



# WORKING WITH FIRST-TIME MOTHERS

Activity Cards and Guidance from  
the Evidence to Action (E2A) Project's  
First-Time Parent Programs



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## ACRONYMS AND ABBREVIATIONS

ANC	Antenatal care
CHW	Community health worker
E2A	Evidence to Action
FP	Family planning
FTM	First-time mother
FTP	First-time parent
GREAT	Gender Roles, Equality, and Transformations
HTSP	Healthy timing and spacing of pregnancy
IUD	Intrauterine device
IYCF	Infant and young child feeding
LAM	Lactational amenorrhea method
MCH	Maternal and child health
PHE	Population, health, and environment
PPFP	Postpartum family planning
RH	Reproductive health

# INTRODUCTION

## Recognizing and Addressing the Needs of First-Time Parents

From 2014 to 2020, the Evidence to Action (E2A) project made it a priority to address the needs of first-time parents (FTPs)—defined as young women under the age of 25 years who are pregnant with or have one child, and their male partners. The FTP experience is complex—from the many, sequenced family planning (FP), reproductive health (RH), and maternal and child health (MCH) needs that arise, to the changing social expectations, relationships, and responsibilities that accompany parenthood.

To help young people navigate the FTP lifestage, E2A designed and implemented multifaceted programs in several countries. Adapted for different countries and contexts, our FTP programming applied lifestage and socioecological lenses to work with first-time mothers (FTMs)/FTPs, their key influencers, and their communities—including community- and facility-based health providers—to address the many health needs and related social and gender issues that affect FTPs' knowledge, attitudes, communication, decision making, and service use. Key interventions included FTM peer groups, small group sessions with FTMs' husbands/partners, sessions with influential female relatives, home visits, and facility- and community-based health services.

## Promising Results from FTP Programming

Evidence from E2A's projects in Burkina Faso, Nigeria, and Tanzania showed that tailored interventions do, indeed, support FTPs to achieve better health and gender outcomes for themselves and their new families—from increased



uptake of modern contraceptive methods, to improved attitudes about gender with respect to household roles and decision making. High levels of engagement and positive feedback from FTP participants also indicated that this is a population looking for new ideas and support to address their complex health and life needs—making them a prime focus for adolescent and youth programs.

## Sharing Tools and Guidance for Working with FTPs

This document contains succinct guidance and several resources that may be useful to groups wishing to work with FTPs. You will find a brief explanation of and guidance on implementing FTM peer groups, as well as the 21 session cards used to facilitate these groups. These resources represent E2A's central FTP intervention in multiple countries. The session cards, along with other resources developed by E2A, are available to help users design, implement, and measure efforts targeting FTPs. We hope users will see the potential of working with young FTPs and and develop programming for this critical population around the globe.

### *This document contains*

- Guidance on implementing first-time mother peer groups
- Guidance on using FTM Session Cards to facilitate FTM peer groups
- FTM Peer Group Session Cards on a range of health and gender-related topics (available for use and adaptation)
- Annexes consisting of additional tools and resources to support implementation of the above approaches:

1. Overview of FTM Session Cards by Country and Topic
2. Facilitation Guide for Conducting Joint Sessions with FTMs and Their Husbands/Partners
3. Full FTP Resource list





## FIRST-TIME MOTHER PEER GROUPS

This document presents activity cards used to facilitate peer-led small groups of first-time mothers (young women under 25 years who are pregnant with or have one child), which were at the center of E2A's multi-intervention FTP programming in Burkina Faso, Nigeria, and Tanzania.

These groups were designed to create safe spaces, peer networks, and role models for young women to learn and share—helping to build their agency for positive health action.

FTM peer group sessions provided information on health topics relevant for the FTP lifestage, such as antenatal care (ANC), exclusive breastfeeding, healthy timing and spacing of pregnancy (HTSP), and modern contraceptive methods. The sessions also explored many of the social and gender issues that facilitate or hinder FTMs'/FTPs' adoption of healthy behaviors and use of critical health services (e.g., communicating with partners, problem solving within relationships).

These peer groups were generally composed of 12–15 young women from the same community and led by a young FTM (the “peer leader”), who conducted meetings using a set of session cards to provide information, stimulate discussion, and encourage group members to share experiences. While some aspects of this intervention varied based on local context and project priorities (e.g., topics addressed, number of sessions), the peer group strategy and implementation approach were consistent across countries.

Data from all three E2A projects showed that peer groups consistently attracted and retained diverse FTMs (in terms of age, marital status, pregnant/postpartum status, etc.). Importantly, FTM feedback highlighted the value of peer groups in increasing knowledge, improving attitudes, building

communication and decision-making skills, and increasing access to health services.

Table 1 provides a snapshot of E2A's FTP programming in the three countries and aims to give readers a sense of how FTM peer groups can fit into a larger set of interventions targeting this important life stage.



TAGAZA DJIBO (BURKINA FASO)

**Table 1. E2A's First-Time Parents Projects**

<b>BURKINA FASO</b>	<b>NIGERIA</b>	<b>TANZANIA</b>
<p>Implemented through the Supporting Reproductive Health Services for Young First-Time Parents in Burkina Faso project, and funded by USAID</p>	<p>Implemented through the Saving Mothers, Giving Life (SMGL) Program, and funded by USAID</p>	<p>Implemented through the Tuungane Project, and funded by USAID</p>
<p><b>WHERE:</b> Eastern Region and North Central Regions, Burkina Faso</p> <p><b>WHO:</b> Young women under age 25 who are pregnant with or have one child under 2 years old, and their husbands/male partners</p> <p><b>WHEN:</b> April 2018–May 2020</p>	<p><b>WHERE:</b> Ikom and Obubra local government areas, Cross River State, Nigeria</p> <p><b>WHO:</b> Young women under age 25 who have one child under 1 year old, and their husbands/male partners</p> <p><b>WHEN:</b> May 2017–March 2019</p>	<p><b>WHERE:</b> Uvinza and Tanganyika Districts, Greater Mahale Ecosystem, Tanzania</p> <p><b>WHO:</b> Young women under age 25 who are pregnant with or have one child</p> <p><b>WHEN:</b> Jan. 2018–March 2020</p>
<p><b>KEY OUTCOMES</b></p> <ul style="list-style-type: none"> <li>• ANC</li> <li>• Safe delivery (at facility)</li> <li>• Newborn care</li> <li>• Exclusive breastfeeding</li> <li>• HTSP and postpartum family planning (PPFP)/FP</li> </ul>	<p><b>KEY OUTCOMES</b></p> <ul style="list-style-type: none"> <li>• HTSP and PPFP/FP</li> <li>• Exclusive breastfeeding</li> <li>• Positive parenting</li> <li>• Gender-equitable relationships</li> </ul>	<p><b>KEY OUTCOMES</b></p> <ul style="list-style-type: none"> <li>• HTSP and PPFP/FP</li> <li>• Gender-equitable relationships</li> <li>• Population, health, and environment (PHE) engagement</li> </ul>
<p><b>INTERVENTIONS</b></p> <ul style="list-style-type: none"> <li>• FTM peer groups (10 sessions)</li> <li>• Husband/partner groups (3 sessions)</li> <li>• Influential female relatives sessions (3 sessions)</li> <li>• Joint couple sessions (2 sessions)<sup>1</sup></li> <li>• Home visits by community health workers (CHWs)</li> <li>• Facility-based health providers/services</li> </ul>	<p><b>INTERVENTIONS</b></p> <ul style="list-style-type: none"> <li>• FTM peer groups (14 sessions)</li> <li>• Male partner small groups (6 sessions)</li> <li>• Influential female relatives outreaches (3 sessions)</li> <li>• Home visits by community volunteers (4–6 visits)</li> <li>• Community engagement</li> <li>• Facility-based health providers/services</li> </ul>	<p><b>INTERVENTIONS</b></p> <ul style="list-style-type: none"> <li>• FTM peer groups (10 sessions)</li> <li>• Male partner outreaches (5 sessions)</li> <li>• Influential female relatives outreaches (3 sessions)</li> <li>• Home visits by CHWs</li> <li>• Facility-based health providers/services</li> <li>• Linkages to PHE activities</li> </ul>

<sup>1</sup> Due to COVID-19, the project was unable to fully implement this intervention component. One of the two sessions was completed prior to the imposition of COVID-19 restrictions.

# FACILITATING THE FTM PEER GROUPS WITH SESSION CARDS

## *What are the session cards?*

Peer group meetings for FTMs were structured around session cards; typically, one session card was used per meeting. Session cards provide step-by-step instructions for a participatory activity by a group of FTMs to start discussions about health and relationships. There are many different types of activities included in the session cards, such as games, discussions, interviews, and storytelling. Each card typically includes: an introduction of the topic, key information on the topic, a brief question and answer section, the main activity, a group discussion, a closing, and a commitment from each group member to do or learn something further about the topic.

## *How were the cards developed?*

The majority of the 21 cards were originally developed by the Gender Roles, Equality, and Transformations (GREAT) Project and then adapted by E2A for use with FTPs. E2A also created seven new cards to address topics of special interest to country FTP programs. All cards follow the same general structure and use participatory methodologies to encourage reflection and discussion. You can find more information about how E2A used these session cards and the 21 session cards implemented in Burkina Faso, Nigeria, and Tanzania on the following pages. (See Annex 1 for additional details on the specific cards used in each country.)

## *What topics do the session cards cover?*

The session cards used in E2A's FTM peer groups cover these topics:

1. Getting to know you
2. Antenatal visits, skilled delivery, and postnatal visits
3. Danger signs in pregnant women, mothers, and newborn babies
4. Healthy timing and spacing of pregnancy
5. Intrauterine device (IUD)
6. Condom
7. Implant
8. Injectable contraception
9. Combined oral contraceptive pills
10. Emergency contraceptive pills
11. Exclusive breastfeeding
12. Parenting during a baby's first year
13. Male and female roles
14. Reproductive health choices
15. Healthy relationships
16. Talking about difficult issues
17. Advice about making decisions
18. Making decisions together
19. Advice on solving problems
20. Population, health, and environment



### *Who used the session cards?*

These cards were adapted or developed to be used with young women under age 25 who are pregnant with or had one child. Groups were composed of 12–15 FTMs from the same community, often bringing together diverse young women in terms of their age, marital status, education, and place within the FTP lifestage (i.e., pregnant vs. postpartum). Most groups met every two weeks for 1–1.5 hours, usually in their village or at a nearby health facility.

### *Who led the activities on the cards?*

FTM small groups were led by a peer leader. Peer leaders (themselves young FTMs) were trained on the small group intervention and on the specific cards included in the program. Trainings were typically 3–5 days long and included time for practice using the session cards and making appropriate adaptations to the local language or context. Examples of peer leader training curricula are available on the [E2A website](#).<sup>2</sup>

The week before each session, peer leaders prepared by reviewing the card topic and instructions. In most projects, locally based resource persons (e.g., CHWs, PHE champions) attended sessions that included technical content (e.g., on different contraceptive methods) to provide clarification and answer questions. In several FTP projects, peer groups also held a special session for CHWs to provide an overview of all modern contraceptive methods, ensuring FTMs were informed of all available options.<sup>3</sup>

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<sup>2</sup> Pathfinder International. Training Tools: Providing Family Planning and Reproductive Health to Young Married Women and First-Time Parents in West Africa. Watertown, MA: Pathfinder International, 2016.

<sup>3</sup> There is no session card included for CHW overview of all modern contraceptive methods; CHWs were free to adapt this session as needed.

### *How did peer groups use the session cards?*

The use of cards differed by project. In some projects, peer groups could select the cards they wanted to use in any order. In other projects, all groups used the same cards in the same order, which proved useful when coordinating with other local resource persons and/or monitoring and evaluation activities. Having a set order also facilitated the alignment of topics across interventions with FTMs and their influencers.

The 21 sessions cards are presented here with health topics first (following the progression of the FTP lifestage), followed by topics related to relationships. However, cards can be repackaged and reordered as needed based on context and project priorities, and to provide variety for participants. It is not expected that each FTP program will use all 21 session cards. Rather, your program can select the range of cards most appropriate to your local context, project priorities, and timeline.

### *Are there additional resources related to FTP programming?*

Over the course of the project, E2A developed several FTP-related resources that address the conceptual foundation for working with this population, provide tools for implementing interventions, and share information and results from FTP projects in various countries. A few resources are highlighted below. A full list of FTP resources is included in Annex 3, and all can be found on [E2A's website](#).

#### *Foundational Resources*

- Literature Review: Reaching Young First-Time Parents for the Healthy Spacing of Second and Subsequent Pregnancies
- Technical Consultation Report: Meeting the Integrated Needs of First-Time Parents
- FTP Framework

#### *Implementation Resources*

- Small Group Facilitation for Young First-time Mothers in Akwa Ibom, Nigeria
- FTM Peer Group Session Cards [this document]
- Male Partner Session Guides

#### *Recent Country Program Resources*

- Burkina Faso Phase 1 Report
- Formative Assessment: Findings from First-Time Parents in Cross River State, Nigeria
- Technical Report: Improving Health and Gender Outcomes for First-Time Parents in Cross River State, Nigeria

- Report: Improving Family Planning Outcomes for First-Time Parents in the Greater Mahale Ecosystem of Tanzania



## INTRODUCTORY SESSION

# GETTING TO KNOW YOU

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## INTERVIEWS

DURATION: 30 MINUTES



SEUN A SALA (NIGERIA)

**1. Introduction**

Ask the group to form a circle and read this aloud:

Today, we are going to talk to each other about what we want our lives to be like when we are older.

**2. Separate the group into pairs****3. Read these instructions aloud**

Imagine that you are radio reporters and you are interviewing your partners. I will read a question aloud. In your pairs, take turns asking each other this question and then answering it. I will read 5 questions and give you a few minutes between each question to talk with one another.

**4. Read the instructions in Step 3 again to make sure everyone understands**



## 5. Read the questions in the box below, slowly

After each question, give the group about 2 minutes to talk to one another before you read the next question.

1	What do you want your relationship to be like as you get older?
2	What are your financial and work-related goals?
3	How many children do you wish to have?
4	How do you plan to space your children? Will you have them one after the other or take breaks in between?
5	Describe the type of mother you hope to be.
6	What do you hope for your children?

## 6. Discussion

Ask the group to form a circle and ask the following questions. Make sure to call on many different people.

- How did it feel to share your goals for the future with your friends?
- Is it normal for young people to talk about their hopes for their families and their children with others?
- Why might it be important to talk to your partner about your hopes for your family?
- What are things that partners can do to make sure they take the time to talk to one another about their hopes and dreams?

## 7. Closing

Read this aloud:

Talking to your partner about what you both want for your family size, your children, and your relationship is great. It is important for couples to talk and make decisions together about things like when to have children and when to use contraception. Couples should also talk about how to raise and discipline children. Talking about your goals will help you achieve them.

