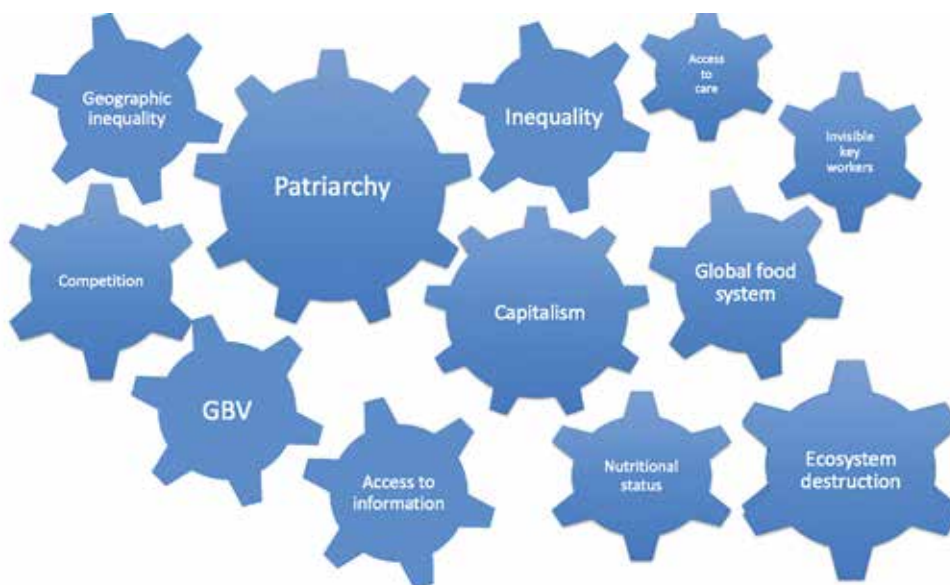


6. In plenary, construct a list of topics that should form part of sex education for different age groups.

Record responses on flipchart.



## Materials





## Materials

In grade eight, after a sex education lesson I remember my pre-teen classmates and I met for a much-needed debrief. We had just learned what happens when you lose your virginity—and it had terrified all of us. Sex seemed like it was unbelievably painful and filled with blood and gore for all women. “Well I’m never having sex,” one girl said. We all nodded in agreement.



Simone heard her friends at school talking about a word she didn’t understand—so she brought it up at her family’s dinner table. She asked: “what does ‘sex’ mean?” Her father was angry; her mother was embarrassed.

“That’s not something you should be talking about,” she said to Simone.



In my house sex was always explained as ‘It’s something we do when we love someone’.

My mother told me it’s something I have to do for my husband. She never said it would be something I might like. Sex was always about men and their desires.



I learned about sex from my friends. They giggled about boys and how they wanted it – and then then gossiped about girls who did ‘it’, and how they were sluts. I just knew that having a boyfriend meant having to have sex.



By high school, sex education became clinical, and technical. It was all about parts and how they functioned. But the lessons left out some important stuff: “We didn’t learn anything about consent or about rape. We didn’t talk about being pressured or coerced.”

In high school, Daniele realized rape culture was a part of what was considered normal, the “status quo.” She recalls boys earning praise for hook-ups while girls were shamed for earning a ‘reputation.’



What’s the point of sex education for girls if they still cannot go to school for some days every month because they don’t have sanitary pads or access to toilet facilities?

What is the point of opening schools for girls if they are to suffer sexual harassment at schools?



When I was 11, I had sex education – a single day towards the end of primary school. They told us about wearing deodorant and that we would have periods. But the clitoris didn’t come up then. Neither did masturbation or female orgasm.

A few years later, when teachers showed us videos pushing anti-choice, pro-abstinence as part of our sex education, any talk of female pleasure was similarly absent.

# Reproductive health issues



## Purpose

- Explore women's pelvic area (the 'downstairs') to get to know it better
- Identify common health conditions and problems experienced by women
- Develop ability to research common health issues to find information and take appropriate action



## Materials

1. Hand-out of 'diagram of women's pelvic area' for all
2. Information sheet on pelvic area
3. Information sheet on 'Kegel exercises' for facilitator
4. Worksheet on 'gynecological problems' for all



## Time

120 min

### Note to facilitator

Many women feel uncomfortable about speaking about their bodies, in particular the vaginal area. Dialogue about the genital area of bodies is sensitive and there are often cultural taboos about touching the genital area. Some women in the group may have never discussed the vaginal area and talked openly about it, before. Assess your own relationship to your body and your own discomforts about issues you would rather not discuss.

Reduce potential embarrassment by (i) acknowledging that it exists, and (ii) by using humour!





## Process

1. Introduce the session by outlining the purpose. Acknowledge the discomfort it may cause some participants (expect awkward laughter). Give a small input such as the following:



In the past, women were discouraged from exploring or talking about their pubic area.

Often, we associate the vaginal area with discharges, infections, giving birth, having uncomfortable medical examinations, and the like.

In addition, the reproductive and urinary systems can give rise to a whole range of conditions and problems.

Knowing our bodies can help to dispel fears, and it also helps us to feel more comfortable with the genital / reproductive area. We will know more about what is normal, and what to worry about, when to use a home remedy and when to go and see a doctor.



2. Pose the following questions:
  - What are the 3 internal organs that are associated with women? (Ovaries, fallopian tubes, uterus)
  - What are the external organs? (eg. Vagina, labia, clitoris - collect as many as come up)



3. Distribute copies of the 'Women's pelvic area – diagram'. Invite participants to spend some time examining the diagram.

- Invite questions and comments

Discussion points:

- point out the 'perineum' – where women may have had a 'cut' at childbirth;
- point out the short distance between vagina and anus and possible problems;
- point out the closeness of bladder, uterus and rectum – what happens in pregnancy?



4. Ask: what kind of health conditions, or common problems do women often experience in their pelvic area?



- Note the problems on flipchart



### Common conditions / problems

Thrush  
Cystitis  
Hysterectomy  
Cancer  
Prolapse  
Discharges  
Bleeding  
Leaking (of urine)  
Pain / period pain

- Together, go through the list and use the diagram to identify where this problem occurs. Explain each of the problems mentioned; get participants involved in using 'google' or books to find information.
- Invite suggestions of how women deal with particular problems. For example, collect ideas for treating thrush – eg with yoghurt

Point out which of the problems require medical attention!



5. Ask: who has heard of / knows about 'Kegel exercises'? What are they for?

Explain the purpose and importance of these pelvic floor exercises.

Initiate a quick practice session (draw on the information sheet for instructions)

6. Distribute the worksheet on 'Gynecological problems' and ask participants to fill it in.

In plenary, share experiences.

7. Conclude by asking: why are women reluctant to seek medical assistance? What kind of gynecological services would we like?



