Digital Stories: Mozambique

Facilitator’s Guide
Introduction

In the digital stories on this Mozambican DVD, activists tell survival stories related to various forms of injustice and pain, as well as to their transformation into becoming gender activists. Storytellers share their stories in an effort to bring about change— seeking to empower others in the fight for gender equality and to reduce the spread and impact of HIV and AIDS. They challenge myths and stereotypes about how men can act and be, showing that some men are role models for change and that men can help build a more just, gender-equitable, and healthy society.

EngenderHealth and Instituto Promundo produced this DVD and facilitators’ guide to assist workshop facilitators in using the stories in educational and empowerment settings.

Working with Men

Conventional gender norms encourage men to take more risks. Many of men’s behaviors—negotiating with partners about abstinence or condom use, caring for the children they father, or using violence against a partner—are rooted in the way in which they are raised. In many settings, men and boys may learn that being a “real man” means being strong and aggressive and having multiple sexual partners. They may also be conditioned not to express their emotions and to use violence to resolve conflicts, to maintain their “honor.” Changing how we raise and view men and boys is not easy, but it is a necessary part of promoting healthier and more equitable communities. Rigid constructs of masculinity also lead men to view health-seeking behaviors as a sign of weakness. These gender dynamics play a critical role in increasing both men’s and women’s vulnerability to HIV and AIDS. By providing men with alternate models of masculinity and helping them to question existing gender norms, we can help change behavior and promote gender equity.

Existing programs have shown that working with both men and women can lead to reductions in concurrent partnerships, reductions in sexually transmitted infections (including HIV), higher rates of condom use, increased HIV testing, reductions in gender-based violence, and improvements in perinatal care (which can result in lower perinatal mortality). Additionally, many men, when given an opportunity to get involved, will demonstrate greater responsibility for the children they father and a willingness to participate in their families’ health.

This DVD is one tool that can help bring about these changes. To promote equitable change, programs need to address the individual and his relationships, family, peer groups, communities, media, and institutions. Therefore, programs seeking to prevent HIV through changing gender norms must work at multiple levels.

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Digital Storytelling

In July 2009, the Brazilian organization Instituto Promundo conducted a digital storytelling workshop in Maputo, Mozambique. Workshop participants wrote and recorded first-person narratives about their lives; chose photos, still images, video clips, and music to illustrate their stories; and learned to edit these materials into the short digital videos presented here on this DVD. Previously, EngenderHealth had conducted digital story workshops in South Africa, Namibia, Tanzania, and India, and Promundo had done so in Brazil.

Promundo staff were trained in this methodology by the Silence Speaks project. Silence Speaks conducts digital storytelling workshops to connect survivors of violence and witnesses of abuse with their creativity, making their voices the centerpiece of violence prevention and social justice work. Workshops integrate creative writing, oral history, art therapy, facilitative filmmaking, and digital media manipulation to assist people in telling stories as short three-minute digital videos. The teaching philosophy is grounded in the popular education strategy of starting where people are. In a story circle, participants connect their own experiences with those of the group. This builds solidarity by revealing that we are not alone—that violence affects everyone. The teaching is facilitative: The storytellers themselves decide what to say and how to illustrate their work, and they learn to edit their stories on computers. The workshops conclude with a screening of the stories and time for the storytellers to celebrate their accomplishments.

Facilitating a Workshop Using the Digital Stories

On the following pages of this facilitators’ guide, the text of each story is written out to assist you, the facilitator, in following the dialogue. After that, questions are offered to assist you in leading a discussion about the content of the story. It is important that screenings of the stories be followed with a discussion, as with all experiential education, the major learnings and attitudinal shifts occur during such discussions. Following the discussion questions, the storytellers have added some comments about the message they are conveying through their stories. These points are to be shared with a group at the end of a discussion, as unfortunately, the storytellers cannot always be present to answer questions about their stories.

The storytellers entrust you, the facilitator, to honor their stories, and use them for educational and motivational purposes. Many of the stories are quite personal; however, the storytellers have chosen to share them, to assist in reducing the spread and impact of HIV and AIDS. As the stories stress, we must break the silence to confront this problem.

In presenting the stories in a community-based setting, you may choose to show one or several of them. It is suggested that you hold a separate discussion after showing each one. For one sitting, it is suggested that between two and four stories be shown, as many of the stories reinforce important messages: redefining masculinity and reducing the spread and impact of HIV and AIDS. Following is a list of the stories and major themes addressed:

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Before facilitating a workshop with the digital stories, be sure and view all of them and decide which would be most appropriate for your group. You also should review the discussion questions, as well as key messages the storytellers are conveying.