## 8. Commitment

Go around the circle and ask each woman to name one friend she is going to talk to this week about her hopes for her family or one topic related to goals for the future that she is going to discuss with her partner.



SESSIONS RELATED TO PREGNANCY

# ANTENATAL VISITS, SKILLED DELIVERY, AND POSTNATAL VISITS

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STORY

DURATION: 60 MINUTES



## 1. Introduction

Ask the group to form a circle and read this aloud:

Welcome! We are going to start by learning and sharing something very important to all of us, mothers and mothers-to-be—having a safe pregnancy and childbirth. This is especially important for our first pregnancy, but also for the future. In today's meeting, we will learn how to get important information on how to seek health services during pregnancy and delivery at a health facility.

## 2. Read the following aloud

We all want to make sure we have a normal pregnancy and that our babies are delivered safely. There are many important things we can do to make sure everything goes well:

- It is important to have at least 4 antenatal care (ANC) visits before giving birth at a health facility. These visits should start as early as possible—in the first 3 months—and then continue throughout your pregnancy.
- Apart from these 4 visits, you can visit the health facility as many times as you want, especially if something worries you about your health or you feel the need to talk to a health care worker.
- During these visits, the health care worker will verify that you are healthy and that the baby is developing well. He or she will also provide you with medicines for malaria, anemia, etc. The medicines will also protect your unborn baby from diseases such as malaria and anemia.
- This is also the time to prepare for a facility-based delivery, exclusive breastfeeding of your baby, and postpartum family planning.
- After delivery, it is important for every mother and baby to receive a total of 4 postnatal visits: 1 within the first 24 hours after birth, 1 on the 3rd day after birth, 1 between days 7 and 14, and 1 at 6 weeks postpartum.

## 3. Repeat some of the points if necessary and answer any critical questions

Call on the facilitator or the CHWs for assistance responding, if necessary.

## 4. Read the story of Salamata aloud

Salamata is an 18-year-old woman, who is 2 months pregnant with her first child. She is overjoyed because she and her husband have been living together for more than a year and want to start their family as soon as possible. At the same time, Salamata is a little worried. Her older sister had a difficult pregnancy, and it was only by being examined early and often by a health worker that she was able to deliver her son safely. Salamata would like to go to the health center as soon as possible for an antenatal check-up to make sure she and her baby are healthy, but she knows it will be difficult.

Traditions are very important in her husband's family and they are eagerly awaiting the rituals that must be performed for this first baby before they share the news of her pregnancy. Salamata also looks forward to the rituals, as it will be an important step in recognizing her role as a wife and mother. She doesn't want to wait until the rituals are over before she goes to ANC, but she is too afraid to discuss it with her husband and mother-in-law. So Salamata decides to go for her first ANC visit in a few months after the rituals have been performed and hopes that everything will be fine.



## 5. Discussion

Ask the group the questions below and allow them to discuss the answers to each question. Be sure to invite everyone to share their answers with the group.

- What do you think about Salamata's situation and her interest in ANC in early pregnancy?
- Have you heard of women like Salamata's sister, who have had difficult pregnancies? Do you think ANC and facility-based deliveries can help improve the management of these cases?
- Do you think Salamata should talk to her husband, or remain silent about ANC until the rituals are completed?
- Do you think Salamata's mother-in-law would support her desire to go for ANC now?
- Is there anyone who could help Salamata start her ANC?
- If you were in Salamata's place, what would you do?
- What can be done in your community to make husbands and other family members understand the importance of going to the first ANC visit in the first 3 months of pregnancy?
- How many times do you have to see a healthcare worker during your pregnancy, even if you think you are fine?
- Why should contraception be discussed during antenatal visits?
- What are the benefits of a facility-based delivery?

## 6. Closing

Read the following aloud:

It is important for young women to have their first antenatal visit as early as possible—ideally within the first 3 months—and to have at least 4 antenatal visits before a facility-based delivery. This will not only help ensure that both mother and baby are healthy throughout the pregnancy, it will also help prepare for a facility-based delivery. Women can also start thinking about their own and their baby's needs after birth: family planning, breastfeeding, and infant immunization.

## 7. Commitment

Go around the circle and ask each woman to name a health facility or health care worker they know and to whom they can go for antenatal visits, facility-based delivery, and postnatal care.



LINDA SUTTENFIELD (BURKINA FASO)

SESSIONS RELATED TO PREGNANCY

# DANGER SIGNS IN PREGNANT WOMEN, MOTHERS, AND NEWBORN BABIES

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STORY

DURATION: 60 MINUTES



SEUN ASALA (NIGERIA)

## 1. Introduction

Ask the group to form a circle and read this aloud:

We are going to discuss pregnancy and skilled delivery. The last time we talked about the importance of having an ANC visit at the beginning of our pregnancy and seeing a skilled attendant at least 4 times before delivery in a health facility. Now, in addition to this, there are important things that women (and their families) should know how to do at home, and today we're going to focus on recognizing danger signs in the pregnant woman, the mother, and the newborn.

## 2. Read the following aloud

Pregnancy makes us tired, and there are many things we should do to make sure we take care of ourselves—like eating well and resting well. We also need to be alert to any serious problems that may arise and see a health care worker if any of these problems occur:

- Women sometimes feel a little uncomfortable during pregnancy. Normal discomforts of pregnancy can include nausea (especially in the first 3 months), heartburn, frequent urination, back pain, breast tenderness and swelling, and fatigue.
- But sometimes women experience more severe symptoms. Danger signs in pregnant women include: blurred vision; dizziness; bleeding; pain from premature delivery; swelling of the fingers, face, and legs; and fever.
- Danger signs in women after delivery are: fever, pelvic pain, bleeding, and heavy and painful legs.
- In the newborn, the danger signs are: fever, convulsions, jaundice, rapid breathing, and very low temperature.
- If any of these situations occur, women or their children should seek treatment in a health facility as soon as possible.
- Malaria in particular is a health problem that women should watch out for. Malaria is very common where we live, and it is important to see a health care worker if a woman suspects she has malaria during pregnancy. It can be treated, but a healthcare worker should be consulted immediately.
- Remember that there is also preventive treatment for malaria and that a pregnant woman should sleep under a mosquito net.

### 3. Repeat some of the points if necessary and answer questions

Call on the facilitator or the CHWs for assistance responding, if necessary.

### 4. Read this story to the group

Possibo and her husband Yemboaro are first-time parents living in a village. Possibo is 19 years old and is 5 months pregnant with her first child. She is aware that she has to go to the health facility to check on her pregnancy in order to protect her future baby. For 5 days now, she has been feeling shivery, nauseated, and generally tired. Possibo tells Yemboaro, who in turn advises her to talk to her mother-in-law. The mother-in-law informs Yemboaro that this is part of the normal process of pregnancy. She advises her to put up with it because it is a temporary situation. Possibo, still not feeling well, secretly confides in the community health worker without her mother-in-law's knowledge. The latter is more than willing to accompany her to the health facility to see the midwife for a check-up. The midwife discovers that Possibo is suffering from malaria and prescribes her malaria treatment. She also gives her a treated mosquito net that she should use during the rest of her pregnancy and with the baby once he or she is born. She also talks about the importance of preventive treatment for malaria during pregnancy, which is provided as a standard part of care for pregnant women during antenatal care.

## 5. Discussion

Ask the group the questions below and allow them to discuss the answers to each question. Be sure to invite everyone to share their answers with the group.

- Was Possibo right to worry about how she was feeling?
- What do you think about Yemboaro's attitude? What should he normally do?
- What do you think about the mother-in-law's attitude? What should she normally do?
- If you were in Possibo's place, what would you do?
- Is malaria common in our community, and do you know of any women who have had malaria during pregnancy?
- What are the signs that should attract our attention during pregnancy and what should we do in these cases?

## 6. Closing

Read this aloud:

We know that it is very important to see a health care worker regularly throughout pregnancy. Women and their families must also make sure that everything is okay. Most importantly, they should watch for any danger signs that may occur, including: blurred vision, dizziness, bleeding, pain from premature delivery, swelling, and fever. This also includes malaria. If any of these health problems occur, the woman should immediately seek treatment at the health facility and receive preventive treatment for malaria.

## 7. Commitment

Go around the circle and ask each woman to name a health facility or health care worker, CHW, family member, or friend they can go to for help if they see any of the danger signs during their pregnancies or in their children.





SESSIONS RELATED TO HTSP/FP

# HEALTHY TIMING AND SPACING OF PREGNANCY

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STORY

DURATION: 30 MINUTES



LINDA SUTTENFIELD (BURKINA FASO)

## 1. Introduction

Ask the group to form a circle and read this aloud:

Today, we will hear a story about the importance of delaying first pregnancies and spacing second pregnancies.

## 2. Read this story to the group

Kelvin and Sara are new parents with a 4-month-old baby. Sara understands that having another baby would mean one more mouth to feed and more chores, but she is 21 years old and she is worried that if she doesn't have another baby soon, she will become too old to have one. Sara goes to the village health worker for advice. The village health worker tells her not to fear, because women are able to have babies even when they are in their 30s. She tells Sara that she was smart not to have her first child until she was ready in both

her mind and in her body. The health worker also advises her to wait at least 2 years before trying to get pregnant again in order to protect her health and the health of her babies. Sara and Kelvin were using exclusive breastfeeding (also called LAM) as a way to prevent a second pregnancy, but the village health worker tells Sara that this method only works if the baby is less than 6 months, if the baby is only fed breast milk and nothing else, and if Sara's monthly bleeding hasn't started again. She suggests that since the baby is already 4 months old, Sara should continue to breastfeed, and she and Kelvin should also plan to start using another contraceptive option such as an intrauterine device (IUD), condoms, implant, injectable contraception, or the pill as soon as the baby starts eating foods other than breastmilk. Sara and Kelvin discuss together and decide that they will choose one of these options and wait at least 2 years before trying to get pregnant again.

### 3. Read the story to the group again

#### 4. Discussion

Ask the group these questions and allow them to discuss their responses with one another.

- What are some reasons for a woman to wait to have children until she is 18 or older?
- What are some reasons for couples to wait at least 2 years before trying to become pregnant with a second child?

- Explain whose responsibility it is to prevent a pregnancy and why you think that way. Is it the man's, the woman's, or the couple's together?
- What are some of the challenges young people face in delaying their first pregnancy?
- What can young people do to overcome the challenges to delaying their first pregnancy?
- What are some challenges young couples face in spacing their pregnancies by at least 2 years?
- What can couples do to overcome the challenges to spacing their pregnancies?

#### 5. Closing

Read this aloud:

It is important for young women to wait until their bodies are ready and they are able to support a child—until they are at least 18 years old. Getting pregnant soon after giving birth can cause health problems for the mother and the baby. Also, it can cause challenges with food and money, and can make raising children more difficult. Go to the health center or talk to a village health worker to discuss the different ways you can choose to delay a first pregnancy or space a second pregnancy.

#### 6. Commitment

Go around the circle and ask each woman to name another woman—in their family or community—that they will talk to about healthy timing and spacing of pregnancies.

SESSIONS RELATED TO HTSP/FP

# INTRAUTERINE DEVICE (IUD)

TRUE OR FALSE

DURATION: 45 MINUTES

## NOTE TO FACILITATOR

Please see the Intrauterine device (IUD) fact card in the GREAT toolkit bag for more information about this method. If possible, invite a health worker to help facilitate this card.



TAGA ZA DJIBO (BURKINA FASO)

## 1. Introduction

Ask the group to form a circle and read this aloud:

There are many different methods to prevent pregnancy. Today we will play a game to learn more about one method called the intrauterine device (IUD). The IUD looks like a “T” and is placed inside the woman’s uterus. There are two types of IUDs that may be available to you—the copper IUD and the hormonal IUD. Once it is in place, the woman cannot feel it, and the copper IUD prevents pregnancy for up to 12 years. It is important for men, women, and adolescents to learn about contraception.

## 2. Read this aloud

What are some ways that you know of to prevent pregnancy?

Give participants a few minutes to think about and discuss their answers.

### 3. Share answers from the following list

Once they have named different ways, share any answers from this list that they did not say and are available to them, including:

- The combined oral contraceptive (COC) pill
- The progestin-only pill (POP)
- Intrauterine device (IUD)
- Injectables
- Male condom
- Female condom
- Implants
- Male/female sterilization
- LAM (exclusive breastfeeding for 6 months after birth)
- Emergency contraception
- Fertility awareness methods, including mobile phone applications
- Progestin vaginal ring (PVR)
- Vasectomy
- Abstinence
- Withdrawal

### 4. Select 2 locations

(for example, 2 trees), about 10 meters apart. Tell the group that one location is called “TRUE” and the other is “FALSE”. “I DON’T KNOW” is a location in between.

### 5. Read these instructions aloud

I am going to read a statement to you about the IUD. If you think the statement is true, run to the “TRUE” location. If you think the statement is false, run to the “FALSE” location. If you do not know, stay here in the middle. After you run to your places, I will ask you to tell the group why you think the statement is true or false. Then, I will read you the correct answer and we will see who got it right. It is okay to get these answers wrong. We are here to learn today.

### 6. Read the instructions in Step 5 again to make sure everyone understands



## 7. Read the first statement from the box below

Once the participants run to their locations, ask at least 2 people on each side to explain why they think the statement is true or false. Give them time to respond and encourage many different people to talk.

## 8. Read the correct answer next to the statement

## 9. Repeat this process for the remaining statements

STATEMENT	ANSWER
The IUD is a very effective method for preventing pregnancy.	The statement is true. The IUD is very effective and a long-lasting method of preventing pregnancy. It is more effective than condoms, the pill, and injectables. Both the Copper IUD and hormonal IUS can be inserted immediately postpartum. Once inserted, the copper IUD is effective for up to 12 years, and the hormonal IUS is effective for up to 5 years. A health provider can remove the IUD whenever a woman likes. When the IUD is removed, a woman can become pregnant right away.
The IUD should only be used by women who have already had babies.	The statement is false. Any woman, young or old, with or without children, can safely use an IUD.
The IUD might travel inside a young woman's body to her heart or her brain.	The statement is false. There is no passageway from the uterus to the other organs of the body. The IUD is placed inside the uterus and unless it accidentally comes out, it stays there until a trained health worker removes it. If it does come out, it comes out of the vagina. It is rare for an IUD to come out.
The IUD can prick the penis during sex.	The statement is false. The IUD cannot be felt during sex.
The IUD can be removed at any time.	The statement is true. A health provider can remove the IUD whenever a woman likes, even before the approved effective time period of 5 to 12 years. When the IUD is removed, a woman can become pregnant right away.
The IUD can cause changes in menstrual bleeding.	The statement is true. The Copper T IUD may cause heavier menstrual bleeding and cramping, and the hormonal IUS is often associated with lighter menstrual bleeding and less cramping.