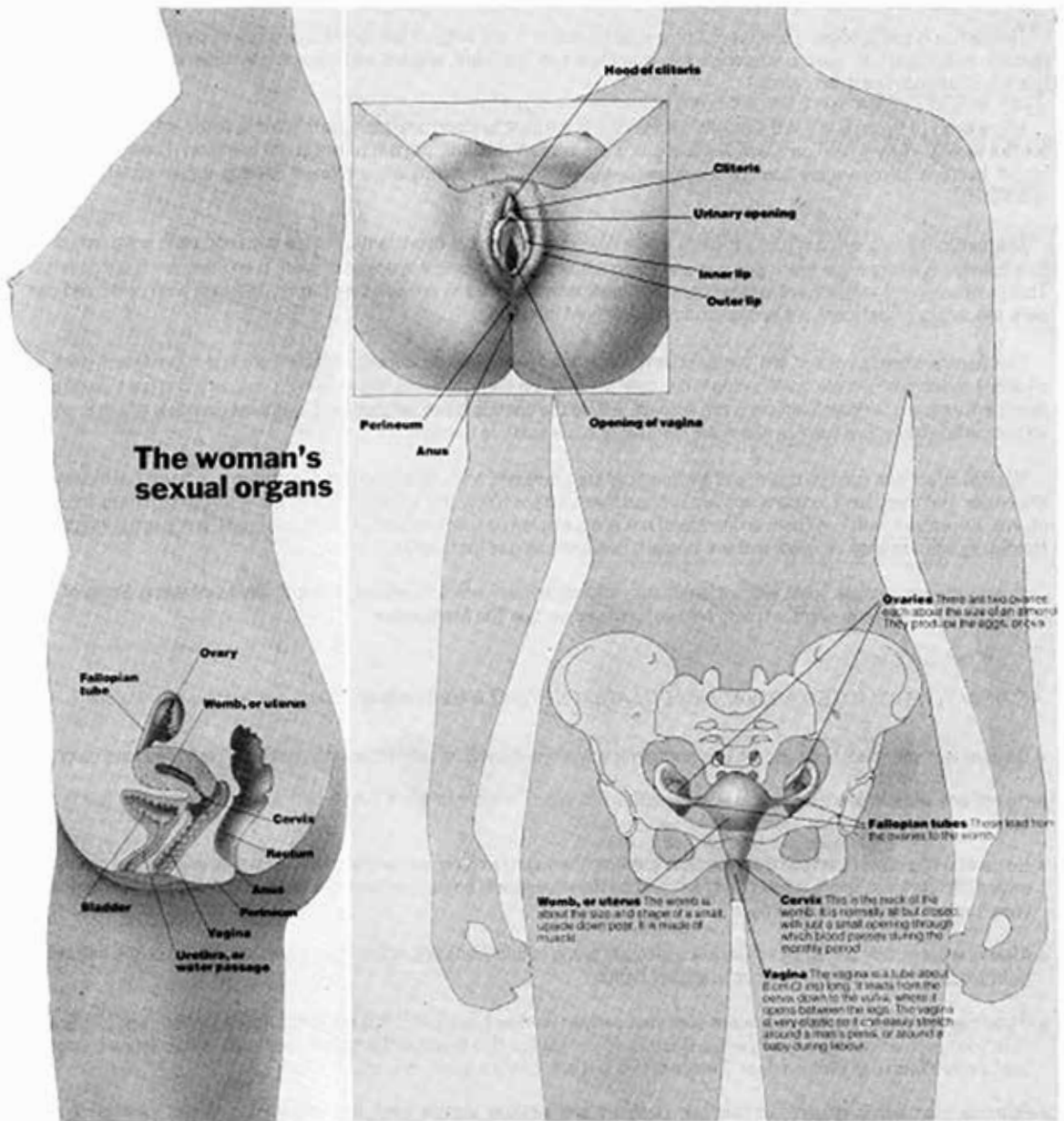




# Materials

## Materials: Women's pelvic area diagram

### Women's Pelvic Area: Diagram



WEA 1990 (1986) Women and health. Activities and materials for use in women's health courses and discussion groups. Manchester, Manchester Free Press.



## Getting to Know our Bodies

### (1) Ovaries

Thousands of egg cells are spread in the ovaries. In response to a chemical message from the brain (from the pituitary gland at the base of the skull) ovaries produce the female hormones, oestrogen and progesterone, responsible for the menstrual cycle. Females are born with their supply of eggs. Males produce sperm as they go along.

The ovaries are greyish white, almond shaped, about two inches long and less than an inch thick.

The surface is covered by a white membrane — an egg breaks through and is caught by the fimbria which draws the egg into the fallopian tube.

A woman only needs a portion of the ovary to be there for her still to be fertile and produce hormones.

### (2) Fallopian Tubes

The fallopian tubes are about 5 inches long with a very narrow passage.

The place where egg and sperm meet; moves in waves to ensure the fertilised egg moves down to the uterus.

Tubes can become blocked or scarred from pelvic infections. If tubes are 'tied' (i.e., if a woman is sterilised) or damaged then the sperm cannot swim up and the egg cannot move down, but hormonal production remains normal. Sterilised women still have periods.

### (3) Uterus or Womb

For ages it was believed by doctors that the womb was responsible for all female ailments, some even believed that the womb moved around the woman's body!

The womb is pear shaped, about the size of a clenched fist, made of three strong layers of muscle woven together, supported by strong supple ligaments.

In the non-pregnant state, the uterine cavity would hold a teaspoon of water but in 9 months it can accommodate a fully grown foetus.

Normally the uterus rests on top of the bladder, i.e., at a right-angle to the vagina. When the bladder is full the uterus is pushed back and when it is empty the uterus drops forward. One in five women have a retroverted uterus which tilts the other way but can still function normally.

If the uterus is removed (hysterectomy) the other organs, eg. bowels, move in to take its place.

The uterus is the most muscular organ in the body apart from the heart. During labour the whole uterus contracts to push the baby out.

The inner lining is called the endometrium. It is full of blood vessels and thickens to receive a fertilised egg and is shed if conception doesn't occur, i.e., menstruation.

### (4) Cervix

The cervix has a firm, smooth and rubbery surface like the tip of the nose. The small dimple at the centre is the os. This is the opening of the cervical canal which leads to the womb. The opening may be as small as the head of a match, however it dilates to let the baby out (that is what 10cm dilation when giving birth means).

Sperm swim up through the os. It is impossible for a finger, tampon or penis to go through. A cervical smear is taken from the end of the cervix.

The opening (os) varies according to the time of the month and the number of children a woman has had. The os is more open at menstruation; and in women who have had several children it can be a small slit rather than a round hole.

### (5) Vagina

The vagina is a soft, elastic, wet, muscular tube, about 4 inches long and one inch in diameter but expands during sexual arousal and for birth.

Secretions are produced which provide lubrication and help to keep the vagina clean and acid.

The opening of the vagina is sensitive with nerve endings.

The vagina is sealed off by the cervix — so it is impossible for things to get lost inside.

### (6) Hymen

The hymen is a thin strip of membrane which lies across the lower part of the vaginal opening in a virgin (although some women have a stretched hymen even when they are no longer virgins). The hymen can also be stretched by fingers or tampons. The absence of a hymen is also possible without having experienced intercourse.

WEA 1990 (1986) Women and health. Activities and materials for use in women's health courses and discussion groups. Manchester, Manchester Free Press.



**(7) Vulva**

The vulva is the area on the outside of the vagina. There are two flaps of skin, the outer one covered with pubic hair. The vulva varies in size and colour from person to person.

**(8) Perineum**

This is the area of skin which links the vulva and anus, often cut at childbirth to avoid tearing during the delivery of the baby.

**(9) Clitoris**

The inner lips of the vulva join to form the hood of the clitoris. The hood covers a highly sensitive little bulb, which fills with blood and becomes erect when aroused. It is the primary source of the female orgasm.

**(10) Urethra**

The tubal passage which carries urine from the bladder.

**(11) Bladder and (12) Rectum**

The floor of the bladder lies against the roof of the vagina and the floor of the vagina lies against the roof of the rectum. The tissues separating the bladder and vagina are only a fraction of an inch thick, so pressure on the floor of the vagina puts pressure on the bladder — sometimes experienced during intercourse, inserting tampons, etc. (Lanson, p.11 from **Woman to Woman**).