**ORID Methodology**
The discussion questions are offered as a guide; however, you may adjust them to the preferences of your group. The questions follow a discussion technique that is useful for facilitating experiential educational experiences, such as the viewing of the digital stories. Developed by the Institute for Cultural Affairs (ICA), the ORID Method (Objective, Reflective, Interpretive, and Decisional) asks questions in a sequential order. The first question(s) are objective—determining what was going on in the story and affirming that the participants had similar or different experiences in watching the story. The second question(s) are more reflective and ask participants about their feelings when watching the story. The third question(s) are interpretive, focusing on the lessons learned from the story and how they apply to social conditions. The fourth questions is decisional, focusing on actions that the viewers can take related to the lessons and motivations in the story.
Where to Show the Stories
The intended audience for these stories is people of all ages; however, many (but not all) of the storytellers are youth and adults between the ages of 15 and 40. Be sure to view the stories and think about what age-group is appropriate for which stories. The stories can be used in various settings, including community centers, schools, and faith communities, among others.

The stories were intended to be used in an interactive workshop setting, being shown to a group no larger than 35 people. However, in other countries, these types of digital stories were used with larger crowds. This format worked well, as there was plenty of time set aside for discussion, and several storytellers were on hand to answer questions regarding their story.

Where NOT to Show the Stories:
It is not recommended that the stories be used as a background or side-table presentation at a larger event. Because of the serious nature of the stories, they need to be used in a closed setting, where the audience’s attention can be captured fully and healthy discussions can be held afterwards. In addition, the stories may be too mature for younger children (below the age of 12).

Creating a Positive and Supportive Climate
As in all interactive sessions, you need to create a positive environment for learning. Such an environment will help the participants feel comfortable and safe and will encourage group unity. You should model a style of open communication by sharing appropriate information about yourself and by laughing and connecting with the group. Be sure to nod your head a lot to affirm participants’ statements and their participation. Be sure to point out that we seldom have a chance to sit and discuss the issues raised in these stories, nor to come up with strategies to transform society.

Caution about the Seriousness of the Subject
The stories are quite powerful and serious in nature. As a good facilitator, you should be aware that some participants may react strongly to the content, especially if those participants have been survivors of or witnesses to violence and HIV and AIDS themselves. It is important that you prepare participants with a short introduction regarding the nature of the stories and offer your assistance to anyone who may find them difficult to watch.

During and after viewing the stories, make sure that all participants are still engaged and feel prepared emotionally to continue on with the discussion. If someone becomes disengaged, it is important to directly work with that person, but do not take too much time away from the rest of the group. Thus, it would be helpful to have a colleague trained in counseling skills to co-facilitate with you, to assist participants who may need some immediate counseling. Also, at the very end of the session, be sure to offer yourself and your colleague as a resource to anyone who may need some additional counseling. If you have not had any counseling skills training, be sure to find someone to assist you before the discussion, as well as seek out a course where you can learn some basic techniques.
If you do find yourself in an emergency, in which a participant has a strong reaction and breakdown, be sure that you know of immediate referral mechanisms nearby that can assist you.

In conclusion, EngenderHealth and Promundo thank you for helping the storytellers in getting their digital stories out and offer you the best of success in using them. Thank you for responding to the call!
Nivaldo
story by Helder
http://www.youtube.com/watch?v=6KLfm5S1pV4

I had just separated from my girlfriend of two years. I was not used to being alone. I met a young lady, who I had a relationship with, and in less than two months of dating, I impregnated her. I did not want to have this child, and even on the delivery day, I did not go. In summary, during the first months I did not feel responsibility or like a father. I spent two months without having ever seen little Nivaldo. I only fulfilled the role of provider.

With time, I got used to the idea of visiting him. And in the first days, I just saw him, I did not return with him. But after some time, I would take little Nivaldo to spend the weekend with me. But at some point, I felt sad, guilty over the distance that I placed between us. Sometimes I had to take him while he cried because he did not recognize me. The mother left little Nivaldo at approximately 1 year old. He stayed with the grandmother, without having told me that she was going to build a home with another man. Having this information, I thought: “I was distant. The only affection he had every day was from his mother. This is the opportunity to assume the role of father, and it is now that I will be his. What to do?”

I decided to take little Nivaldo to live with me. The days were already different. I felt proud washing his diapers and his clothes, bathing, feeding, and putting him to sleep. My God! You can’t imagine the feeling this gives. It is good, of course. From this, I discovered that men can also be a good caretaker. Even today, I feel encouraged because when I tell this story to my family, friends and at work, I receive compliments, even though this is not the objective. Now I have lots of affection for little Nivaldo, and I work to involve other men to fight for this cause. I am eager to be in transformation, and I understand that we should question some gender roles.