## 10. Discussion

Ask the group to form a circle and ask these questions. Allow them to discuss their responses with one another. Be sure everyone is participating:

- What did you learn that was new about the IUD?
- Why do you think it is important for both young men AND young women to learn about contraception?
- What do you think people in your community think about the IUD? Do they have correct information or incorrect information?
- Where can you and other young people go to find out more about the IUD and other forms of contraception?

## 11. Closing

Read this aloud:

Many women and couples like the IUD because it is very effective at preventing pregnancy, lasts a long time, and does not require the user to do anything once it is inserted. There is nothing to remember everyday like there is with pills and no one but the woman knows that she is using contraception. Like with all contraceptive methods, there can be some side effects. If the side effects are too uncomfortable, you can always switch to another method. It is important to talk to a health worker about options that men and women, including adolescents, have to prevent pregnancy.

## 12. Commitment

Go around the circle and ask each woman to name one place or one person she can go to or talk to in order to find out more information about the intrauterine device and other contraceptive methods.



SESSIONS RELATED TO HTSP/FP

# CONDOM

TRUE OR FALSE

DURATION: 45 MINUTES

## NOTE TO FACILITATOR

Please refer to your training materials on contraceptive methods before conducting this activity. If possible, invite a community health worker to help facilitate this activity.



## 1. Introduction

Ask the group to form a circle and read this aloud:

There are many different methods to prevent pregnancy. Today we will play a game to learn more about male and female condoms. It is important for both men and women to learn about contraception.

## 2. Read this aloud

What are some ways that you know of to prevent pregnancy?

Give participants a few minutes to think about and discuss their answers.

### 3. Share answers from the following list

Once they have named different ways, share any answers from this list that they did not say and are available to them, including:

- The combined oral contraceptive (COC) pill
- The progestin-only pill (POP)
- Intrauterine device (IUD)
- Injectables
- Male condom
- Female condom
- Implants
- Male/female sterilization
- LAM (exclusive breastfeeding for 6 months after birth)
- Emergency contraception
- Fertility awareness methods, including mobile phone applications
- Progestin vaginal ring (PVR)
- Vasectomy
- Abstinence
- Withdrawal

### 4. Select 2 locations

(for example, 2 trees), about 10 meters apart. Tell the group that one location is called “TRUE” and the other is “FALSE.” “I DON’T KNOW” is a location in between.

### 5. Read these instructions aloud

I am going to read a statement to you about condoms. If you think the statement is true, run to the “TRUE” location. If you think the statement is false, run to the “FALSE” location. If you do not know, stay here in the middle. After you run to your places, I will ask you to tell the group why you think the statement is true or false. Then, I will read you the correct answer and we will see who got it right. It is okay to get these answers wrong. We are here to learn today.

### 6. Read the instructions in Step 5 again to make sure everyone understands



## 7. Read the first statement from the box below

Once the participants run to their locations, ask at least 2 people on each side to explain why they think the statement is true or false. Give them time to respond and encourage many different people to talk.

## 8. Read the correct answer next to the statement

## 9. Repeat this process for the remaining statements

STATEMENT	ANSWER
Both male and female condoms prevent against pregnancy and sexually transmitted infections, including HIV.	The statement is true. Condoms are the only contraceptive method that can protect against pregnancy and sexually transmitted infections, including HIV, at the same time.
A man can put on 2 or 3 condoms at once to increase protection.	This statement is false. Condoms can break if they are used on top of one another. You should only use one condom at a time.
A male condom and female condom can be used together to increase protection.	This statement is false. Male and female condoms should not be used together. This can cause friction that may lead to the condoms tearing.
The female condom is comfortable for many women.	The statement is true. The female condom is the same length as a male condom but wider. It is flexible and fits into the shape of the vagina. Female condoms have been carefully designed to fit any woman's body and any man's penis. They cannot get lost inside the body.
Only men should buy condoms.	This statement is false. Women and young women can also buy condoms, so that they are prepared in case they are in a situation where they need to negotiate the use of condoms. If a young woman has a condom, it does not mean she is promiscuous. It shows that she is taking responsibility over her reproductive health.
Male and female condoms must be put on before the penis enters the vagina in order to be effective.	This statement is true. In order to prevent pregnancy, both male and female condoms should be put on or inserted before the penis enters the vagina.

## 10. Discussion

Ask the group to form a circle and ask these questions. Allow them to discuss their responses with one another. Be sure everyone is participating:

- What did you learn that was new about male and female condoms?
- Why do you think it is important for both young men AND young women to learn about contraception?
- What do you think people in your community think about condoms? Do they have correct information or incorrect information?
- Where can you and other young people go to find out more about male and female condoms and other forms of contraception?

## 11. Closing

Read this aloud:

Men and women like to use condoms because they have no side effects and they can be found in many places. Male and female condoms should be put on or inserted before the penis enters the vagina in order to prevent pregnancy. Female condoms can be inserted ahead of time and do not interrupt sex. Women like them because they can decide when to use them and they can be used without seeing a health care provider. Since many couples have trouble using condoms correctly and consistently, using another contraceptive method (such as the pill or injectables) in addition to condoms is often the best way to prevent pregnancy and HIV/STIs for those couples. It is important to talk to a healthcare provider about contraceptive options.

## 12. Commitment

Go around the circle and ask each woman to describe how they could reach out to another young woman or couple to learn about their experiences using male or female condoms or other contraceptive methods.



KATY MIMNO (BURKINA FASO)

SESSIONS RELATED TO HTSP/FP

# IMPLANT

TRUE OR FALSE

DURATION: 45 MINUTES

## NOTE TO FACILITATOR

Please refer to your training materials on contraceptive methods before conducting this activity. If possible, invite a community health worker to help facilitate this activity.



TAGAZA DJIBO (BURKINA FASO)

## 1. Introduction

Ask the group to form a circle and read this aloud:

There are many different methods to prevent pregnancy. Today we will play a game to learn more about one method called implants. Implants are 1–2 small, flexible rods that are placed just underneath the skin on the woman or adolescent girl's arm and which release medicine in order to prevent pregnancy. They are very effective for 3–5 years. It is important for both men and women to learn about contraception.

## 2. Read this aloud

What are some ways that you know of to prevent pregnancy?

Give participants a few minutes to think about and discuss their answers.

### 3. Share answers from the following list

Once they have named different ways, share any answers from this list that they did not say and are available to them, including:

- The combined oral contraceptive (COC) pill
- The progestin-only pill (POP)
- Intrauterine device (IUD)
- Injectables
- Male condom
- Female condom
- Implants
- Male/female sterilization
- LAM (exclusive breastfeeding for 6 months after birth)
- Emergency contraception
- Fertility awareness methods, including mobile phone applications
- Progestin vaginal ring (PVR)
- Vasectomy
- Abstinence
- Withdrawal

### 4. Select 2 locations

(for example, 2 trees), about 10 meters apart. Tell the group that one location is called “TRUE” and the other is “FALSE.” “I DON’T KNOW” is a location in between.

### 5. Read these instructions aloud

I am going to read a statement to you about implants. If you think the statement is true, run to the “TRUE” location. If you think the statement is false, run to the “FALSE” location. If you do not know, stay here in the middle. After you run to your places, I will ask you to tell the group why you think the statement is true or false. Then, I will read you the correct answer. It is okay to get these answers wrong. We are here to learn today.

### 6. Read the instructions in Step 5 again to make sure everyone understands



## 7. Read the first statement from the box below

Once the participants run to their locations, ask at least 2 people on each side to explain why they think the statement is true or false. Give them time to respond and encourage many different people to talk.

## 8. Read the correct answer next to the statement

## 9. Repeat this process for the remaining statements

STATEMENT	ANSWER
Adolescents should not use implants.	This statement is false. Implants are very safe for adolescents, including those who have had children and those who have not had children.
Implants are one of the most effective methods of preventing pregnancy.	The statement is true. Implants are very effective. They are more effective than the pill, injectables, and condoms at preventing pregnancy.
Women that stop using implants can become pregnant right away.	The statement is true. After the implant is removed, a woman can become pregnant right away. A woman can also have the implant removed at any time, even if it's before the labeled 3-5 years of effectiveness.
The implant causes birth defects in the baby.	The statement is false. If the woman becomes pregnant while using the implant, there will be no harm to the baby.
The implant can cause changes in menstrual bleeding.	The statement is true. The implant may cause a woman to have heavier or lighter bleeding. The implant may also change how frequently a woman experiences menstrual bleeding or may stop bleeding all together.
The implant can be inserted immediately postpartum.	The statement is true. It is safe or a woman to have a contraceptive implant inserted immediately after giving birth, even if she is exclusively breastfeeding.

## 10. Discussion

Ask the group to form a circle and ask these questions. Allow them to discuss their responses with one another. Be sure everyone is participating.

- What did you learn that was new about implants?
- Why do you think it is important for both young men AND young women to learn about contraception?
- What do you think people in your community think about implants? Do they have correct information or incorrect information?
- Where can you and other young people go to find out more about implants and other forms of contraception?

## 11. Closing

Read this aloud:

Many women and couples like using the implant because once it is inserted, there is nothing else required. It is also long-lasting, and it does not interfere with sex. Like with all contraceptive methods, there can be some side effects and they may reduce or resolve over time. If the side effects are too uncomfortable, you can always switch to another method. It is important to talk to a health worker about options that men and women, including adolescents, have to prevent pregnancy.

## 12. Commitment

Go around the circle and ask each woman to name one thing she would like to learn more about the implant contraceptive method or other contraceptive methods and who she would approach to learn more.



KATY MIMNO (BURKINA FASO)

SESSIONS RELATED TO HTSP/FP

# INJECTABLE CONTRACEPTION

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TRUE OR FALSE

DURATION: 45 MINUTES

## NOTE TO FACILITATOR

Please refer to your training materials on contraceptive methods before conducting this activity. If possible, invite a community health worker to help facilitate this activity.



TAGA ZA DJIBO (BURKINA FASO)

## 1. Introduction

Ask the group to form a circle and read this aloud:

There are many different methods to prevent pregnancy. Today, we will play a game to learn more about one method called injectable contraception. This is a shot that women and adolescent girls get in the arm to prevent pregnancy. There are different types of injectables, but today we are going to talk about the 3-month type, which is also called DMPA or Depo. There is also another type of 3-month DMPA/Depo injectable called Sayana Press, which is injected under the skin by a facility-based provider, a CHW, or yourself (depending on local regulations). Injectable contraceptives should only be initiated after your new baby is 6 weeks old. It is important for both men and women to learn about contraception.

## 2. Read this aloud

What are some ways that you know of to prevent pregnancy?

Give participants a few minutes to think about and discuss their answers.

## 3. Share answers from the following list

Once they have named different ways, share any answers from this list that they did not say and are available to them, including:

- The combined oral contraceptive (COC) pill
- The progestin-only pill (POP)
- Intrauterine device (IUD)
- Injectables
- Male condom
- Female condom
- Implants
- Male/female sterilization
- LAM (exclusive breastfeeding for 6 months after birth)
- Emergency contraception
- Fertility awareness methods, including mobile phone applications
- Progestin vaginal ring (PVR)
- Vasectomy
- Abstinence
- Withdrawal

## 4. Select 2 locations

Identify two spots—such as 2 trees—that are 10 meters apart. Tell the group that one location is called “TRUE” and the other is “FALSE.” “I DON’T KNOW” is a location in between.

## 5. Read these instructions aloud

I am going to read a statement to you about injectable contraceptives. If you think the statement is true, run to the “TRUE” location. If you think the statement is false, run to the “FALSE” location. If you do not know, stay here in the middle. After you run to your places, I will ask you to tell the group why you think the statement is true or false. Then, I will read you the correct answer. It is okay to get these answers wrong. We are here to learn today.



## 6. Read the instructions in Step 5 again to make sure everyone understands

## 7. Read the first statement from the box below

Once the participants run to their locations, ask at least 2 people on each side to explain why they think the statement is true or false. Give them time to respond and encourage many different people to talk.

STATEMENT	ANSWER
For injectable DMPA contraception to prevent pregnancy, a health worker gives it to a woman every 3 months.	The statement is true. For the most common type of injectable contraception (DMPA), a woman must see a health worker for an injection every 3 months.
A woman using the DMPA injectable won't be able to get pregnant after she stops using the injectable.	The statement is false. Sometimes there is a delay of 6 to 12 months after the last injection for a woman to become pregnant again, but there is no evidence that shows that women become infertile because of the injection.
Injectable contraceptives are dangerous, especially for adolescents who haven't had children.	The statement is false. Injectables are very safe for adolescents, including those who have and haven't had children.
Injectable contraception might cause you to stop menstrual bleeding.	The statement is true. Women using injectable contraception do not release eggs, so they often stop monthly bleeding. This is not harmful to your body or your health.
Injectable contraception does not impact a woman's breast milk if she is breastfeeding.	The statement is true. injectable contraception does not decrease the amount of breast milk and it does not affect the breast milk itself or the health of the infant. Women can use the injection starting 6 weeks after childbirth.

## 8. Read the correct answer next to the statement

## 9. Repeat this process for the remaining statements

## 10. Discussion

Ask the group to form a circle and ask these questions. Allow them to discuss their responses with one another. Be sure everyone is participating.

- What did you learn that was new about injectable contraceptives?
- Why do you think it is important for both young men AND young women to learn about contraception?
- What do you think people in your community think about injectable contraception? Do they have correct information or incorrect information?
- Where can you and other young people go to find out more about injectables and other forms of contraception?

## 11. Closing

Read this aloud:

Many women and couples like to use injectable contraception because injectables do not require daily reminders like the pill does, and nobody else can tell that a woman is using contraception. However, like with all contraceptive methods, there can be some side effects. If the side effects are too uncomfortable, you can always switch to another method. It is important to talk to a health worker about options that men and women, including adolescents, have to prevent pregnancy.

## 12. Commitment

Go around the circle and ask each woman to name one person she can speak with about the injectable contraceptive. This could be a woman who currently uses the method to learn more about her experiences, a CHW or facility provider to learn more information, or her partner to ask about his opinion about the method.



SESSIONS RELATED TO HTSP/FP

# COMBINED ORAL CONTRACEPTIVE PILLS

TRUE OR FALSE

DURATION: 45 MINUTES

## NOTE TO FACILITATOR

Please refer to your training materials on contraceptive methods before conducting this activity. If possible, invite a community health worker to help facilitate this activity.



TAGAZA DJIBO (BURKINA FASO)

## 1. Introduction

Ask the group to form a circle and read this aloud:

There are many different ways to prevent pregnancy. Today, we will play a game to learn more about one type of method called the combined oral contraceptive pill, or just “the pill.” A woman or girl swallows the pill every day to prevent pregnancy. It is important for both men and women to learn about contraception.