**(13) Pelvic Floor** — see information sheet **Exercising and Strengthening the Pelvic Floor**.

# Information Sheet

## The Benefits of Pelvic Floor Exercises

- 1 Your sex life may improve.
  - Increased awareness of these muscles may increase the pleasure you feel
  - the vagina becomes more snug as muscles improve in strength and thickness.
- 2 It helps your body to cope with the physical demand of a pregnancy
  - firmer support for the uterus and other organs during pregnancy.
  - greater relaxation in childbirth, because of increased suppleness and muscle control
  - healthy exercised muscles lead to quicker healing after birth
  - if these exercises are not done the muscles remain stretched and become further weakened as you resume activities involving lifting and straining.
- 3 It may improve urinary control in women suffering from stress incontinence. Stress incontinence is the leaking of urine when the pressure on the pelvic floor is suddenly increased (e.g. by coughing or sneezing).
  - If you have trouble reaching the toilet first thing in the morning, it will help to do a few pelvic contractions before you stand up.
  - If after practising the following exercises for a month or so, your symptoms do not improve, seek medical advice. In severe cases surgical correction may be the only answer.

### How to do Pelvic Floor Exercises

All the following activities involve the action of lifting up the pelvic floor and tightening the sphincters. These exercises will centre on the front loop of muscle which controls the vaginal and urinary openings (see diagram 3). First you need to identify the muscles you are trying to strengthen. The pelvic floor muscles can be tensed when you try to interrupt the flow of urine. Imagine yourself stopping the urine flow, and concentrate on the muscles you are using. This is one way to gain awareness and control of these muscles.

A good test of muscle strength is stopping and starting the urine flow. If your pelvic floor is weak, you may have difficulty even slowing down the flow of urine. If this is so do not continue with this test, especially with a full bladder, as it may further weaken the muscles. A pelvic floor that is undergoing re-education must be treated with care.

You can feel the pelvic floor muscles working, by placing one or two fingers in your vagina and tensing.

You may like to try this during sex, and get more information and encouragement from your partner. You will notice after a small number of contractions that they decrease in strength. This is quite normal.

### Beginning Your Exercises

#### Position

Start by lying down as there will be less pressure on the pelvic floor, from the weight of the pelvic

organs. If you cannot feel the muscle working in this position, raise your buttocks on a pillow, and use gravity to assist. The pelvic floor will sink into your body closer to the position you are trying to achieve (see diagram 4).

As you progress, and the pelvic floor strengthens, you will be able to do your exercises, standing or sitting, at any time of the day.

#### Exercise 1

Contract or draw up the pelvic floor, hold for three seconds, relax and repeat 5 times. Continue this during the day building up to 10 groups of 5 contractions. Overworking this muscle may result in soreness. If this happens, reduce the number you do or stop the exercises for a day or two, until temporary soreness disappears, and then increase gradually.

#### Exercise 2

Imagine you are riding an elevator and as you go up, try to draw in the muscles a little more. When you reach your limit, don't just let go, you must go down, floor by floor again, gradually relaxing the muscles in stages. When you reach basement, let go of all the tension and think release. Then come back up to the first floor again, so the pelvic floor is slightly tense, and able to hold the pelvic organs firmly in place.

#### Exercise 3

Raise the entire pelvic area, as though sucking water into the vagina. Relax and repeat 5 times. To feel this action you can insert a finger and feel the vagina drawing in. This series of 5 contractions may be repeated 4-6 times a day, building up to 20-30 contractions a day.

Each of these exercises has a similar effect of strengthening the pelvic floor. You may choose to focus on one particular exercise or use a combination. It is important not to strain or overwork your pelvic floor, so try to keep to no more than 50 contractions a day.

#### Remember:

Pelvic floor contractions are entirely private and can be performed at any time and in any place or position that you fancy. Do about 5 in a series, holding each contraction for about 3-5 seconds, then rest a while. Always end with an uplifting contraction, to ensure support for your pelvic organs.

Who'd guess  
I'm doing my  
calisthenics  
this very minute.



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Source: Exercising & Strengthening the Pelvic Floor: Kegel Exercises



## Worksheet on common gynecological problems

Please spend some time responding to these questions, working on your own. Share experiences and discuss responses in small groups of 3-4.

1. If you have a vaginal infection or problem, do you
  - Leave it for weeks hoping it will go away?
  - Go straight to the clinic or doctor
  - Try to treat it yourself (and go to the doctor if it doesn't help)
  - Other?
  
2. When you see the doctor about a gynecological problem how does s/he respond:
  - Write a prescription and tell you something you don't understand
  - Explain clearly what it is and how it will be cured
  - Discuss how to avoid it, in future
  - Other?
  
3. When you go to see a doctor about a gynecological problem do you
  - Explain clearly what your symptoms are, when they appeared etc
  - Mumble something in embarrassment and leave the rest up to her/him
  - Find out as much as you can before you go so that you can ask questions
  - Take someone with you to give support and ask questions
  - Other?
  
4. When you have an internal examination do you
  - Understand what's being done
  - Feel relaxed and comfortable
  - Feel tense, but cope
  - Find it totally traumatic
  - Other?
  
5. Have you ever delayed going for treatment because you were dreading it too much, or because you were scared of what the doctor may tell you?
  
6. Have you ever had to inform your partner about a vaginal infection? Did s/he also need to be treated? What happened?

What responses did you get:

- Understanding and cooperation
- Accusations that you must have got it from somebody else
- Refusal to co-operate
- Other?

# Mental and emotional health

## A series of short exercises and plenary discussions



### Purpose

- Explore mental and emotional health: what is it and how does it manifest itself?
- Examine the relation between personal / individual mental/emotional state, and context
- Identify ways of supporting people suffering from sadness, anxiety, depression
- Identify ways of de-stressing



### Materials

- Copies of the image of 'hole'
- Stress worksheet (copies for all)
- Art materials (paints / coloured paper and fabric, glue, scissors etc)
- Image of the 'lighthouse with arms'



### Time

180 min



### Process

1. Distribute copies of the worksheet on 'the dark hole' to all participants and ask them to respond to the questions.
2. Pair off with another participant and discuss the worksheet: what is it about?
3. Ask pairs to pair off again, and create groups of 4. Distribute flipchart and pens.



Task: create a spiderweb of mental (ill) health: brainstorm words and define the many different ways in which emotional and mental health manifests.



### ILLUSTRATION





4. Display the spiderwebs and go on a gallery walk.

Conduct a plenary review and discussion.

Discussion points:

- Have you ever suffered from any of the symptoms displayed in the spiderwebs? Can you give an example?
- Is stress a mental illness? How so?
- People say, mental illness is as real as a broken big toe: you would not ignore the pain from the toe, and you should not ignore the pain of mental illness. Why do you think people do not speak about mental /emotional illness?
- How do you recognise stress? What are the signs or signals of someone suffering from stress? (Discuss both physical and mental signals)



Mental	Physical
Anxiety	Racing heart beat
Fatigue	High blood pressure
Sadness	Headache
Quiet withdrawal	Rash
Sense of alarm	Insomnia
	Changes in libido
	Digestive issues
	Appetite changes





- Where does stress come from? Why does it happen?