Questions

1) What is this story about?
2) How did you feel listening to the story? Sad? Happy?
3) Is the behavior of Nivaldo’s father common?
4) What are the qualities of a good father?
5) How can an involved father improve the life of his child?
6) What happens to men who do not follow the typical mode of fatherhood and instead are more emotionally involved? What do people say about them? What positive things do people say?
7) What can you do in your community to encourage caring and involved fathers? If you are a father, what can you do to be a caring and involved father?

Key Points

- Men and women have the responsibility to care for themselves and for their families.
- Men have as much capacity as women do for taking care of their children. Several models of involved fathers exist, and this story is one example.
Fatherhood is not limited to economic assistance (i.e., being a good provider)—it includes many other things, like being present and being part of the child’s life, even when the man is separate or divorced from the child’s mother.

*Us men, we can make the difference.*
When I was 19, I met a very pretty lady and had an amicable relationship with her. With time I dated her. I loved her a lot, and I lived in a poor family and dreamt of seeing her done-up and beautiful, but I did not have the (financial) means to make this happen.

Two years later, I met another lady, older than me and much older than the first one. Since she was economically stable, I became involved with her to gain financially in order to have access to some things that I had not yet had. I had never vacillated with the first one. I always used a condom because of all the respect and love I had for her. And with the other one, I did not use a condom; being older, I was confident that she would not let herself become pregnant, and if this did happen, she with her own money would get an abortion. But the health of the relationship with the first one was not good because there was conflict between the two, and this left me in a bad state. I tried to find a way to tell the first one the reason for the second relationship with the older one, but I could not.

Months later I had some signs of an STD, which I did not yet know what they were, and then one of the older lady’s neighbors told me that she looked like she had HIV/AIDS. I did not do anything else then, besides going to the voluntary testing center in order to test. Positive diagnosis. What hell. I thought it was the end of my life. Later, I went to meet the lady to “settle our debts” since I held her responsible for ending my life. Nothing changed, even with the words I told her. I took her to the voluntary testing center. The diagnosis was positive. I returned home.

Two days later, I went again to another testing center and the diagnosis did not change. They referred me to a clinic for young adolescents in which I was integrated into a support group. I discovered that it is important that men express their feelings. I gained hope to live in this group. I believed that it is the beginning of a new stage. The first (lady) had a negative diagnosis.

Today, I have a child with her. All of us are enjoying good health. I am loyal to my means of contraception, particularly to condoms since I have access to them. I also think that men have an important role in contraception and in thinking about your life and respecting it. I am now in an organization and developing some prevention activities and activities to divulge sexual rights, household visits and debates, in order to teach youth about the existence of STDs in particular HIV and of the importance of using contraceptive methods.

Questions

1) What are the key messages in Jose’s story?
2) How did you feel listening to the story? Did you feel sad?
3) When a couple decides to have sexual relations, what should they talk about before first having sex?
4) What are the risks in trusting your partner to take care of everything?
5) How do you think that Jose faced the situation of finding out that he is HIV-positive?
6) If you were single and HIV-positive, when would you inform a potential partner about your status?

7) If you were single and HIV-negative, what would you do if there was somebody who you liked and you discovered that they were living with HIV and AIDS?

**Key Points**

- Many men do not know that having various sexual partners can put their lives in risk and the lives of their partners and their future children.
- In a sexual relationship, it is important to protect yourself by using condoms in order to avoid undesired pregnancies and sexually transmitted infections.
- If you have had sex without a condom, then you should get tested for HIV.
- HIV is not a curse; we all can make individual choices to avoid HIV, such as abstaining, being faithful, and/or using condoms correctly and consistently.
- It is possible to have a healthy family, even if one partner has HIV, but it is necessary to stick with prevention measures.

*I became an activist and I live life positively.*
I was a very addicted person. I was involved in many addictions that could harm my health. I entertained myself however I wanted, without control. I lost nights. I dated two ladies from different neighborhoods. I had unprotected sex. I had health problems. Like venereal and other types of diseases. My family did not like my behavior.

One day, I became sick and [I was] wanting to be strong—to be a man that could resist going to the doctor—until happily a friend convinced me to go to the hospital. A (male) nurse counseled me and told me to bring my two girlfriends. I was scared. Not that that had happened. I gained courage to do everything I could to go meet them because this had to do with health. I had to speak to each of them on different days. Thanks God, they did not make things very complicated. They accepted going to the hospital to get treatment.