## 2. Read this aloud

What are some ways that you know of to prevent pregnancy?

Give participants a few minutes to think about and discuss their answers.

### 3. Share answers from the following list

Once they have named different ways, share any answers from this list that they did not say and are available to them, including:

- The combined oral contraceptive (COC) pill
- The progestin-only pill (POP)
- Intrauterine device (IUD)
- Injectables
- Male condom
- Female condom
- Implants
- Male/female sterilization
- LAM (exclusive breastfeeding for 6 months after birth)
- Emergency contraception
- Fertility awareness methods, including mobile phone applications
- Progestin vaginal ring (PVR)
- Vasectomy
- Abstinence
- Withdrawal

### 4. Select 2 locations

(for example, 2 trees), about 10 meters apart. Tell the group that one location is called “TRUE” and the other is “FALSE.” “I DON’T KNOW” is a location in between.

### 5. Read these instructions aloud

I am going to read a statement to you about oral contraceptive pills. If you think the statement is true, run to the “TRUE” location. If you think the statement is false, run to the “FALSE” location. If you do not know, stay here in the middle. After you run to your places, I will ask you to tell the group why you think the statement is true or false. Then, I will read you the correct answer and we will see who got it right. It is okay to get these answers wrong. We are here to learn today.

### 6. Read the instructions in Step 5 again to make sure everyone understands



## 7. Read the first statement from the box below

Once the participants run to their locations, ask at least 2 people on each side to explain why they think the statement is true or false. Give them time to respond and encourage many different people to talk.

## 8. Read the correct answer next to the statement

## 9. Repeat this process for the remaining statements

STATEMENT	ANSWER
A woman needs to take the combined oral contraception pill only when she has sex.	The statement is false. A woman must take the combined oral contraception pill every day in order not to become pregnant. If you accidentally miss a pill, you should consult the instructions on your pill packet, or your health care worker, on what you should do.
When taking the combined oral contraception pill, changes to monthly bleeding are common but not harmful.	The statement is true. When you start on the combined oral contraception pill, it is normal to have bleeding that is not regular for the first few months. Then you will start having regular, lighter monthly bleeding afterwards.
The combined oral contraception pill will cause deformities in children.	The statement is false. It does not cause any harm to the baby or to the mother.
The combined oral contraception pill will cause infertility.	The statement is false. Once a woman stops taking the combined oral contraception pill, she is able to become pregnant.
The combined oral contraception pill is safe for adolescents to take.	The statement is true. The combined oral contraception pill has been used safely by millions of adolescent girls for over 30 years and been tested more than any other drug. In fact, studies show that it can protect adolescents and women from some forms of cancer.

## 10. Discussion

Ask the group to form a circle and ask these questions. Allow them to discuss their responses with one another. Be sure everyone is participating.

- What did you learn that was new about the pill?
- Why do you think it is important for both young men AND young women to learn about contraception?
- What do you think people in your community think about the pill? Do they have correct information or incorrect information?
- Where can you and other young people go to find out more about the pill and other forms of contraception?

## 11. Closing

Read this aloud:

Many women and couples like contraceptive pills because they help protect against pregnancy and some cancers. Some of the pills can also help reduce menstrual cramps, alleviate bleeding problems, and improve one's complexion. What can be difficult is remembering to take the pill every single day and making sure that you always have a supply of pills. If a woman misses doses of her pill, she risks getting pregnant. Like with all contraceptive methods, there can be some side effects, and they may reduce or resolve over time. If the side effects are too uncomfortable, you can always switch to another method. It is important to talk to a health worker about other options that men and women, including adolescents, have to prevent pregnancy.

## 12. Commitment

Go around the circle and ask each woman to describe how she will reach out to another woman who is using or has used the pill to learn from her experience.



SESSIONS RELATED TO HTSP/FP

# EMERGENCY CONTRACEPTIVE PILLS

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TRUE OR FALSE

DURATION: 45 MINUTES

## NOTE TO FACILITATOR

Please refer to your training materials on contraceptive methods before conducting this activity. If possible, invite a community health worker to help facilitate this activity.



AMI VITALE FOR THE NATURE CONSERVANCY (TANZANIA)

## 1. Introduction

Ask the group to form a circle and read this aloud:

There are many different methods to prevent pregnancy. Today, we will play a game to learn more about one method called emergency contraceptive pills. These are pills that are taken up to 5 days after having unprotected sex in order to prevent pregnancy. It is important for both men and women to learn about contraception.

## 2. Read this aloud

What are some ways that you know of to prevent pregnancy?

Give participants a few minutes to think about and discuss their answers.

### 3. Share answers from the following list

Once they have named different ways, share any answers from this list that they did not say and are available to them, including:

- The combined oral contraceptive (COC) pill
- The progestin-only pill (POP)
- Intrauterine device (IUD)
- Injectables
- Male condom
- Female condom
- Implants
- Male/female sterilization
- LAM (exclusive breastfeeding for 6 months after birth)
- Emergency contraception
- Fertility awareness methods, including mobile phone applications
- Progestin vaginal ring (PVR)
- Vasectomy
- Abstinence
- Withdrawal

### 4. Select 2 locations

(for example, 2 trees), about 10 meters apart. Tell the group that one location is called “TRUE” and the other is “FALSE.” “I DON’T KNOW” is a location in between.

### 5. Read these instructions aloud

I am going to read a statement to you about emergency contraceptive pills. If you think the statement is true, run to the “TRUE” location. If you think the statement is false, run to the “FALSE” location. If you do not know, stay here in the middle. After you run to your places, I will ask you to tell the group why you think the statement is true or false. Then, I will read you the correct answer and we will see who got it right. It is okay to get these answers wrong. We are here to learn today.

### 6. Read the instructions in Step 5 again to make sure everyone understands



## 7. Read the first statement from the box below

Once the participants run to their locations, ask at least 2 people on each side to explain why they think the statement is true or false. Give them time to respond and encourage many different people to talk.

## 8. Read the correct answer next to the statement

## 9. Repeat this process for the remaining statements

STATEMENT	ANSWER
Emergency contraceptive pills will end a pregnancy if a woman takes them when she is already pregnant.	This statement is false. Emergency contraceptive pills will prevent the egg from meeting the sperm after sex takes place. If a woman is already pregnant, the pills will not end the pregnancy and will not cause harm or birth defects to the baby.
Emergency contraceptive pills should be taken immediately after unprotected sex in order to be most effective.	The statement is true. The sooner that the pills are taken after sex, the better they work to prevent pregnancy. They have been shown to prevent pregnancy up to 5 days after having sex.
Taking emergency contraceptive pills might cause a woman to feel a little sick for a few days.	The statement is true. Emergency contraceptive pills can sometimes cause a woman to feel nausea, headaches, and dizziness. She may occasionally vomit. A woman may also have some irregular bleeding in the weeks after taking the pill.
Emergency contraceptive pills will make women behave in a risky way and have sex with many people.	The statement is false. Many studies have found that having emergency contraceptive pills available does not change how people behave. Instead, they provide women with a second chance to prevent pregnancy in case they have unprotected sex.
Emergency contraceptive pills are not appropriate for adolescents.	The statement is false. Emergency contraceptive pills are safe for all women, including adolescents.
Women should never use emergency contraceptives more than once a year.	The statement is false. Emergency contraceptives can be used as often as they are needed to prevent pregnancy after unprotected sex. However, other methods like the pill, injectables, implants, and Intrauterine device (IUD) that women use consistently over time work better to prevent pregnancy (if used correctly before sex happens).

## 10. Discussion

Ask the group to form a circle and ask these questions. Allow them to discuss their responses with one another. Be sure everyone is participating.

- What did you learn that was new about emergency contraceptive pills?
- Why do you think it is important for both young men AND young women to learn about contraception?
- What do you think people in your community think about emergency contraceptive pills? Do they have correct information or incorrect information?
- Where can you and other young people go to find out more about emergency contraceptive pills and other forms of contraception?

## 11. Closing

Read this aloud:

Emergency contraceptive pills offer a second chance to prevent pregnancies. It is important to know where to find them so that you can use them as soon as possible after unprotected sex, including when a condom breaks or comes off inside the woman. Many people like to have emergency contraceptives on hand just in case their regular method of contraception fails. It is important to talk to a health worker about how to prevent pregnancy.

## 12. Commitment

Go around the circle and ask each woman to name one place or one person she can go to or talk to in order to find out more information about emergency contraceptive pills and other contraceptive methods.



KATY MIMNO (BURKINA FASO)

## SESSIONS RELATED TO NEWBORN CARE AND PARENTING

# EXCLUSIVE BREASTFEEDING AND THE LACTATIONAL AMENORRHEA METHOD (LAM)

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### TRUE OR FALSE

DURATION: 1 HOUR

#### NOTE TO FACILITATOR

Please refer to your training materials on exclusive breastfeeding before conducting this activity. If possible, invite a community health worker to help facilitate this activity.

### 1. Introduction

Ask the group to form a circle and read this aloud:

Today we will play a game to learn more about exclusive breastfeeding for babies. We will also hear a brief story about one young mother's decision to exclusively breastfeed her baby.

### 2. Select 2 locations

Identify two spots—such as 2 trees—that are 10 meters apart. Tell the group that one location is called “TRUE” and the other is “FALSE”. “I DON'T KNOW” is a location in between.

### 3. Read these instructions aloud

I am going to read a statement to you about exclusive breastfeeding. If you think the statement is true, run to the “TRUE” location. If you think the statement is false, run to the “FALSE” location. If you do not know, stay here in the middle. After you run to your places, I will ask you to tell the group why you think the statement is true or false. Then, I will read you the correct answer and we will see who got it right. It is okay to get these answers wrong. We are here to learn today.

### 4. Read the instructions in Step 3 again to make sure everyone understands

## 5. Read the first statement from the box below

Once the participants run to their locations, ask at least 2 people on each side to explain why they think the statement is true or false. Give them time to respond and encourage many different people to talk.

## 6. Read the correct answer next to the statement

## 7. Repeat this process for the remaining statements

STATEMENT	ANSWER
Exclusive breastfeeding means that no other food or liquids are offered to the baby for the first 6 months.	This statement is true. Exclusive breastfeeding means that babies are given only breastmilk without any water or other liquids or foods for the first 6 months, except for specifically prescribed drugs.
Exclusive breastfeeding should begin as soon after birth as possible, as a mother's first milk is especially good for the baby.	The statement is true. Starting breastfeeding immediately after birth has benefits for both the mother and the baby. A mother's milk in the first few days is called "colostrum" and it is filled with substances that help the baby grow strong and fight disease.
Exclusive breastfeeding for 6 months is appropriate, even if the mother is HIV positive.	The statement is true. It is safe for women that are HIV positive or on antiretrovirals to exclusively breastfeed for up to six months.
If a baby cries after breastfeeding, that means s/he has not had enough food and should be given something other than breastmilk.	The statement is false. Health experts around the world say that breast milk contains all the nutrients that a baby needs for the first 6 months. No other liquids, foods, or supplements are needed. Breastfeeding regularly will also help a woman continue to produce milk, as the mother's milk production is stimulated by the baby's suckling.
Mothers have increased nutritional needs while lactating (breastfeeding).	The statement is true. Mothers need additional calories and nutrition while lactating, just as they do during pregnancy.
Exclusively breastfeeding a baby for the first 6 months can help to prevent another pregnancy.	The statement is true. One method of preventing pregnancy is called Lactational Amenorrhea Method or "LAM". LAM is a method of preventing pregnancy that requires that the woman is exclusively breastfeeding, that her baby is less than 6 months old, and that her monthly bleeding has not returned.
A woman can continue to use LAM as her contraceptive method for as long as she is breastfeeding her child.	The statement is false. To continue preventing another pregnancy until the baby is two years old, a woman must transition to another contraceptive method before the baby is 6 months old, or earlier if the baby is no longer being exclusively breastfed or if the mother's menses have returned. By 6 months, the baby should transition to complementary feeding and the mother should transition to another contraceptive method.



## 8. Discussion

Ask the group to form a circle and ask these questions. Allow them to discuss their responses with one another. Be sure everyone is participating:

- What did you learn that was new about exclusive breastfeeding?
- What do you think people in your community think about giving a baby only breastmilk for the first 6 months?
- What ideas or practices are there locally for feeding a child during its first 6 months?

## 9. Read this story to the group

Stella and Kevin are new parents with a one-month-old baby daughter. Stella has been breastfeeding her baby since birth and would like to continue giving her only breastmilk for the first 6 months. Stella first learned about exclusive breastfeeding from her sister, and then got more information from the community health worker about the benefits to the baby. She was very interested to learn that breastmilk is safer and easier for her baby to digest, and that it also contains important antibodies to help the baby fight infections. Stella talked with Kevin before the baby was born and they agreed that exclusive breastfeeding was the best choice for their baby's health. Everything has gone smoothly during the baby's first month. Stella's milk production has been good, and she also enjoys the closeness she feels with her baby while nursing. Now, however, Kevin is worried that breastmilk is not enough. When the baby cries after feeding, he feels this is because she is still hungry, and he repeatedly asks Stella to

give the baby some porridge or pap. Stella's mother is also concerned and agrees with Kevin that the baby needs more than breastmilk to grow. She also says that giving only breastmilk for 6 months will spoil the baby from taking other foods later. Stella's sister is encouraging her to continue with exclusive breastfeeding, and that is the option that Stella feels is still best for her baby. But Stella is feeling the pressure from her mother and Kevin, and she is not sure she will be able to continue.

## 10. Read the story again to the group

## 11. Discussion

Ask the group to form a circle and ask these questions. Allow them to discuss their responses with one another. Be sure everyone is participating:

- What do you think about Stella and Kevin's initial decision to exclusively breastfeed their baby?
- What do you think about the concerns raised by Kevin and Stella's mother?
- What do you think Stella should do next, especially if she wants to continue exclusively breastfeeding her daughter?
- What other challenges do young mothers face if they want to exclusively breastfeed their baby?
- Do you think the benefits of exclusive breastfeeding outweigh the challenges?
- Where can you go to find out more about exclusive breastfeeding and other issues about feeding your baby?

## 12. Closing

Read this aloud:

Many women and couples understand the importance of breastfeeding their baby, and are aware of the benefits of only giving the baby breastmilk for the first 6 months. Health experts recommend that the newborn be fed with breastmilk within the first hour of its life to get the full benefit from the mother's first milk (colostrum, which is very rich in substances that fight infections, protecting infants from potentially deadly diseases). Furthermore, breastmilk is the ideal food for babies and infants as it contains nutrients in the right quantity, giving them all the nourishment they need to survive and thrive. Breastmilk is easily digestible and well absorbed; it is safe and contains antibodies that help protect infants from common childhood illnesses, such as respiratory tract infections, diarrhea, and pneumonia—diarrhea and pneumonia are the two primary causes of child mortality worldwide. Exclusive breastfeeding can also help prevent pregnancy if the baby is breastfed only and given nothing else for the first 6 months, the mother has not started her monthly bleeding again, and the baby is under 6 months old.