Make your own list, together. There are many causes of stress, such as money problems, abusive relationships, too much work, uncertainties, climate crisis etc

5. Ask: What can we do about stress?

Distribute the [Stress worksheet](#) (materials) and ask participants to fill it in.



6. How can we support people suffering from stress and mental / emotional illness?

7. Introduce an art activity. Show the image of the 'lighthouse with arms' as an image of hope of hope.

Instruction: using art materials, create your own image of hope!  
(Allocate at least 60 minutes to this!)



8. Display the images, take a 'gallery walk' and have an informal chat about the pictures created.



9. End with a short story from one of the WHC run in the past:

First, the women participants did not know what to do, and some felt anxious about the task of creating a picture. Slowly, the room became more and more quiet as everyone worked with intense concentration. Suddenly, one woman began to hum, then another joined her, and one by one the whole group joined in. Finally, they all burst into song together. Afterwards they said that this had been their best ever stress-release! And they continued to hum and sing even on their way out.....



## Materials

**Do you sometimes feel like you are in a dark hole?**



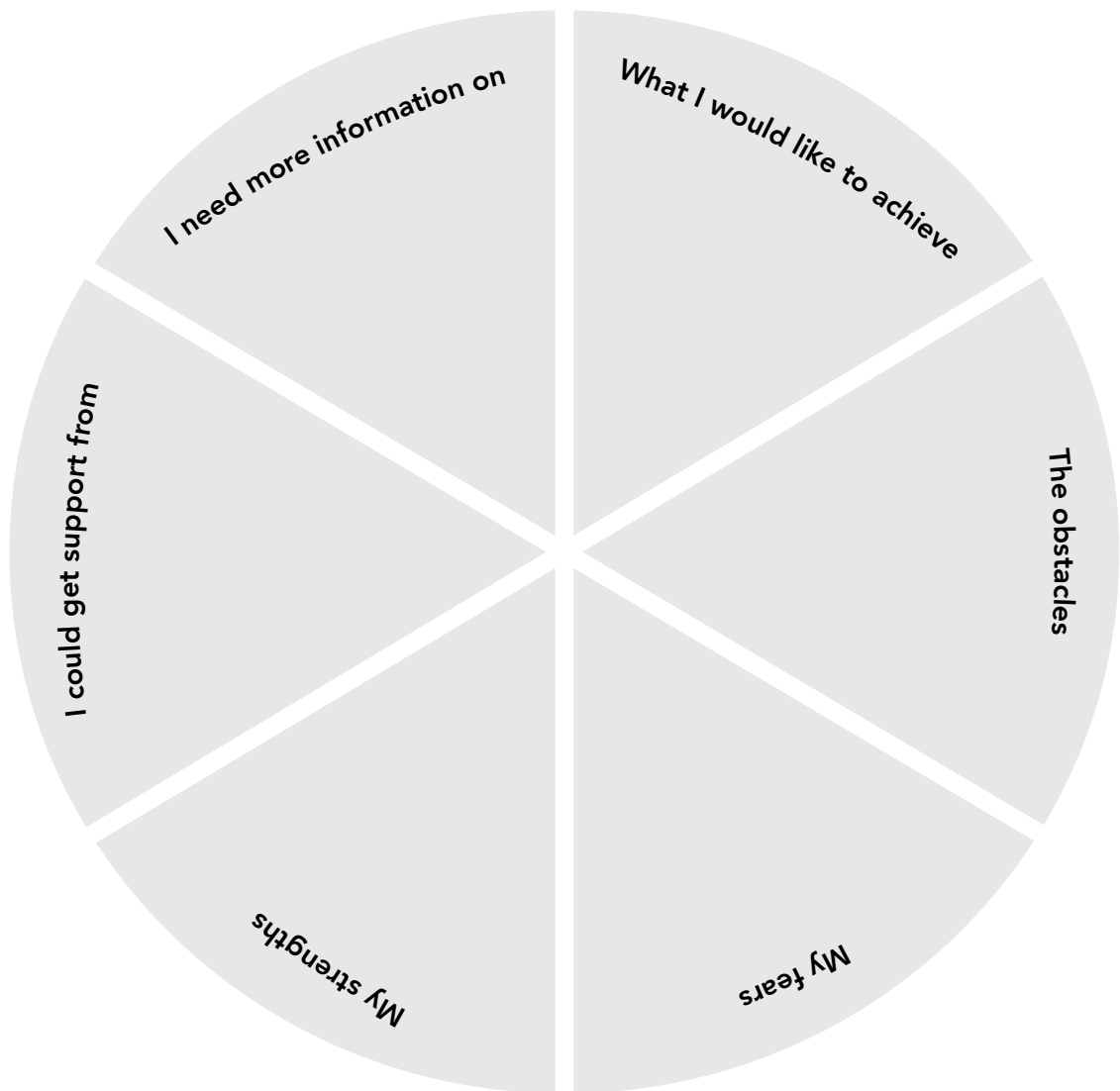
1. Imagine you are at the bottom of the picture, down the hole. Define how you feel:
2. When you look up you see the light. Imagine what you will find up there, in the light? Describe it! (What does it feel like? Smell like? Taste like? Sound like? Look like?)
3. You can climb up the ladder! All it takes is putting one foot on the bottom rung – then the other....and up you go, bit by bit... What will help you to get to the top?



## Worksheet: Making changes – Stress relief!

Wheel with 6 sections

- What I would like to achieve
- The obstacles
- My fears
- My strengths
- I could get support from
- I need more information on



# Communication exercises

A series of 4 activities focused on assertive and clear communication

## 1. Blindfold and gag

A brief game that illustrates the mis-match between having or not having information and knowledge, and being able to share it



### Materials

- Blindfolds and gags / sticky tape (scarves and masking tape work well)
- A long rope



### Time

30 min



### Process

1. Set-up: Curl a rope into a circle in the centre of the space.

Explain that this activity will demonstrate how we need information to make informed decisions. But we also need to be able to speak up, if we have that information!

Ask participants to stand in 2 circles; one inside the rope, the other outside. Ensure everyone has a partner standing opposite her. Participants in the inner circle pick up and hold the rope.

2. Blindfold participants in the inner circle.

Put gags /tape over the mouths of participants in the outer circle.

3. Give the following Instruction:

- This is a silent activity!
- Participants holding the rope in the inner circle must form the rope into a triangle.
- Participants in the outer circle can observe but not speak and give advice.

4. Allow the inner circle to struggle for a while, without comment.

Stop the process and ask outer circle participants to take off their gags. They may now give instructions and help with the formation of the triangle.

5. When the triangle has been formed, ask inner circle participants to take off their blindfolds.



6. Review what happened. Questions to ask:
  - How did it feel to be tasked with a decision (to form a triangle) but not have the resources (eyes)?
  - How did it feel to have information but be unable to act on it and use it?
  - How does this relate to our lives? How does it relate to the way decisions are made in the household, community, country?
7. Ask: What examples are there where one person has the decision-making authority, but the other has the knowledge?

Discuss a few examples. Then ask: what can we do about it?

Collect responses!

Thank participants for playing.

## 2. Communication: Fight or flight?

A physical game and discussion



### Purpose

- - To explore the meaning of assertiveness in communication
- - To understand the dynamics of assertive behaviour



### Process

1. Sit in a circle. Explain that you will do a quick review of how we communicate with others in the way we speak with our voices and our bodies. We will do this by giving some examples of actions and asking ourselves: do I do this?

Outline the process:

- Participants should listen carefully while you will read out actions.
- If they agree that they do that action often, they should raise both arms.
- If they think they do the action sometimes they should raise 1 arm.
- If they think they never do the action they should keep both arms down.