After the treatment, the nurse counseled us the following: “Do not drink, because alcohol does not agree with the medicines and harms health; always use condoms during sexual relations.” He even said, “If you are or become HIV-positive, you can use condoms with your women or your girlfriend to avoid HIV infection.” I returned home. My family also gave advice, saying “you have to have one and only one girlfriend or woman to guarantee a good future and always use condoms.”

I wanted to know more about life, but it was not so easy to change. I had to stop doing some things with some groups of friends, whom together we made the same mistake without knowing that we were doing so and harming our health. I stopped losing nights. I better used my time to be close to my fiancée, because sleeping early is also a part of good health.

Today, I am very motivated to encourage others to change their behavior, including my friends, because I already know the risk of unprotected sex and the harm of drug and alcohol consumption. I continue to use condoms with my woman because I know that us men are also able to promote the correct use of condoms before getting sick.

Questions

1) What are the key messages in Mario Luis’s story?
2) How did you feel when listening to the story? Were you surprised by his change in behavior?
3) How can the pressure to fit within the “box” of what it means to be a man impact one’s health in relation to HIV and AIDS?
4) How is alcohol related to HIV and AIDS? (If somebody is drunk, they may have more sexual partners, less motivation to use condoms, and also less chance of correctly using a condom)
5) Is it easy to talk about sexual health with your partner? Why?
6) How can you, in your life, “face” the different expectations for male behavior? How can you, in your life, “face” the different expectations for female behavior?

**Key Points**

- Men and boys are influenced by their peers to be “real men,” and they often use alcohol and multiple sex partners to prove their manhood.
- Alcohol abuse can increase the risk for having unprotected sex.
- Many men do not realize the high risk that having multiple sexual partners poses to their health and to their partners’ health.
- We need to talk more about the relationship among HIV, alcohol abuse, and unhealthy relationships.
- Men have the power to be an activist in their community and affect change, especially related to HIV and AIDS.
I come from a humble and caring family, and grew up in a social model that said that a real man did not wash, iron, or cook. I grew up to know that a man must always be strong, courageous, adventurous, and that he had to dominate his women and never reveal his real salary. I married a marvelous woman that I love very much, and during the beginning of our relationship everything was very beautiful. But I was irresponsible. She had a difficult task in helping me to find myself, bringing me down to earth, and I did not yet agree to change to this path that she wanted. I was only interested in adrenaline because I felt more of man this way.

Our relationship was full of conflict, and this left me in a bad state because it was difficult, and to sustain this adrenaline I had to omit things or lie. This meant I did not enjoy love and life as it should be. One day, I stopped to think about our life. I looked at myself, my surroundings, my family, my wife’s words took control of my mind and I asked myself things like “do I really love my wife? Really? Do I love my family? Is this the life that I want for us?”

And finally, I said, “Look, OK, this is over. This is not a healthy life.” I decided that I had to change, and today I enjoy a very open relationship with my wife, where we do not need to lie about anything. It is so nice to feel this freedom because before I was stuck by the idea that being a man was all those things that I lived. It is true that I need a lot to reach perfection, and I do not know if one day I will get there.

I remember that many days ago, I woke up and got ready for work, I got some pants that I had not used in a long time, and I saw how messy they were but put them on. For me it was, “OK, she needs to see how I am dressed, to see that she is not doing her tasks as a woman.” But quickly, another thought came to me, “Ah, is it? Is it really her responsibility to maintain my clothes? No.” I thought that I too had the responsibility to maintain my clothes. And I immediately took off my pants, ironed them, and put them back on. She came out of the shower and did not even notice what had happened. I had a day that started and ended well. I did not stop being a man because of this. I have continued my happiness to today.

Questions

1) What does BettO-G say in his story?
2) How did you feel listening to his story? Do you feel empowered?
3) Who are some of the positive male influences in your lives? Why are they positive?
4) How can men support equal division of roles and responsibilities?
5) How can the social and cultural environment keep Mozambican men from having an equitable attitude in relation to their women?
6) What can we do to ensure that different groups, such as men and women, live in a world with equity, where the can benefit from the same opportunities, the same rights and equal treatment?

**Key Points**

- Throughout their lives, men and women receive messages from their families, media, and society about how men and women should act and relate with other men and women. Many of these differences are constructed by society and not by our biological nature.
- Men can help friends and relatives in redefining what it means to be a “man,” in demonstrating and supporting the idea that for men, showing emotions and sharing responsibilities (including domestic chores and parenting) is healthy.
- Some of these societal and cultural expectations can be good and can help us to appreciate our identities as men or women.
- We all have the ability to identify unhealthy messages and work for equal rights for all.
- We can all choose how to act in our lives.