## 13. Commitment

Go around the circle and ask each woman to commit to speaking with another young woman—either within or outside of the group—about exclusive breastfeeding and its benefits.



SESSIONS RELATED TO NEWBORN  
CARE AND PARENTING

# PARENTING DURING A BABY'S FIRST YEAR

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**TRUE OR FALSE**

**DURATION: 1 HOUR**

**NOTE TO FACILITATOR**

Please refer to your training materials on parenting a baby before conducting this activity. If possible, invite a community health worker to help facilitate this activity.

## 1. Introduction

Ask the group to form a circle and read this aloud:

Today, we will play a game to learn more about how babies grow and develop in their first year. We will also hear a story about being a good parent to a baby. Understanding what is happening with your child is an important step in knowing how to support his/her growth and coping with the very real challenges of being a parent.

## 2. Select 2 locations

Identify two spots—such as 2 trees—that are 10 meters apart. Tell the group that one location is called “TRUE” and the other is “FALSE”. “I DON'T KNOW” is a location in between.

## 3. Read these instructions aloud

I am going to read a statement to you about how a baby develops during its first year. If you think the statement is true, run to the “TRUE” location. If you think the statement is false, run to the “FALSE” location. If you do not know, stay here in the middle. After you run to your places, I will ask you to tell the group why you think the statement is true or false. Then, I will read you the correct answer and we will see who got it right. It is okay to get these answers wrong. We are here to learn today.

## 4. Read the instructions in Step 3 again to make sure everybody understands

## 5. Read the first statement from the box below

Once the participants run to their locations, ask at least 2 people on each side to explain why they think the statement is true or false. Give them time to respond and encourage many different people to talk.

## 6. Read the correct answer next to the statement

## 7. Repeat this process for the remaining statements

STATEMENT	ANSWER
It's only when babies start to walk and talk that they can interact with the outside world.	This statement is false. Babies start learning to live in the outside world from the very beginning, when they react to their mothers' and fathers' facial expressions when holding them. Within the first 3 months, they learn to track objects with their eyes, to grip things with their hands, and reach for objects hanging nearby. By 6 months, they are rolling over and sitting up, playing with toys and objects, and making sounds that sound like real language. They are aware of things and people around them and need to feel safe and protected.
Much crying is normal for a baby during its first 6 months, sometimes for no clear reason.	The statement is true. For the first 6 months, babies will cry when they need you to know something (e.g., to indicate that they are hungry, wet, or too hot or cold), but may also cry for no specific reason. In either case, simple things, like holding or cuddling the baby, or talking or singing to him/her will help the baby feel safe and secure.
All babies develop at the same pace during their first year and hit key milestones—such as lifting their head, sitting up, or learning their first word—on a month-by-month schedule.	The statement is false. Babies go through tremendous changes in their first year, and there are several developmental milestones. But each child develops at his or her own pace. For new parents, the message is to watch for your child's progress (such as responding to familiar sounds, lifting their head, rolling over, and sitting up), not for specific deadlines.
There is no point in reading or singing or talking to your baby since they cannot understand what you are saying.	The statement is false. Interacting with your baby helps her/him to develop. Answering your baby when s/he makes noises and reading to him/her all help a baby to understand and learn language.
Shaking or throwing a baby in the air is very dangerous and should never be done.	The statement is true. Babies have very weak neck muscles that are not yet able to support their heads. If you shake your baby or throw him/her in the air, you can damage his/her brain or even cause his/her death. Babies should never be shaken or thrown.



## 8. Discussion

Ask the group to form a circle and ask these questions. Allow them to discuss their responses with one another. Be sure everyone is participating:

- What did you learn that was new about how a baby develops in his/her first year?
- What are some of the developments that you saw in your baby during the first year?
- What are your favorite ways of interacting with your baby?
- What are some of the concerns that first-time mothers may have about their baby's development in the first year?
- What are some common practices in our communities that may be harmful to babies?

## 9. Read this story to the group

Mary is a young mother with a 5-month-old baby son. Mary is 19 years old and lives with her older brother and his wife. Her baby's father lives elsewhere and is only able to come occasionally to see the baby. While her sister-in-law helps sometimes, Mary is responsible for providing daily care for her son. Most days, she is so tired with all the feeding, changing, cooking, and endless washing of nappies, that she doesn't feel like playing or reading to the baby. Sometimes, her son will just cry and cry for no reason. At those times, Mary doesn't know what to do and worries that maybe something is wrong. She's also worried that the baby hasn't started rolling over, like her niece did by the time she was 5

months old. When the baby's father visits, he says he's still too nervous to carry the baby and feels there is little he can do until their son is older. Mary wishes she knew more about what her son is experiencing and if there's more she can do to make sure he's growing well. She and the baby's father want to be good parents, but with such a young baby, it's difficult to know what to do.

## 10. Read the story again to the group

### 11. Discussion

Ask the group to form a circle and ask these questions. Allow them to discuss their responses with one another. Be sure everyone is participating:

- What do you think of Mary's situation?
- What suggestions would you give to Mary on how to interact with her baby son?
- What do you think of the baby's father's attitude?
- What suggestions would you give to the baby's father on how he can interact with the baby?
- Where can you go to find out more about how a baby develops or about being a good parent?

## 12. Closing

Read this aloud:

Babies go through a tremendous growth during their first year. They learn to focus their vision, learn language and start understanding the names of people and things, reach out and explore their world, learn to use their bodies, and develop bonds of love and trust. While there are several milestones over this first year, each baby develops at his/her own pace. New parents want—and need—to know what to expect during this first year and how they can support their child. Simple things, like talking or reading or singing to your child, all help her/him to develop, learn language, and communicate. As parents, take care of yourself physically, mentally, and emotionally. Parenting can be hard work! It is easier to enjoy your new baby and be a positive, loving parent when you are feeling good yourself.

## 13. Commitment

Go around the circle and ask each woman to name one way that she will interact with her baby tomorrow.



MAREN VESPIA (TANZANIA)

SESSIONS RELATED TO  
RELATIONSHIPS AND GENDER ROLES

# MALE AND FEMALE ROLES

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GAME

DURATION: 45 MINUTES

## 1. Introduction

Ask the group to form a circle and read this aloud:

Today we are going to talk about what it means to be a man  
or a woman.

## 2. Select 2 locations

Identify two spots—such as 2 trees—that are 10 meters apart. Tell the group that one location is called “MEN” and the other is called “WOMEN.” Select a spot in the middle of the two locations and call this “BOTH MEN AND WOMEN.”

## 3. Read these instructions aloud

I am going to say a word. I want you to run to the location where you think that word belongs. For example, if I say the word “mother,” you run to the “WOMEN” location because only women can be mothers. If I say the word “tall” and you think both men and women can be tall, you run to the space for “BOTH MEN AND WOMEN.”

## 4. Read the instructions in Step 3 again to make sure everybody understands

## 5. Read the the first word from the list on the next page

## 6. Ask participants on each side to share

Once everyone runs to a location, ask at least 2 participants from each side to tell you why they chose that location. Encourage the others to share and debate as well.

## 7. Repeat these steps for the remaining words on the list

WORD LIST		
Strong	Financially successful	Police officer
Good communicator	Violent	Takes care of children
In charge of the family	Teacher	Decision maker
Unfaithful	Cooking	Loving

## 8. Discussion

Once you are finished, ask participants to form a circle and ask these questions. Give them time to respond before moving onto the next question.

- Which of these words were difficult to decide whether they are for men, women, or both?
- Many people believe that only men can be strong, brave, financially successful, and make decisions for the family. They also believe that only women can do the cooking and be good communicators. How do you feel about these beliefs?

- Can an ideal man be caring and kind? Can an ideal woman be strong and make decisions for the family? Explain your answer.
- If your younger sister or cousin told you she wants to be a police officer, what would you say to her?

## 9. Closing

Read this aloud:

Sometimes, people in our community expect us to do things or be a certain way just because we are male or female. But you would be surprised by how much both men and women can do the same things. For instance, both men and women can be strong, brave, funny, violent, powerful, or caring. Men and women can be police officers, carpenters, cooks, and sellers in the market.

## 10. Commitment

Go around the circle and ask each woman to share one thing that she would like to try, either now or when she is older, that members of her sex do not typically do. (As an example, she may want to try herding goats.)



SESSIONS RELATED TO  
RELATIONSHIPS AND GENDER ROLES

# REPRODUCTIVE HEALTH CHOICES

AGREE OR DISAGREE

DURATION: 45 MINUTES



TAGAZA DJIBO (BURKINA FASO)

## 1. Introduction

Ask the group to form a circle and read this aloud:

Today we are going to talk about making decisions about pregnancy, children, and health.

## 2. Select 2 locations

Identify two spots—such as 2 trees—that are 10 meters apart. Tell the group that one location is called “AGREE” and the other is called “DISAGREE.”

## 3. Read these instructions aloud

I am going to read a statement. If you agree with the statement, I want you to run to the “agree” location. If you disagree with the statement, run to the “disagree” location. I will then ask you to explain why you agree or disagree with the statement.

## 4. Read the instructions in Step 3 again to make sure everyone understands

## 5. Read the first statement aloud from the box below

## 6. Ask participants on each side to share

Once everyone has run to their locations, ask at least 2 people from each side to explain why they agree or disagree. Encourage many of them to share and to debate their answers with one another.

## 7. Repeat these steps for the remaining statements

Once they are finished, read the following statements in the box one by one, allowing them time to run to their locations and explain their answers again.

1	A woman is not a real woman until she has given birth to a child.
2	A man will not be respected by his community until he is a father.
3	It is healthy to wait at least 2 years after having a first child before trying to become pregnant with a second child.
4	Only the man should decide when to use contraception and when to try to get pregnant.
5	If a woman does not have a child within the first year of marriage, there is something wrong with her.
6	It is only the woman's responsibility to prevent pregnancy.

## 8. Discussion

Ask these questions aloud to the group.

- Why do some people believe that you must have a child to be a real man or woman?

- Is it important for married couples to use contraception? Why or why not?
- How do people view couples that wait longer than one year after marriage to have a child?
- How easy or hard is it for young couples to talk about if and when to have children?
- When is the right time for couples to start talking about having children?

## 9. Closing

Read this aloud:

Decisions about whether to have children, when to have children, and how many children to have are very important and should be made by a couple together. It is healthier for the mother and the baby if couples wait until the woman is at least 18 and ready to have a first child. Then, they should wait at least another 2 years before trying to get pregnant with a second child.

## 10. Commitment

Go around the circle and ask each woman to name one thing that she learned today that she is going to share with someone else this week.

SESSIONS RELATED TO  
RELATIONSHIPS AND GENDER ROLES

# HEALTHY RELATIONSHIPS

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AGREE OR DISAGREE

DURATION: 45 MINUTES



MAREN VESPIA (TANZANIA)

## 1. Introduction

Ask the group to form a circle and read this aloud:

Today we are going to talk about violence in relationships and how to have a healthy relationship.

## 2. Select 2 locations

Identify two spots—such as 2 trees—that are 10 meters apart. Tell the group that one location is called “AGREE” and the other is called “DISAGREE.”

## 3. Read these instructions aloud

I am going to read a statement. If you agree with the statement, I want you to run to the “agree” location. If you disagree with the statement, run to the “disagree” location. I will then ask you to explain why you agree or disagree with the statement.

#### 4. Read the instructions in Step 3 again to make sure everybody understands

#### 5. Read the first statement aloud from the box below

#### 6. Ask participants on each side to share

Once everyone has run to their locations, ask at least 2 people from each side to explain why they agree or disagree. Encourage many of them to share and to debate their answers with one another.

#### 7. Repeat these steps for the remaining statements

1	There are times when a woman deserves to be beaten.
2	A man needs another woman, even if he has good relations with his wife.
3	Violence does not just mean beating. It also means yelling and saying hurtful things.
4	It is okay for a man to force a woman to have sex with him if she is his wife.

Once they are finished, read the following statements in the box one by one, allowing them time to run to their locations and explain their answers again.

#### 8. Discussion

Ask these questions aloud to the group.

- Did you find it difficult or hard to think about these statements?
- Can a relationship be healthy and happy if it involves beating and forcing sex? Explain your answer.
- Who are the people in your life that you think have healthy and happy relationships? Why do you think they are healthy and happy?
- If someone is in an unhealthy relationship, such as one that includes violence or one that is making him/her very unhappy, where can s/he go for help?
- As you grow up and think about the future, what do you want your relationship to be like?

#### 9. Closing

Read this aloud:

Healthy relationships involve 2 people that trust one another, respect one another, and make decisions together. Relationships that have violence—including beating, saying hurtful things, and forcing someone to have sex—are not healthy. Violent relationships also violate the rights of the people in the relationship and lead to unhappiness. It is important to find an adult to talk to if you or a friend experiences these things.

#### 10. Commitment

Go around the circle. Ask each woman to name one adult that she can talk to if she is experiencing violence in her relationship, or if she has a friend that is experiencing violence and she wants to help.



SESSIONS RELATED TO  
RELATIONSHIPS AND GENDER ROLES

# TALKING ABOUT DIFFICULT ISSUES

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STORY

DURATION: 1 HOUR

## 1. Introduction

Ask the group to form a circle and read this aloud:

We all like to talk with others—sometimes to help make things work or to solve a problem. Sometimes it can be as simple as sharing an experience or a story. Communication is a fundamental part of being human, and young first-time mothers like us should also be able to communicate easily with those around us. Today, we will explore some of the problems we face in communicating—especially about difficult issues—and think about what could help us communicate more easily.

## 2. Read these instructions aloud

Then ask each question, taking the time to answer as many questions as possible.

Before we begin the main activity, I want to ask you some basic questions about who we communicate with and what we communicate about every day:

- Who do you usually talk to every day (e.g. husband, co-wife, sister, friend, neighbor, mother-in-law)?
- What topics do you discuss with these people?
- What do you like about communicating with these people?
- What topics are difficult to discuss with these people?

### 3. Read the following aloud

I'm going to read a short story about a young first-time mother like us who has something important to discuss with her husband.