Demonstrate what you mean: say 'shouting'. Remind participants of the responses: both arms (often), 1 arm (sometimes) no arm (never)

#### Note:

Participate by raising your own arms when an action describes what you do!



2. Begin: read out actions such as the following:

Nagging	Withdrawing into silence
Threatening (if you don't do this I will....)	Sulking
Losing your temper	Taking it out on someone else
Insulting	Talking behind someone's back
Correcting(I know ...I am right...)	Feeling ill
beating	Pretending nothing has happened
Interrupting	Feeling low and depressed



3. Review what happened:

- Which of these actions are common for all of us? Why are they so common?
- Point out that some of the words are *attacking behaviours* (column 1), while others are *avoiding behaviours* (column 2).

Discussion points:

- Which of these do we do more often; attacking or avoiding? Why is that? Which members of our families attack more often? Who avoids more often?
- How does the way we respond (attacking or avoiding) relate to us as women or men?



Attacking behaviours are often sanctioned for men: it is socially acceptable that men dominate and show their anger;  
It is equally accepted that women are to be silent and not show their anger.



4. Discuss: What are the consequences of our responses?

- what happens when we attack?
- What happens when we avoid?
- What is another way we could behave so that we relate to the other in an assertive but not aggressive way?

Collect suggestions on newsprint



### Being assertive

Stand up for what you know / believe in  
Be calm and positive  
Follow the 3 Cs: confidence, clarity, control  
Know your rights  
Respect the rights and beliefs of others  
Stand straight, face the other directly, maintain eye contact  
Avoid arguing

### 3. Clear and Assertive Communication: owning your feelings

An exercise in speaking feelings and suggesting appropriate responses



#### Purpose

- To introduce participants to a non-conflictual way of speaking one's mind
- To practice assertive speech by rehearsing a particular pattern of speech



#### Time

30 min



#### Process

1. Ask for four volunteers and request them to act out an angry argument between a husband and 3 different wives:



Round 1: (meek wife; flight behaviour)

He (shouting): You are so lazy, sitting around all day. You are not cleaning the house and the children are crying. And there is no food prepared for my supper. You are stupid and I wish I had never married you!

She (looking down, hunching her shoulders, expecting to be beaten; turns around and walks out)

Round 2: (aggressive wife, fight behaviour)

He (shouting): You are so lazy, sitting around all day. You are not cleaning the house and the children are crying. And there is no food prepared for my supper. You are stupid and I wish I had never married you!

She (stand up to him, threatening): And you! Good for nothing! I have to do all the work around here and you never even bring home a cent to feed your children. How can you expect me to cook when there is no food in the house!



2. Ask participants:
  - Have you ever seen or heard this happen?
  - How does it make the wife feel?
  - How does the husband feel?
  - What is the problem? What kind of communication is demonstrated, here?



Invite the volunteers to perform round 3

Round 3: (assertive wife)

He (shouting): You are so lazy, sitting around all day. You are not cleaning the house and the children are crying. And there is no food prepared for my supper. You are stupid and I wish I had never married you!

She (standing up straight, assertively and confidently) I am sorry you feel that way. It must have been a hard day for you. But as you know times are hard and there is no food in the house. Maybe we can sit down together and work something out!  
 Ask: What did she do that was different?

3. Point out that there is another way of communicating that make both husband and wife feel better. It also allows them to negotiate for change.



In this way of communicating it is important that both parties speak about the way they feel – rather than judging and accusing the other.

Introduce the 'I' statement formula:  
 The action: When... (eg when I come home.....)  
 My response: ...I feel.... (eg. I feel disappointed....)  
 The reason : ...because.... (eg. Because I am tired from work....)  
 Suggestion: What I would like is..... (eg that we discuss how we can change things...)

4. Give an example to illustrate what you mean:



The wife could respond by saying

“When you come home and shout at me I feel upset because I have worked all day even if it doesn’t show. What I would like is for us to discuss how we can arrange things better together.”

Point out that this statement carries no blame; it is not accusing but it makes it clear how the speaker feels and what the other person could do about it.



5. Ask participant to work in pairs and take turns practicing making 'I statements'.
6. Ask participants to think of a situation where they spoke up or acted even though they went against the tradition of 'silence'. Share experiences: What gave them the courage to speak up?
7. Review the experiences and collect Key points

Key points about being assertive

- \* Assertive behaviour means standing up for what you believe is right and speaking your mind
- \* In relationships of unequal power where traditions suggest particular submissive behaviour it is difficult to be assertive.
- \* Assertive speaking and body language can be practiced – it improves with practice and time!
- \* It is helpful to learn patterns of communication in which we 'own' our feelings rather than making accusations. It is also helpful to find ways of speaking that tells the other what we would like to happen.

## 4. Practicing assertiveness

Two quick role-plays about assertiveness



### Purpose

- To practice being assertive
- To identify factors that help or hinder assertiveness



### Time

20 min



### Process

1. Explain this exercise is called 'standing your ground'. Everyone is going to learn to say 'no' using their voice, their bodies, their faces. Ask participants to get into circle.
2. Ask for a volunteer to play a character who wants to do something that others disagree with. For example: imagine the person in the middle is a teenage son or daughter. She wants to go out but you do not want her/him to. One by one, participants stand up, go to him / her and say 'no!' firmly, explaining why the answer is 'no'.

Observe what happens and take note of model assertive behaviour – ask participants to re-play their 'no' to others!



3. Review the exercise:  
How do you use your bodies and faces to be firm, assertive – but not aggressive?  
What happens to the voice?

Ensure the following useful hints for assertiveness are mentioned:



- be calm and controlled (do not shout or whine)
- seek direct eye contact (do not look down or away)
- stand up tall and put your weight on both legs so you are balanced
- make your voice loud and clear

4. Ask: what situations are there in your everyday life where you need to be assertive?  
What can help you to stand your ground?



5. Play a short game of 'aggressor' and 'persuader'
  - Ask participants to get into pairs: A is the aggressor, B is feeling attacked.

The challenge is for B to try and persuade the aggressor quit threatening and to persuade A to calm down.



Begin with a silent 'pose': A threatens, B is being threatened. Give a signal for a 'negotiation' to begin and let it run for a few moments.

Swap over – B becomes the aggressor and A the persuader.



6. Review the exercise:
  - What happened? How many people managed to persuade their partner?
  - What strategies did participants use to try and persuade the other person?

Thank participants for trying and reassure them that this practice gets easier the more they try!



# Dealing with health professionals

## A role play



### Purpose

- Practice assertiveness when dealing with health professionals, and getting the information you want and need



### Time

60 - 90 min



### Materials

- Role play cards
- (Optional) A few 'props' such as white medical practitioner coat, or scarf with a red cross to identify medical personnel



### Process

1. Introduce the session by pointing how we all have many experiences of dealing with health professionals – clinic staff, doctors, nurses, pharmacy workers etc. Some experiences have been good, some really bad. We often feel nervous when talking to them because we are embarrassed. We may not dare to ask questions because it seems that we challenge their authority. Often, we are not given the opportunity to ask questions.



2. Ask participants to turn to the person sitting next to them and have a brief buzz about their own experiences (good or bad).

In plenary, invite a few participants to tell their stories.



Discussion points:

- Why do we find it difficult to ask questions or request information?
  - Why do we feel embarrassed or anxious to talk about our bodies / pubic area?
  - Where do those feelings come from?
  - What behaviours from health professionals make us feel good?
3. Explain what 'role plays' are: point out that they are useful for exploring and practicing other kinds of behavior – in this case, confidence and assertiveness in talking about our bodies and problems, and getting the kind of information we are looking for.



4. Form groups of 3, and give each group a role playing card. Ask group members to either play the patient, or the doctor/ health professional, or be an observer taking note of useful or unhelpful behavior and questions.

Instruction:

- There will be 3 rounds, so that every participant has the opportunity to play each of the roles.
- Begin by reading out the cards, then act/observe
- Have a brief feedback and discussion, guided by the observer, between the rotations.
- Rotate cards with other groups.

5. In plenary, unpack and discuss the role plays and draw conclusions about helpful behaviours for 'patients'.



Discussion points:

- What happened and how did it make you feel?
- What helped you to be assertive?
- What did you do so you got the information you needed / wanted?
- What kind of questions and actions were useful?
- What did you do or could you have done to turn the experience into a positive one?



6. Conclude the activity by drawing out a list of 'directives for dealing with health professionals and getting what you want!'





## Materials: Role Play cards

You are in your mid-forties and your periods have been getting heavier. You feel like there is something wrong and you would like to be referred to a specialist gynecologist.

You are in your early twenties. You are still a virgin but you now have a steady boyfriend and are ready for a sexual relationship. You want advise on what might be the best birth control.

You are in your twenties and you have 3 children, living in the backyard of your uncle. Your partner is unemployed but does not help you with the children or the household. You feel exhausted and depressed. You need help.

You are in your fifties and long past menopause. Recently, you have had a strong smelly discharge. You want to know what it is and what you can do about it.

You are in your forties. Your mother died when she was still young from breast cancer. You have heard that breast cancer is often inherited. You are worried about getting it. A few days ago you thought you felt a lump.

You are in your thirties and your marriage has recently broken up. You are tense and depressed. You suspect you may be pregnant again. You do not want another child.

You are in your forties and your periods are irregular. You have a lot of hot flushes and you are embarrassed because they make you sweat a lot and it is very visible. You want advise about what you can do.

You are an older person and you have born five beautiful, healthy children. You have noticed that you often wet yourself when you suddenly sneeze or cough. It's been getting worse! You want to know what you can do about it.



# Organising for health: Building Community Health Clubs

## A case study



### Purpose

- Explore ideas for organizing into collective health groups
- Identify advantages of working together with a common purpose
- Develop suggestions for organising and mobilizing around health



### Time

90 min



### Materials

- Hand-out on community health clubs



### Process



1. Begin with a buzz; ask participants to briefly share experiences where they worked together with a common purpose and achieved much more than the particular goal they set out to achieve. For example – they may have mobilized a group walk to get fit – and discovered that they got to know each other better, have similar interests and will connect around those.
2. Point out that this activity focuses on collective action. It suggests that organizing for health will benefit not just individuals, but potentially all members of a community.



Research has shown that health promotion and health literacy can be instrumental for strengthening resilience: community members will have better access to services, and will be more equipped to make useful decisions about how and when to use these. This leads to improved prevention of illness and recovery from disease.

3. Ask participants to form groups of 4-5. Distribute copies of the Community Health Club ('CHC') hand-out and allocate time for reading. (Participants may do this individually, or take turns and read out aloud).



4. Discussion points for groups:
  - a. What do you find interesting about the CHCs? What worries you?
  - b. What are some of the (dis-)advantages of doing health promotion through a CHC?
  - c. Can you imagine a CHC being formed in your community? What are potential obstacles? What are possibilities?
5. In plenary, report on the group discussions and discuss some of the issues raised.
6. Collectively, develop suggestions for organizing and mobilizing around health.  
How would different members of your community benefit?
7. Wrap up





## Materials

# Building sociality: Community Health Clubs (CHCs)

People do not constitute a community just because they live within the same physical space. Community members may have common experiences of sickness and disease, of gang warfare and poverty, gender-based violence and unemployment - yet, even if these experiences are common, they are not shared. Across and even within households there is often distrust and suspicion as people compete for scarce resources.

If we wish to organize people within a community, the first task is to build the basis for trust and respect.

Health education and promotion is a useful beginning point for creating a form of sociality because well-being is close to everybody's daily life. Unlike housing or sanitation there are no material subsidies that could lead to rivalry for gain. CHCs are voluntary associations of men and women, young and old, from the same area, who get together on a regular basis in order to learn. Learning sessions lead to practical suggestions about issues of individual and collective health. Members enter into a social contract and establish a system of accountability and transparency through membership cards, regular attendance at meetings, dialogue, and common projects.

At weekly health club meetings neighbors get to know each other: they exchange news and laugh together and they express concerns, for example, about children and youth, the lack of public facilities, and the condition of their neighbourhood park.

Health education has to be responsive to the particular conditions of a place and its people. Collectively, CHC members develop a curriculum for their health club: they decide on the most common conditions and infections that need to be addressed. For example, in one area the CHC may target childhood diseases, in another the prevalence of malnutrition, in one they prioritise stress, anxiety and depression, in another they set up lessons about first aid.

Weekly sessions make education an integrated part of the routine of daily livelihood activities. Time and place of meetings are negotiated. Sessions build on local knowledge and culture, and do not assume literacy.

CHCs help to forge networks of social protection. They can lead to an improved livelihood security and a sense of well-being about belonging to a community. Through education sessions members get to know each other's strengths and weaknesses and identify emerging leaders. When it comes to the selection of committee members or other leadership figures, they can therefore vote with some confidence. Strong structures are important to ensure democratic governance and projects for mutual benefits; they are also crucial as a basis for lasting peace.

Questions and group tasks within CHC education sessions demonstrate that many 'private troubles' are actually public issues. For example, they may discover that there



is a prevalence of asthma in the area – and this may relate to the air quality and the proximity of a refinery. Or they discover that many children suffer from diarrhea, and this is not the result of individual lack of hygiene, but coincides with current poor water quality. When participants make broader connections between symptoms of sickness and human actions and physical environmental conditions they realize that their vulnerability is common to the area. They also realise that their health is tied to powerful decisions and interests elsewhere. Some CHCs bring about change through organizing and mobilizing with a sense of common purpose. From there it is just another step toward affirming how their collective resolve can exert pressure on local authorities.

#### Example: a CHC in Senekaduku, Sierra Leone

The main economic and survival activity of Senekaduku residents is mixed farming. However, both men and women also spend a significant amount of time in the bush collecting thatch, timber. They gather wild foods, and harvest forest products such as palm oil and palm wine which, once processed, can be sold for precious cash. While all community members are free to collect and use natural resources, they have different levels of accessibility depending on fitness, health status, and the existence and condition of their tools.

Throughout the year, diversified livelihood activities change and this impacts the provision of education. It is important to acknowledge how physical capacity, limited market opportunities, and knowledge about local resources have guided people in sustainable resource management. The format of the CHC sessions had to be mindful of seasonally changing livelihood activities with regards to time, place, and content of meetings. All these were negotiated and agreed upon collectively before the course and often required re-negotiation in response to weather and other constraints. This was critical to creating a sense of ownership of the program and hence commitment to regular attendance during the CHCs initial lifespan of six months. Furthermore, sessions had to be designed to be highly participatory.