Mariam and Ibrahim are married and have a 10-month-old daughter. They live with Ibrahim's family, which includes his mother, father, brother, and his brother's wife and two children. Ibrahim's mother is very involved in their lives. Mariam is finding it increasingly difficult to fulfill all her responsibilities within the household. It is exhausting to do her chores, prepare dinner, and look after her daughter at the same time. She and her husband also feel pressure from her mother-in-law to have a son. But Mariam doesn't want to get pregnant so soon after the birth of her daughter—she doesn't think she would be physically able to handle having another baby. She has heard about HTSP and FP. She is interested in using an implant to have at least 3 years before getting pregnant again. She wants to talk to her husband, but she doesn't think he would be open to the idea of using FP. For some time now, when Ibrahim comes home in the evening, he is tired and gets angry if his meal is not ready or the house is not clean. Sometimes he becomes violent. He also threatens to take a second wife, who may give him a son. There never seems to be a good time to talk about anything with him, let alone about waiting to have their next child.

### 4. Discussion

Ask these questions aloud to the group to encourage discussions and experience sharing among members of the group.

- What do you think about Mariam's domestic situation?
- Is it common in our community for young mothers to feel compelled to have sons, or to have babies quickly?
- What do you think of her interest in using FP to space her next child?
- Why do you think Ibrahim behaves like this when he comes home? Is this behavior common?
- Do you think he would be willing to listen to Mariam if she talked about using FP?
- If Mariam came to us for advice, what suggestions could we offer her?

### 5. Closing

Read this aloud:

First-time mothers should be able to communicate openly about what's going on in their lives and what they want for the future—even if it means talking about a sensitive issue. Talking to your partner may help you exchange ideas, solve problems, and improve your relationship. If it would make you more comfortable, you could also ask a healthcare worker, a family member, an older woman friend, a religious leader, or another trusted person to join and help you with these conversations.

### 6. Commitment

Go around the circle and ask each woman to say something she learned today that she will share with someone else before the next meeting.

SESSIONS RELATED TO  
RELATIONSHIPS AND GENDER ROLES

# ADVICE ABOUT MAKING DECISIONS

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CASE STUDIES

DURATION: 45 MINUTES



## 1. Introduction

Ask the group to form a circle and read this aloud:

Today we are going to talk about what it means to be a man or a woman—and how men and women make important decisions.

## 2. Divide members into 3 or 4 smaller groups and read these instructions aloud

I am going to tell you about a situation in which a couple has to make a decision about spending money. In your groups, I want you to discuss how you would handle this decision and what you would decide to do. You must come to an agreement. Then I will ask you to share what you talked about in order to make your decision.

3. Read the first situation from the box below
4. Give the groups 5 minutes to discuss
5. After 5 minutes, ask the groups to come back to the circle
6. Ask the groups to share their decisions one by one. Ask how they reached their decisions
7. Repeat the process

Once everyone has finished, repeat the process with the second situation and have the groups discuss and present their decisions again. Do the same thing with the third situation.

<b>1</b>	A family has three children, two girls (ages 15 and 12) and a boy (age 9), all of whom are in school. Heavy rains washed away their crops and they don't have much to sell this season. They will only be able to afford school fees for one child next month. What should they do?
<b>2</b>	In one home, the husband wants to save his money for a bicycle so that he can get to the lake earlier in the day to go fishing. The wife wants to save money to lease some land where she can grow tomatoes to sell at market. What should they do?
<b>3</b>	A couple has to choose whether the woman should go to the market every day and sell baskets or work in the garden so that the family has food to eat. What should they do?

## 8. Discussion

Once you are finished, ask the group the following questions.

- Was it easy or difficult to come to an agreement, as a group, on how to handle these situations? Explain what was easy and what was difficult.
- If you had different opinions, how did you come to an agreement?
- What is the best way to come to an agreement when having to make difficult decisions?
- Is it normal for couples to make decisions together about how money is spent?
- Do you think it is important for couples to make decisions about money together? Explain your answer.

## 9. Closing

Read this aloud:

It is important for couples to make decisions together about how to spend their money because they are partners in raising their families. It is also nice to have someone else to think about difficult decisions with. The best ways to make difficult decisions are to talk openly together and seek advice from peers and elders when possible. Healthy couples are those that communicate and agree on how to raise their family.

## 10. Commitment

Go around the circle and ask each woman to name one peer or elder who she feels she and her partner can go to together for help making a difficult decision.



SESSIONS RELATED TO  
RELATIONSHIPS AND GENDER ROLES

# MAKING DECISIONS TOGETHER

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CASE STUDIES  
& AGREE OR DISAGREE

DURATION: 1 HOUR

## 1. Introduction

Ask the group to form a circle and read this aloud:

Today, we are going to talk about decision making regarding pregnancy, children, and health within the household.

## 2. Divide the large group into 2 or 3 small groups

## 3. Read the following instructions aloud

I'm going to tell you about a situation where a couple has to make a decision about their future. In your groups, I want you to discuss how you are going to make the decision and what you have decided to do. You have to come to an agreement. Then I will ask you to share the process you went through to make your decision.

## 4. Read the following story aloud

Ibrahim and Mariam have a decision to make. They have a healthy 10-month-old daughter. Mariam wants to use FP and wait at least 2 years before getting pregnant again. She wants more time to regain her strength and settle into her maternal role and household tasks before adding another child. Ibrahim understands and agrees with Mariam to some extent. But he is also under pressure to have a son, and he knows that his mother wants them to have another child as soon as possible. Should they decide to use FP: YES or NO?

## 5. Give the groups 5 minutes to discuss

## 6. After 5 minutes, ask the groups to come back to the circle

## 7. Ask the groups to share their decisions one by one. Ask how they reached their decisions

## 8. Ask these questions to the group for discussion.

- Was it easy or difficult to agree, as a group, on how to handle this situation? Explain what was easy and what was difficult.
- If you had different opinions, how did you reach agreement?
- What is the best way to reach agreement when making difficult decisions?
- Do you think it is important for couples to make decisions together? Explain your answer.

## 9. Select 2 locations

Identify two spots—such as 2 trees—that are 10 meters apart. Tell the group that one location is called “AGREE” and the other is called “DISAGREE.”

## 10. Read these instructions aloud

I am going to read a statement. If you agree with the statement, I want you to run to the “agree” location. If you disagree with the statement, run to the “disagree” location. I will then ask you to explain why you agree or disagree with the statement.

## 11. Repeat the instructions to make sure everybody understands

## 12. Read the statements in the box in sequence and ask participants to position themselves according to whether they AGREE or DISAGREE

1	It is acceptable for a young first-time mother to share her opinion with her husband, even if it goes against his views.
2	A man who discusses his personal decisions and those concerning the household with his wife will not be respected in his family or community.
3	A wife has a duty to accept her husband's decisions, even if she disagrees.
4	Only the man should decide when to use contraception and when to try to get pregnant.
5	If a woman does not want to have another child as soon as possible after her first child, there is something wrong with her.
6	Husbands and wives should decide together when to have their children.

## 13. Ask participants on each side to share

Once participants have run to the location of their choice, ask at least 2 people from each side to explain why they agree or disagree. Give them time to respond and encourage participants to intervene.

## 14. Discussion

Ask the following questions to the group:

- How easy or difficult is it for young couples to talk about whether and when to have children?
- How do couples decide when to have children or whether to use FP? Do you think both men and women should have a role in these decisions?
- What role do other family members play in their decision to have children and use family planning?
- How do people perceive a couple who waits more than a year after marriage before having a child?

## 15. Closing

Read this aloud:

Decisions about whether to have children, when to have children, and how many children to have are very important and should be made by a couple together. It is good for both mother and baby if couples wait at least 2 years before another pregnancy. After a miscarriage, you have to wait 6 months before trying for a new pregnancy. The ideal age to get pregnant for the first time is at least 18 years old. Ideally, decisions about if or when to have children and whether or not to use FP should allow both partners to discuss their options and the couple to make a decision together.

## 16. Commitment

Go around the circle and ask each woman to say one thing she learned today that she will share with someone else before the next meeting.



SESSIONS RELATED TO  
RELATIONSHIPS AND GENDER ROLES

# ADVICE ON SOLVING PROBLEMS

DRAMA

DURATION: 1 HOUR



LINDA SUTTENFIELD (TANZANIA)

## 1. Introduction

Ask the group to form a circle and read this aloud:

Today we are going to talk about how to solve problems in a relationship through talking instead of violence.

## 2. Separate participants into 2 groups

## 3. Read these instructions aloud

I am going to read 2 short stories about couples around your age. In your groups, discuss how the characters can solve the problem by talking about it, instead of using violence. Make up a short drama that acts out the way you think that the couple in the story could resolve the problem instead of using violence.

## 4. Read the instructions in Step 3 again to make sure everyone understands



- 5. Read the first story from the box below
- 6. Give participants 10 minutes to discuss and practice their dramas
- 7. After 10 minutes, ask the groups to return and form a circle
- 8. Ask the groups to perform their dramas one at a time
- 9. Read the second story from the box and give the groups 10 minutes to make up new dramas
- 10. Ask the groups to form a circle and perform their dramas one at a time

**11. Discussion**

<b>1</b>	Samuel and Jennifer have been dating for 6 months. Lately, Samuel has been going to the bar and drinking with his friends instead of going to work. He often comes to see Jennifer when he is very drunk, without any money, and yells at her. Jennifer often yells back and they argue into the night about his drinking. Sometimes he hits her.
<b>2</b>	Ibrahim and Mariama are married and have a daughter who is 18 months old. Mariama is pregnant with her second child. She didn't want to get pregnant so soon after her daughter was born, but felt pressure to try to have a son. Lately she has been feeling very weak. It is hard for her to do her chores, make dinner, and look after her daughter all at the same time. When Ibrahim comes home from work, he yells at her because his dinner is not ready and the house is not clean. Sometimes, when he is angry, he will throw things around the house. He also threatens to take a second wife, especially if she doesn't produce a son.

Ask the group to form a circle and ask these questions:

- How common are these situations in your community?
- Do couples often use violence to solve problems or do they talk about their problems?
- Why is it important to find ways to solve problems that do not involve violence?
- What are some things that couples can do to solve problems without using violence?

**12. Closing**

Read this aloud:

When couples are violent toward one another, they cause each other fear, pain, and sadness. Often, they do not actually solve the problem that they are fighting about. Talking to your partner may help you solve your problems and improve your relationship, and you can ask a trusted adult to help mediate these conversations. It is also important to show your children how to solve problems without violence.

**13. Commitment**

Go around the circle and ask each woman to say one thing that she is going to do in the future to solve a problem without using violence.

OTHER RELEVANT TOPICS

# WHAT IS POPULATION, HEALTH, AND ENVIRONMENT (PHE)?

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STORY

DURATION: 1 HOUR



AMI VITALE FOR THE NATURE CONSERVANCY (TANZANIA)

## 1. Introduction

Ask the group to form a circle and read this aloud:

Today, we are going to talk to each other about what we mean by Population, Health and Environment (PHE), and why PHE is important for us as young women and mothers in our community.

## 2. Read the following

The project that has brought us together in our peer groups is a PHE project. What do we mean by PHE? Here are some important messages:

- PHE addresses relationships between People, Health, and the Environment.
- Large families need more agricultural land, more trees, more food, more fish, more water, and more trees.
- These needs place stress on the environment, which then places stress back on the families in many ways:

- Food—not having enough food or the variety we need to be healthy
- Water—not having easy access to clean water for our personal needs and water for farming
- Air—having poor quality air from the types of stoves we use
- Finances—having few opportunities to build business/earn money from farming, fishing, savings, etc.
- We need to develop new approaches that allow land, water, and families to grow and be healthy.

### 3. Discussion

Ask the group these questions and allow them to discuss their responses.

- What are some of the problems we see with the environment in our community—or our land, lake, rivers?
- How do these problems affect the health of our communities?  
Examples of responses include:
  - Poor nutrition (amount and variety of food)
  - Diseases/illness due to unsafe water
  - Diseases/illness due to poor air quality
  - Not having money to get health care when needed
- How would having smaller families reduce these problems?

### 4. Read the following story

Sara and Mariam are both first-time mothers and members of the same peer group. After one meeting, Sara noticed Mariam talking with the community health worker about PHE activities in their community and said to her: “Why do you care about PHE? You don’t own land. You don’t run your own household. And you don’t have any money to save. What can those PHE activities give you? You will be wasting your time!”

Mariam smiled and said, “It’s true that I don’t have those things now, but I hope someday soon I will! For now, I can learn and do more to take care of myself and my baby, make sure we are healthy, and prepare for our future. We are part of this community and we are all affected by the same problems. You know how we struggle to find clean water and firewood. And we cannot grow enough for all the many people in our household, let alone have something left to sell in the market to have a little money. These problems will only get worse if we do nothing. So I choose to be involved!”

### 5. Discussion

Ask the group these questions and allow them to discuss their responses.

- What do you think of the two views we heard? Do you agree with Sara or with Mariam?
- We discussed many problems in our communities that can affect our health. Let’s go through them and discuss if they are a worry for us as first-time mothers, and why or why not:

- Poor nutrition
- Unsafe water
- Unsafe air
- Having large families
- Not having money for health care

## 6. Closing

Read this aloud:

As Sara said, it can sometimes feel like PHE is only for the older people in our communities. But Mariam is right too—all these issues affect our lives and our futures, and those of our children. As young mothers, we want to make sure our children are happy, healthy, and have opportunities to learn and grow. Understanding PHE and being more involved—in whatever way we can—can help us achieve our hopes for ourselves and our children.

## 7. Commitment

Go around the circle and have each participant name one PHE resource person or member of a PHE group that she will talk with this week to learn more about PHE.



## ANNEX 1: FTM SESSION CARDS USED BY E2A, BY COUNTRY AND TOPIC

SESSION TOPIC	ORIGINALLY DEVELOPED BY		COUNTRY		
	E2A	GREAT	BF	NG	TZ
Antenatal visits, skilled delivery, and postnatal visits	×		×		
Danger signs in pregnant women, mothers, and newborn babies	×		×		
Healthy timing and spacing of pregnancy		×	×	×	×
Getting to know you interviews		×		×	×
Combined oral contraceptive pills		×		×	
Injectable contraception		×	×	×	×
Implant		×	×	×	×
IUD		×			×
Condom		×		×	
Emergency contraceptive pills		×		×	
Exclusive breastfeeding and Lactational Amenorrhea Method (LAM)	×			×	
Infant and young child feeding	×		×		
Parenting during a baby's first year	×			×	
Male and female roles		×	×	×	×
Reproductive health choices		×		×	
Healthy relationships		×		×	
Talking about difficult issues	×		×		
Advice about making decisions		×		×	×
Making decisions together	×		×		
Advice on solving problems		×		×	×
Population, health, and environment (PHE)	×				×

BF = Burkina Faso      NG = Nigeria      TZ = Tanzania



## JOINT SESSION 1: POPULATION, HEALTH, AND ENVIRONMENT (PHE)

### *Objectives of the session*

By the end of the session, the participants will:

- Understand the key information/messages about PHE and appreciate PHE's relevance for young FTPs
- Be aware of the different PHE activities in their communities and have experience discussing PHE with their spouse/partner

### *Key messages*

- Large families need more agricultural land, more trees, more food, more fish, and more water—these needs place stress on the environment, which then places stress back on the family
- Our communities have a number of PHE activities through the Tuungane project that FTPs and their families can participate in

### *Prior to the session, facilitators should...*

- Review the content of the session
- Invite the local PHE Champion or resource person to participate in the session and act as a co-facilitator, and make sure the co-facilitator is well prepared

### *Total session duration: 90 minutes*

Activity 1-1: Introduction (10 min.)