Participants give up valuable time and in a sense ‘trade’ one form of livelihood security<sup>¾</sup>through growing produce or collecting wild resources<sup>¾</sup>for another<sup>¾</sup>through building knowledge and skills for improving health. Since access to health experts is expensive and often impossible, membership of health clubs must provide the capacity for wise and skillful emergency responses<sup>¾</sup>whether this is recognizing the urgent need for a trip to a health clinic, or locally available treatment.

Each session ends with a discussion and resolution about practical steps to be taken in the week to come. This may involve collecting items for a “first aid” kit for each home, organizing a children’s rights day or washing all the bed clothes to avoid the spread of ringworm and scabies. Participation in processes of consensus building toward the decisions has allowed every member to be fully informed not just about what a proposed action involves but why it would be useful and necessary.

A participatory approach also recognizes that the drudgery of daily livelihood activities saps the energies of all, particularly women, and that there are few educational opportunities for adults. CHC sessions can offer welcome intellectual stimulation, and allow everyone to be recognized as knowing subjects able to contribute to the process of exploration and sense making by having access to the same information.



# Dreaming big: Designing a health system for all

## A simulation

### Note

In preparation for this session please distribute copies of the Alma Ata Declaration and urge participants to read it. Point out that they might find it useful to also refer to notes on patriarchy, colonialism and capitalism, as these systems are part of the foundation of the health system as it is now!



### Purpose

- Reflect on experiences (both good and bad) within the existing health system
- Imagine an alternative health system that would serve all people
- Think about system change and what an alternative might look like



### Time

90 - 120 min



### Materials

- Copies of the Alma Ata declaration for all (to be distributed for reading before the session, allowing for time!)



### Process

1. Introduce the activity by giving a bit of background information and looking back on the WHC.



22 years ago, in 1978, health workers got together for an international conference on Primary Health Care, in Alma Ata (USSR). They came out with a declaration to protect and promote the health of all people of the world. They defined health as “a state of complete physical, mental and social wellbeing” (and not just as the absence of disease or infirmity). This is the definition we have been working with.

In previous sessions, we made suggestions about what needs to change so we can achieve the state of complete physical, mental and social wellbeing.

We explored how all environmental factors are important for a woman’s wellbeing:

- Social
- Environmental / natural
- Economic
- Political

We noted that most health systems discriminate against people on the basis of class, race and gender: Black women have the worst deal!

Our challenge is not just to change what we do, but to work towards a health-filled system, that suits our particular environment / context / conditions.

## 2. Outline the task for the session:

You will work in groups of about 5 participants.

1. Reflect on your own experiences with the health system: what has worked for you, what are the shortcomings and frustrations? Make some notes!
2. In your groups, share your reflections and notes. Think especially about women’s health!
3. Together, dream a little: what would make this health system so much better for all?

Write down your points on flipchart

### Note

If necessary give some examples to illustrate what you mean. For instance

- weekly women’s clinics where women can get advice and treatment for issues that affect them, as women.
- A resource centre with trained staff to help people find out information about particular health issues, drugs, facilities etc
- Primary health care education that is age-appropriate, in health clubs, for different age groups
- Parks and green areas for recreation

Allocate approximately 40 minutes to this.

4. In plenary, present your dreams of an alternative health system!



5. In your groups, in your own words, write recommendations (or demands!):

What do you want to be put in place to address

- a. The main health problems in the community
- b. health education
- c. food and nutrition

6. Display the lists of demands / recommendations from all groups. Ask participants to go on a 'gallery walk' and read all lists.



7. Discussion points:

- What are the implications that flow from the demands, with regards to women's health? What institutions, services, infrastructure would be needed? What does this mean in terms of health staff, required?
- If health education was to be freely available to all – what are infrastructural and staff needs? How would this be financed? How might health education take off some pressures on clinics and services?
- How would an alternative food system benefit overall health? Who should provide access to nutritious foods for all – and how?

8. Ask participants to return to their groups and phrase one of their demands as a slogan or demand for a protest poster!

9. Wrap up by asking each group to collectively chant / sing / call the text on their posters!

Where could the posters be displayed so they can be seen by the public?



# Health Quiz



## Purpose

- Revise some of the health message while having fun
- Reinforce information about health and wellbeing
- Extend understanding



## Time

30 - 60 min



## Materials

- 12 questions (and answers)



## Process

1. Divide the group into smaller groups of 3-4.
2. Outline the process:
  - You will ask the question and give optional answers (columns 1 and 2). Each group will decide on the answer collectively and record their answer with the number of the question
  - At the end of all the questions, groups correct their own answer sheet.
  - This will be followed by a plenary dialogue in which correct responses are confirmed and explained, if necessary.



Question		Option and Awareness	
1	What is the biggest organ in our bodies?	The liver The skin The colon (large intestine)	The skin (cutaneous system) is about 2 square metres
2	Sweat does not smell. What smells are the bacteria on your skin.	True or false?	True. You have about 100000 microbes per square metre of your skin
3	The most complex of our organs is	The heart The ear The brain	The cerebrum – top part of the brain – is the seat of all our functions

4	Where are taste buds found?	In the gut On the tongue On the roof of the mouth In the throat In the lungs	All of these....
5	Where in our bodies is the chemical insulin produced?	The stomach The brain The pancreas The gut	The pancreas produces digestive juices and insulin
6	The immune system consists of	White blood cells Tears Lymph nodes Bone marrow The spleen	All of these....5 types of white blood cells are at the heart of the system
7	People cannot get nutrition from most parts of most plants.	True or false?	The edible ones are 'vegetables' – but we can benefit most from cooking them – eg potatoes
8	Carbohydrate (such as found in potatoes, rice, bread) is just sugar	True or false?	True. 150g of rice = 9 teaspoons of sugar
9	Women produce one egg each month. (If they produce 2 that get fertilized they may have twins.)	True or false?	False. Women are born with all the eggs already inside them.
10	The results of a cervical pep smear can either be positive or negative. If the result is positive this means there is no problem.	True or false?	False. Positive means: there are abnormal cells. Ensure you ask the health professional to explain the results!
11	Some diseases are infectious, some are contagious. Infectious means it is caused by a microbe. Contagious means it is transmitted by contact. What kind of disease is TB?	Infectious or contagious?	Infectious. Like 60% of all infectious diseases it is zoonotic...(from animals)
12	Type 2 diabetes and cardiovascular disease are caused by consuming processed and sugary foods and a lack of exercise.	True or false?	True



# GAMES

## 1. Circle introductions

Ask participants to divide into two groups by counting off: one – two – one - two - and so on, around the circle. Ask all one's to form a circle; the two's form a circle around them. Ask everyone to 'turn half right' – the two circles are now facing in opposite directions.

Explain: when you say 'go' all the people in the inside circle walk around one direction, the people in the outside circle walk around in the other direction. When you say 'stop' everyone stops and finds a person close to them in the other circle and they introduce themselves and have a short conversation.

Check for understanding, then say 'go'.

After a few moments say 'stop'. Ask participants to get into pairs and introduce themselves: "say your name; something about where you come from and what you love doing".

After a minute or so, call 'stop!', then 'go!' then stop! Find a new person close to you to talk to.

Repeat the process for another few times until at least 5-6 participants have met.

## 2. Swopping places

Ask participants to form one circle.

Explain the following:

In this game, people who have something in common swop places with one another. You will call out a description and everyone who fits the description quickly goes through the middle of the circle to find another place.

Give an example: 'all people who have the colour blue in their clothes swop places'.

Begin the game: all people who have a sister – swop places!

Further examples of instructions are

- all people who love to eat leafy green vegetables
- all people who have two or more children
- all people whose mother and father are still alive
- all people who have travelled far to get here
- all people who like to sing etc

Continue this game for a few minutes – ensure you give some descriptions that include all so that everyone swops places.

### 3. Word ping pong

A word association game that is a great focusing exercise: you need to be alert!

**Note: you could play this in any language shared by pairs!**

Ask participants to get into Pairs.

Explain: the purpose of this game is to respond to words with a new word that is associated. For example: if A says 'sky', B might respond with 'blue' or 'earth'. A must then associate a new word with B's word.

Rules: Don't pause, hesitate, repeat a word, or say a word that doesn't connect.

#### **Variation: Word Ball**

Participants stand in a circle. The first holds an imaginary ball in her/his hands. S/he tosses the "ball" to another participant in the circle, while saying the first word that comes to mind... for example, "flower." The student who "catches" the ball then responds with the first word associated with 'flower' that comes to mind, for example, "garden." Continue tossing the "ball and" making word associations until all have had a turn.

### 4. Pass the feeling

Participants sit in a circle.

Say that we're going to pass a smile around the circle. Start off by passing a big smile to the person to your left, and then encourage her/him to pass it on, all the way around.

Using the same principle, pass further emotions or feelings (eg. Sad; excited; angry; tired; hungry; scared; shocked etc)

### 5. Traffic light

A quick energizer to liven up the room.

Participants walk around the space. Explain the rules of 'traffic light':

- Red = Freeze
- Amber = Sit on the floor
- Green = Begin walking

Begin to play by calling out colours.

## 6. Lost on a Deserted Island

In introduction game.

Begin by telling the following story:

'There has been a shipwreck and everyone has been stranded on a deserted island! Each person managed to rescue one thing dear to her/him.'

Round 1: You are asked to describe what that is! (it could be an object or a particular interest....or...be creative!) Do a 'popcorn' round of introductions.

Round 2: Divide into smaller groups and sit in small circles. Outline the following task: In order to improve your chances of survival on the island, you must combine the various 'things' that you brought. If necessary, you can add more objects, but be sure to use all the objects that everyone mentioned. Discuss and prepare to describe!

Review in plenary; ask each group to describe their 'things' and how they will combine them for survival!

## 7. Group formation using songs

Purpose: to divide the group into even-sized smaller groups, while creating a positive climate and an opportunity for song and laughter

Decide how many groups you want and think of as many songs (eg. Shoshaloza, Imagine, silent night etc) Work out the number of people in each group.

Pre-prepare small bits of paper with song-titles on them – as many of each as there will be members in a group.

Ask each participant to pick one piece of paper but keep the content secret.

When all participants have a piece of paper give the following instruction:

Move around the room, humming your song. Find others who hum the same tune and form a group.

When all participants are in a group, ask each group to sing their song together – the rest of the class may join in!

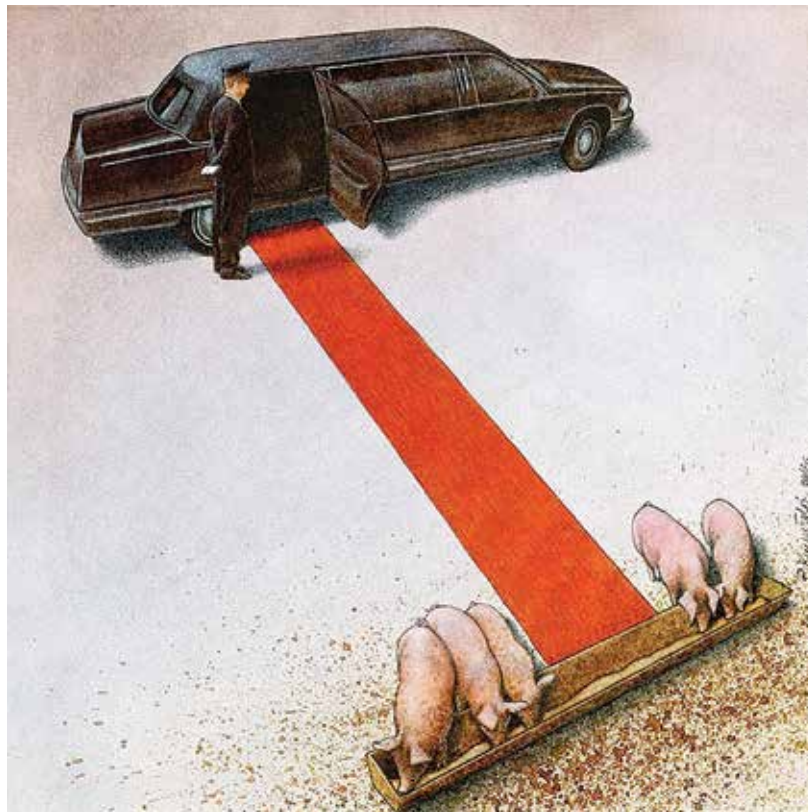
Ask groups to make smaller circles with their chairs and sit together.



## 8. The red carpet

Copy the image (or any other image that can serve as a code for dialogue) and distribute.

Invite responses: what does this image say about 'power'?



## 9. Image of the hour

A drama game: ask all participants to find a place with enough space to move.

Call out different times of the day – participants act out what they do at that particular time of the day. Example: 'when you wake up'; Sunday lunch; when you can do what you want; election day etc

## 10. Move to the spot

A fast moving action game: ask all participants to choose a spot and stand there. Then give instructions to begin walking – and add other descriptors – for example: walk like a chicken, walk and greet everyone wearing red, walk and pat all who have hair extensions, walk backwards, walk in circles etc. when you say 'stop' all run back to their 'spot'. The first (or last) to arrive gives the next round of instructions.

## References

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Burns, A.A., Lovich, R., Maxwell, J. & Shapiro, K (1997) *Where women have no doctor. A health guide for women*. Hesperian publishers. Oxford. Macmillan Education.

CSSR (2005) *Mapping our lives. Visual Body Map. Resource Guide*. Cape Town, UCT.

Conant, J & Fadem, P (2008) *A community guide to environmental health*. Hesperian, Berkeley.

A good place to begin searching for more inspiration, clarity on popular education, materials and ideas is the following: <http://www.populareducation.org.za/>

The site offers 'tools' based on the PE approach, reading materials, a list of South-Africa based organisations engaged in popular education, reports on meetings, workshops, conferences, and references to many books, manuals and other resources. A lot of the materials are freely downloadable.

The Popular Education Programme (PEP) was launched in 2011, in Cape Town. It works mainly in the Western Cape but also offers workshops and courses in other provinces. Contact: [poped2011@gmail.com](mailto:poped2011@gmail.com)

<http://www.practicingfreedom.org/offerings/popular-education/>  
Practicing Freedom is a collective of consultants, trainers, popular education practitioners, youth organizers, researchers and artists.

<http://trapeze.clearerchannel.org/>  
Trapeze is a collective that does popular education for social change and justice

<http://theseedhouse.org/how-we-do-it/popular-education/>  
Their mission is to create an arena for established and emerging community leaders and organisations to grow and develop in their capacity to bring about sustainable justice and equality through dialogue, creative expression and collective action.

<https://icasc.ca/directory/catalyst-centre>  
Catalyst Centre works toward promoting cultures of learning for social change. We work with diverse communities, groups, and organizations to provide workshops, training, and planning, as well as, supports to community projects.

<http://www.trainingfortransformation.co.za/>  
TfT is a course designed for community development workers.





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