Activity 1-2: Icebreaker (15 min.)

Activity 1-3: Overview of PHE (30 min.)

Activity 1-4: Knee-to-Knee Couple Discussion about PHE (35 min.)

## ANNEX 2: FACILITATION GUIDE FOR JOINT SESSIONS WITH FTMS AND THEIR HUSBANDS/PARTNERS

E2A Burkina Faso and Tanzania FTP Projects  
(2019-2020)

### ACTIVITY 1-1: INTRODUCING THE JOINT SESSION OF FIRST-TIME MOTHERS (FTMS) AND THEIR MALE PARTNERS

**Duration:** 10 minutes

**Methodology/Objective:** Facilitator provides an overview of the joint sessions between members of the young women's group and their husbands

#### *Guidance for the facilitator*

1. Welcome everyone and make sure they are as comfortable as possible.
2. Introduce the session and address the following points:
  - You are all here because you are participating in our program for new parents, either in the FTM group or in the male partners' group.
  - As you continue to meet in your respective groups, we thought it would also be beneficial to bring you together a few times as a couple, as mothers and fathers, to learn and share your ideas for the benefit of your children and family.

- This first session focuses on PHE concepts and the activities that are available in your community. The next session will be antenatal care and safe delivery at a health facility. The third session will be all about planning for your next child.. In all three meetings, our goal is to help you take steps to ensure that you and your children are as healthy as possible.
  - Before we begin, I encourage all of us to be very respectful of each other. We should apply the same ground rules that we use in our small groups—listen to and respect what each person has to say. Even though we are both men and women together, I encourage you not to be shy about sharing your thoughts. We would like to hear equally from the men and women in this group. This is how we can really learn from one another and hear different perspectives.
3. Ask participants if they have any questions about the structure or content of the joint sessions.



AMI VITALE FOR THE NATURE CONSERVANCY (TANZANIA)

## ACTIVITY 1-2: ICEBREAKER TO INTRODUCE GROUP MEMBERS

Duration: 15 minutes

Methodology/Objective: Ice breaker game for introductions, to begin exploring their reasons for joining the groups and complete introduction of the overall activity

### Guidance for the facilitator

1. Ask participants to gather in a circle, standing next to their spouse/partner. Tell them that although they may already know each other from their respective first-time mother or male partner groups, this activity will allow them to introduce themselves and get comfortable with each other.
2. Throw the ball (or other object, such as a piece of paper crumpled into a ball) to one participant, who says his or her own name and then passes the ball to his or her spouse/partner to introduce themselves. The spouse/partner will then throw it to another couple who will introduce themselves. Repeat until everyone has said their names.
3. Start the game again, only this time each participant will say why they have joined these groups or what they are hoping to learn. Repeat until everyone has thrown and caught the ball and shared with the group.
4. To wrap up the game, repeat some of the common answers given for why people joined the groups or what they are hoping to learn.
5. Conclude the activity by noting that this group will be going through a few sessions together that will allow them to learn and share experiences as couples.

## ACTIVITY 1-3: OVERVIEW OF PHE

Duration: 25 minutes

**Methodology/Objective:** The facilitator provides a review of basic information on PHE concepts and the PHE Champion provides an overview of the Tuungane PHE activities, as a starting point for further discussions during the session

### *Guidance for the facilitator*

1. Introduce the session by acknowledging that the men and women have recently discussed PHE in their individual groups. You do not need to read the following messages word-for-word, but rather summarize the key points. Note that the couples are being brought together by the Tuungane Project, which is a PHE Project working in collaboration with the Government of Tanzania.
2. Present the PHE key messages below, as a review on what the women and men have learned in their separate groups:
  - PHE addresses relationships between People, Health and Environment.
  - Large families need more agricultural land, more trees, more food, more fish, and more water.
  - These needs place a stress on the environment, which then places stress back on the families in many ways:
    - Food: not having enough food or the variety we need to be healthy
    - Water: not having easy access to clean water for our personal needs and water for farming
    - Air: having poor quality are from the types of stoves we use
    - Finances: having few opportunities to build business/money from farming, fishing, savings, etc.
  - We need to develop new approaches that allow land, water and families to be healthy.
3. Invite the PHE champion to give an overview of the Tuungane PHE initiatives. The PHE Champion does not need to read the text below, but rather provide a brief description of the Tuungane PHE activities in their community.
  - **MODEL HOUSEHOLDS:** These families model healthy and sustainable behaviors, such as using a hand-washing station, installing an upgrade latrine, prioritizing family planning, using energy-saving stoves, and setting their agricultural plots away from the lake.
  - **BEACH MANAGEMENT UNITS:** BMUs enact and enforce their own sustainable fishing regulations, such as outlawing destructive beach seine nets and protecting fish breeding and nursery zones.
  - **COCOBAS:** These offer villagers an opportunity to save money and access loans, including microfinance loans to start sustainable small businesses and diversify their income.
  - **CLIMATE SMART AGRICULTURE GROUPS:** Training on climate smart agriculture practices, which not only reduce run-off into the lake, but produce higher yields for the farmers.
  - **FOREST MANAGEMENT:** Community forest scouts are trained and deployed to protect forest reserves, including some that are an important habitat for chimpanzees.



4. Ask the group these questions and allow them to discuss their responses.

- What are some of the problems we see with the environment in our community—or our land, lake, rivers?
- How do these problems affect the health of our communities? Examples of responses include:
  - Poor nutrition (amount and variety of food)
  - Disease/illness due to unsafe water
  - Disease/illness due to poor air quality
  - Not having funds to get health care when needed
- What are some of the specific concerns for FTPs like you?
- As a couple, have you discussed population, health, and environment together or with your families? What did you talk about?
- Have any of you, or members of your household, participated in the PHE activities here in this community? Which ones?
- Which PHE activities are you not currently involved in that you would be interested in joining or learning more about?
- Why would some of these activities be useful for couples, like yourselves, that are starting their families?

5. Conclude the activity by noting the importance of PHE for FTPs and read the following:

All of these PHE issues affect the lives and futures of FTPs — and those of your children. As young parents, you want to make sure your children are happy, healthy and have opportu-

nities to learn and grow. Understanding PHE and being more involved—in whatever way you can—can help you achieve your hopes for yourselves and your children.



TAGAZA, DJIBO (BURKINA FASO)



## ACTIVITY 1-4: KNEE-TO-KNEE COUPLE DISCUSSION ABOUT PHE<sup>4</sup>

**Duration:** 35 minutes

**Methodology/Objective:** Facilitate couple discussions about PHE and steps that FTPs can take, as individuals and as a couple, to implement these concepts in their own lives

### *Guidance for the facilitator*

1. Remind participants that couples should communicate effectively and respectfully. Tell them that they will now do a communication activity called “Knee-to-Knee”, which will give them an opportunity to sit together as a couple and discuss the PHE information they have heard, how it is applicable to them, and how they can implement these ideas and activities in their lives, both as individuals and as couples.
2. Give the following instructions:

- You will pair off with your partner and sit facing each other and close enough for your knees to touch (knee-to-knee).
- Today’s topic is PHE. Each of you will take a turn telling your partner what interests you most about the PHE information you heard today or in your separate groups and at least one PHE activity you would like to participate in or learn more about, and why.
- When your partner is talking, your job is to listen carefully.

3. With your co-facilitator, model an effective and respectful knee-to-knee conversation. Introduce your role play with the following messages:

- We will do a short role play to model the kind of knee-to-knee conversation we want you to have.
- Our role play will be much shorter than your conversations.
- Sit knee-to-knee with your co-facilitator and act out the following role play:
  - **FACILITATOR 1:** What do you think about the PHE information we have learned through this program?
  - **FACILITATOR 2:** I think this information will be very good for our communities. The groups have helped me understand more about how the health of our land and water impacts the health and wellbeing of ourselves and our family. What do you think?
  - **FACILITATOR 1:** I agree! I was also glad to hear about all of the Tuungane PHE initiatives that are happening in our community.

<sup>4</sup> Knee-to-Knee exercise was adapted from the CoupleConnect curriculum.



- **FACILITATOR 2:** Yes, me too. Which activities interested you the most?
  - **FACILITATOR 1:** I would like to learn more about how to become a model household. What interested you the most?
  - **FACILITATOR 2:** I am also interested in learning more about the model households. I would also like to join a COCOBA if we are able to join, as young parents. I am concerned about whether I will be welcome in these groups.
  - **FACILITATOR 1:** Perhaps we can speak with the PHE Champion to learn more?
  - **FACILITATOR 2:** Yes, let's do that. I am glad that we are able to do these couples sessions and learn more about PHE together.
- Get any reactions and make sure that the participants understand the process. Ask them to use their own language and to try not to mimic your conversation.
4. Ask the couples to find some private space in the room or area for their conversations. Ask them to decide who will speak first. Circulate and provide support as needed. When 6–7 minutes have passed, check in quickly with each couple to make sure that they are on track and that both partners are sharing their thoughts. After 6–7 more minutes, call time and reconvene the large group.
5. Discuss the activity by asking these questions:
- How did your conversations go?
  - How similar or different were your expectations for the program?
  - How often do you sit quietly like this and talk?
6. At the end of the session, thank all participants and ask if anyone has any questions. When they leave, remind them of the date, time, and place of the next joint session. Also remind them that they can contact their community health workers or PHE champions if they have further questions.



## JOINT SESSION 2: THE FIRST ANTENATAL CARE VISIT

### *Objectives of the session*

By the end of the session, the participants will:

- Have a better understanding of the key messages related to antenatal care (ANC) and assisted childbirth.
- Be able to explore the challenges associated with the first ANC visit to the health center in their community.

### *Key messages*

- Minimum 4 ANC visits before a facility-based delivery
- First ANC visit in the first trimester of pregnancy
- Men's participation in ANC
- Birth preparedness planning
- Assisted childbirth

### *Prior to the session, facilitators should...*

- Review the content of the session
- Gather visual aids on ANC and assisted childbirth
- Make sure the co-facilitators are prepared for their roles

### *Total session duration: 90 minutes*

Activity 2-1: Introduction (10 min.)

Activity 2-2: Overview of antenatal care and skilled delivery (20 min.)

Activity 2-3: Going for ANC early (30 min.)

Activity 2-4: Knee-to-knee conversation about birth preparedness planning (30 min.)

## ACTIVITY 2-1: INTRODUCING THE JOINT SESSION OF FIRST-TIME MOTHERS (FTMS) AND THEIR HUSBANDS

**Duration:** 10 minutes

**Methodology/Objective:** Facilitator introduces the second joint session for FTMs and their husbands

### *Guidance for the facilitator*

1. Welcome everyone and make sure they are as comfortable as possible.
2. Introduce the session and address the following points:
  - Last session we discussed population, health, and environment concepts and the PHE activities that are available in our community.
  - Today, we are focusing on making the pregnancy and delivery of your first child safer. The next session will be all about planning for your next child. The goal is to help you take steps to ensure that you and your children are as healthy as possible.
3. Before we begin, I encourage all of us to be respectful of each other. We should apply the same ground rules that we use in our small groups—listen to and respect what each person has to say. Even though we are both men and women together, I encourage you not to be shy about sharing your thoughts. We would like to hear equally from the men and women in this group. This is how we can really learn from one another and hear different perspectives.
4. Ask participants if they have any questions about the structure or content of the joint sessions, or if anyone has any questions or new ideas about what the group explored last time.

## ACTIVITY 2-2: OVERVIEW OF ANTENATAL CARE AND SKILLED DELIVERY

**Duration:** 20 minutes

**Methodology/Objective:** The facilitator presents health problems related to pregnancy and childbirth

NOTE: Some participants may not have attended a previous group session on this topic. Therefore, take time to ensure that the key messages are understood and that the issues are addressed.

### *Guidance for the facilitator*

1. Begin this session by reminding participants that one of the main goals of the program is to help couples have a safer pregnancy and delivery.
2. Review the key messages on antenatal care and skilled delivery:
  - It is important that young women have at least 4 antenatal care visits before giving birth at a health facility. These visits should begin as early as possible (in the first 3 months) and then throughout pregnancy.
  - Male partners should also plan to attend at least one ANC visit with the pregnant woman. During this visit, the couple can receive joint HIV testing and can also make a plan for delivery that involves both partners.
  - Apart from these 4 visits, the young woman can go to the health facility as many times as she wishes, especially if she notices something that worries her about her health or feels the need to talk to a health care worker.
  - During these visits, the health care worker will make sure that the pregnant woman is in good health and that the baby is developing well. S/he will also provide her with medicines for malaria, anemia, etc.
  - The medicines will also protect the unborn baby from diseases such as malaria, anemia, etc.
  - This is also a good time to prepare for skilled delivery in a health facility, for the exclusive breastfeeding of your baby, and for postpartum family planning.
  - After delivery, it is important for every mother and baby to receive a total of four postnatal visits: one within the first 24 hours after birth, one on the 3rd day after birth, one between days 7 and 14, and one at six weeks postpartum.
  - In addition to ANC, expectant parents and families should watch for possible danger signs. Danger signs during pregnancy include: blurred vision, dizziness, bleeding, pain related to premature delivery, swelling, and fever. Malaria during pregnancy is also potentially dangerous.
  - If you notice any of these signs, you should go to a health facility as soon as possible
3. Ask participants if they have any questions about antenatal care, skilled delivery or any of the points mentioned above.
4. End the activity by recognizing that they have a lot of information and that they can always ask additional questions at the next meeting or during a home visit by the community health worker. They can also talk to the health care worker.

LINDA SUTTENFIELD (TANZANIA)



### ACTIVITY 2-3: GOING FOR ANC EARLY

**Duration:** 30 minutes

**Methodology/Objective:** Facilitator tells a story to explore barriers to early antenatal care (in the first 3 months of pregnancy)

#### *Guidance for the facilitator*

1. Introduce the activity by saying: In your groups, you have heard the story of a couple like many of you, involving a young first-time mother and her husband: Salamata and Ousmane. They are expecting their first child and face a problem that they need to solve together. The women's groups heard the story from Salamata's point of view and the husbands' group heard it from Ousmane's point of view. Let's review their stories to see if we can find a solution that suits both of them, and other FTPs in the same situation.
2. Start by reading Salamata's story (from the FTM Peer Group Session Card).
3. Initiate a discussion using the following questions. Try to ensure that young women and men participate equally and that different perspectives are expressed:
  - What is the main problem Salamata faces?
  - There seems to be poor communication between the couple, to the point where Salamata feels that she cannot openly articulate her wishes or opinions with her husband or family. Do you think

Salamata is an 18-year-old woman, 2 months pregnant with her first child. She is overjoyed because she and her husband have been living together for more than a year and want to start their family as soon as possible. At the same time, Salamata is a little worried. Her elder sister had a difficult pregnancy, and it was only through early and frequent check-ups by a health care worker that she was able to deliver her son safely. Salamata would like to go to the health facility as soon as possible for a prenatal check-up to make sure she and her baby are healthy, but she knows it will be difficult.

Traditions are very important in her husband's family and they are eagerly awaiting the rituals that must be performed for this first baby before they can share the news of her pregnancy. Salamata also looks forward to the rituals, as it will be an important step in recognizing her role as a wife and mother. She doesn't want to wait until the rituals are over before she goes for ANC, but she is too scared to discuss it with her husband and mother-in-law. So Salamata decides to undergo her first ANC visit in a few months and hopes that everything will be fine.

Salamata is right to feel this way and remain silent?

- What are the consequences for Salamata's decision to remain silent?
- What do you think Ousmane would have said if Salamata had asked for his opinion about ANC?
- What would Salamata's mother-in-law say?

4. Now read Ousmane's story aloud (from the men's group session):

Salamata and Ousmane are married and are expecting their first child. Salamata is 2 months pregnant. They are both very happy because they have been married for more than a year. However, Salamata is a little worried. Her elder sister had a difficult pregnancy and it was only by going for an antenatal care visit at the health facility during the first 3 months of her pregnancy and having regular check-ups with the health care worker that she was able to give birth to her son in good health. Salamata would like to go to the antenatal care center as soon as possible to ensure that she and her baby are healthy.

She has raised this issue with Ousmane, but he objected to her going there before certain rituals have been completed. Traditions are very important in his family, and they are all eagerly awaiting the rituals that need to be performed for this first baby before they can share the news of her pregnancy with others. Ousmane wants the best for his wife and baby, but he does not want to risk going against tradition by letting his wife share information with the health care worker before

the rituals. He is also very reluctant to discuss the subject with his parents because he thinks they will be angry if he does not follow the tradition. And now Salamata is also upset and feels that he doesn't care about her or the baby. At this point, Ousmane just doesn't know what to do.

5. Continue the discussion using the following questions. Try to ensure that young women and men participate equally and that different perspectives are expressed:

- What are the problems that Salamata and Ousmane are currently facing?
- How does poor communication play a role in the situation?
- Do you think that Ousmane is right not to discuss the topic with his parents?
- What are the consequences of Ousmane's silence?
- At the end of this story, Salamata and Ousmane are both unhappy. They both seem to be unable to communicate for fear of conflict. Do you think this is common between couples and in the families of this community?
- What suggestions do you have to help Salamata and Ousmane communicate more openly with each other and with their families?
- Salamata and Ousmane want what is best for their family. What suggestions do you have to help them agree on the best way to do this?



6. Use these questions to further explore what is going on in this story:

- As we have discussed, poor communication is just one of the problems in this story. What are some of the other barriers to the early use of ANC services that couples like Salamata and Ousmane face in this community? (Some answers may include):
  - Lack of joint problem solving and decision making
  - Cultural practices and taboos
  - Opinions of other members in the family/household
- How can couples overcome these barriers?
- Who else needs to be involved to ensure that FTPs take appropriate health measures?

7. At the end of the session, thank all participants and ask if anyone has any questions. When they leave, remind them of the date, time, and place of the next joint session.



TAGAZA DJIBO (NIGER)

## ACTIVITY 2-4: KNEE-TO-KNEE COUPLE DISCUSSION ABOUT BIRTH PREPAREDNESS PLANNING<sup>5</sup>

Duration: 20 minutes

Methodology/Objective: The facilitator presents health problems related to pregnancy and childbirth

### *Guidance for the facilitator*

1. Remind participants that couples should communicate effectively and respectfully. Tell them that they will now do a communication activity called “Knee-to-Knee,” like they did in the first joint session. This activity will give them an opportunity to sit together as a couple and discuss birth preparedness plans and complication readiness plans, and how they can develop them as a couple.
2. Instruct the group to pair off as couples and sit facing each other, close enough for their knees to touch (knee-to-knee). Tell them that today's topic is birth preparedness planning. Here is some basic information about birth preparedness and complication readiness plans:
  - All pregnant women, with their partners, should develop a written plan for birth and for dealing with complications or emergencies that may occur during pregnancy, childbirth, or immediately postpartum. This plan can be discussed and reviewed with a facility provider or community health workers.

<sup>5</sup> Knee-to-Knee exercise was adapted from the CoupleConnect curriculum.

- A birth preparedness and complications readiness plan should contain the following key elements:<sup>6</sup>
    - Desired place of birth
    - Preferred birth attendant
    - Location of closest appropriate care facility
    - Funds for birth-related and emergency expenses
    - A birth companion
    - Support in looking after the home, children, or other responsibilities while the woman is away
    - Transport to the health facility for the birth
    - Transport in the case of an emergency
    - Identification of compatible blood donors in case of emergency
  - It is important for the couple to develop the birth preparedness and complication readiness plan together, as it allows them to agree ahead of time on their plan of action for the delivery and respond quickly to any unforeseen complications. This will also allow the male partner to plan in advance on how he can support the woman and baby during the peripartum period.
3. Give the following instructions: For couples who are currently pregnant, please take this time to begin discussing your birth-preparedness plan, including the 9 key components just mentioned. For those of you who have already given birth, discuss with your partner about whether you developed a birth preparedness plan during your pregnancy, and what you would do for any subsequent pregnancies. When your partner is talking, your job is to listen carefully.
4. Ask the couples to find some private space in the room or area for their conversations. Ask them to decide who will speak first. Circulate and provide support as needed. When 6–7 minutes have passed, check in quickly with each couple to make sure that they are on track and that both partners are sharing their thoughts. After 6–7 more minutes, call time and reconvene the large group.
5. Discuss the activity by asking these questions:
- How did your conversations go?
  - For couples who are pregnant, how did your initial conversation about your birth preparedness plan go?
  - For couples who have already given birth, what were some of your observations about birth preparedness from your pregnancy and what would you change for your next pregnancy?
6. At the end of the session, thank all participants and ask if anyone has any questions. When they leave, remind them of the date, time, and place of the next joint session. Also remind them that they can contact their community health workers if they have further questions.

<sup>6</sup> For more information about birth preparedness plans, visit, [https://www.who.int/reproductivehealth/publications/maternal\\_perinatal\\_health/emergency\\_preparedness\\_anteprenatal\\_care.pdf](https://www.who.int/reproductivehealth/publications/maternal_perinatal_health/emergency_preparedness_anteprenatal_care.pdf)

## JOINT SESSION 3: HEALTHY TIMING AND SPACING OF PREGNANCY (HTSP) AND FAMILY PLANNING (FP)

### *Objectives of the session*

By the end of the session, the participants will:

- Be able to explore the barriers and solutions related to better use of FP.
- Understand the importance of the couple adopting a contraceptive method for planning and healthy spacing of pregnancy

### *Key messages*

- HTSP offers couples many benefits, including ensuring the health of the mother, child and family
- Average age of a woman at her first pregnancy should be at least 18 years
- Spacing between a birth and the next pregnancy is at least 2 years
- Spacing between a miscarriage and the next pregnancy is at least 6 months
- There are different modern methods of contraception

### *Prior to the session, facilitators should...*

- Review the content of the session
- Gather the necessary materials (samples of contraceptives)
- Make sure the co-facilitators are prepared for their roles

### *Total session duration: 90 minutes*

Activity 2-1: Introduction (10 min.)

Activity 2-2: Reviewing key messages on HTSP and FP (20 min.)

Activity 2-3: Exploring barriers to using FP (60 min.)

## ACTIVITY 3-1: INTRODUCING THE SECOND JOINT SESSION FOR FTMS AND THEIR HUSBANDS

**Duration:** 10 minutes

**Methodology/Objective:** Facilitator introduces the second joint session for FTMs and their husbands

### *Guidance for the facilitator*

1. Welcome everyone and make sure they are as comfortable as possible.
2. Introduce the session and address the following points:
  - Last time, we focused on safer pregnancies and deliveries, particularly the issue of going for the first ANC visit as early as possible.
  - We used the story of Salamata and Ousmane to explore some of the barriers that prevent couples from going for their first ANC visit quickly. These included poor communication between couples, which makes it difficult to share ideas and solve problems.
  - Today, we will focus on HTSP and FP—a theme you have already discussed in your groups.
3. Before we begin, I would like to encourage all of us to be very respectful of each other. We should apply the same ground rules that we use in our small groups—listen carefully and respect what each person has to say. Even though we are both men and women together, I encourage you not to be shy about sharing your thoughts. We would like to hear equally from the men and women in this group. This is how we can really learn from one another and hear different perspectives.

4. Ask participants if they have any questions about the structure or content of the joint sessions.
5. Ask if anyone has any questions or new ideas about what the group explored last time.

## ACTIVITY 3-2: A REMINDER OF THE MESSAGES ABOUT HTSP AND FP

**Duration:** 20 minutes

**Methodology/Objective:** Facilitator’s presentation on HTSP and question and answer session to reiterate key messages on HTSP and the use of FP

NOTE: Some participants may not have attended the group session on this topic. So, take time to ensure that the key messages are understood and the issues are addressed.

### *Guidance for the facilitator*

1. Begin this session by reminding participants that one of the main goals of the program is to help couples plan for proper spacing of pregnancies and use modern FP methods to achieve their healthy spacing goals.
2. Read this story aloud:

Our friends, Salamata and Ousmane, are now the happy parents of a 4-month-old girl. She is in very good health and the couple is so happy to see her grow up and discover the world. Even though they are happy, they are already under pressure from their family and community to have another child and especially to have a boy.

Salamata and Ousmane are not sure what they will do. Neither of them feels ready to have another child so soon. Salamata is just beginning to recover from the birth of her daughter and is gradually getting used to her role as a mother. Ousmane would like to have a son, but worries about his ability to care for another child and to be able to provide for the whole family. They need more information to help them figure out when they should have their next baby.

3. Ask the following questions to draw out the key messages from the group:
  - What are some good sources of information about HTSP and FP in your community?
  - What options do Salamata and Ousmane have?
  - What advice would you give to Salamata and Ousmane about the right time for Salamata to get pregnant?
4. Conclude the activity by reminding participants of the messages about HTSP and the use of contraceptives.
  - Healthy Timing and Spacing of Pregnancy
    - An approach to FP that helps women—including adolescents and young women—and their families to delay/plan/space their pregnancies in order to achieve the most beneficial outcome for all concerned (women, newborns, family, etc.)
    - Based on evidence from scientific research that has identified the ideal time to become pregnant (between 18–34 years and with fewer than 5 children) and to space pregnancies (2 years after a live birth and 6 months after a miscarriage or abortion)

- Closely spaced births of less than 24 months are associated with increased risk:
  - Maternal risks: death, induced abortion, spontaneous abortion, preterm births, intrapartum or postpartum hemorrhage, anemia
  - Risks to the baby: intrauterine growth retardation, low birth weight, neonatal death
- Pregnancy less than 6 months after an abortion or miscarriage is associated with increased risks:
  - Risks to the mother: premature rupture of membranes, anemia
  - Risks for the baby: low birth weight, intrauterine growth retardation
- HTSP is appropriate for women at all stages of their reproductive life, but in this program, we are focusing on:
  - Pregnant and postpartum women
  - Women receiving health care services after miscarriage or abortion
  - Adolescents (under 18 years old) and young first-time mothers/parents (under 25 years)
- The key messages of HTSP for maternal and infant health are as follows:
  - For pregnant women, postpartum women, or any other woman who wants another pregnancy after a live birth, wait at least 24 months, before attempting to become pregnant again.

- For women or couples who decide to have a child after a miscarriage or abortion, wait at least 6 months before trying to get pregnant again.
- For adolescents, wait until they are at least 18 years old before trying to get pregnant.
- For all, consider using a family planning method of your choice until you can safely try to get pregnant, or if you want to avoid a future pregnancy.

5. Ask participants if they have any questions.





## ACTIVITY 3-3: EXPLORING BARRIERS TO USING FP

**Duration:** 60 minutes

**Methodology/Objective:** Using the Pathways to Change game to explore barriers to FP use by FTMs

### PATHWAYS TO CHANGE

Pathways to Change is a behavior change tool in the form of a simple game that is designed to identify barriers to and facilitators of change, and to generate discussion and stimulate thinking that can motivate individuals and communities to change. Playing Pathways to Change can also help community health workers, peer educators, or other community resource persons understand the target population's perceptions of barriers and facilitators to change. When the game is used in this way, it functions as an informal data collection tool that can be helpful for designing and tailoring interventions. More information about Pathways to Change can be found on Pathfinder's website.

### *Guidance for the facilitator*

1. Explain that the group will organize an activity to explore some of the barriers faced by FTMs wishing to use FP.
2. Ask participants to split into two groups. Ask a facilitator to work with each group.
3. Facilitate the Pathways to Change game and note the main issues that are barriers to using FP as a young FTM or as the spouse of an FTM. Encourage them to think broadly (e.g., consider the different problems that couples face, problems that go beyond going to health facilities). Allow 30 minutes to play the game so that several barriers are raised and discussed.
4. Ask participants to come back as a large group. Facilitate a discussion to highlight the common barriers and differences between the barriers faced by men and women. Ask them why their opinions on the use of FP are so different if there are differences between the responses.
5. Ask the large group to think again about other barriers, especially those related to social or gender norms that prevent young individuals or couples from using FP. Allow 10 minutes for this discussion.
6. Ask participants to choose 3 main barriers to FP use (the main external, social, and gender-related barriers) as described below. (If participants are struggling, the facilitator may remind them of the answers previously given by participants that fall into the categories.)
  - An external barrier (e.g., distance to the facility, costs)
  - A social barrier (e.g. family pressure to have more children)
  - A gender-related barrier (e.g., difficulty communicating about FP use)
7. Facilitate a discussion on possible solutions to each of these barriers. Encourage women and men to exchange ideas. Ask them to elaborate on what each FTP needs to do to make this solution a reality, as well as the role of others.
8. At the end of the session, thank all participants and ask if anyone has any questions. Tell them that this is the last joint session, but that they will continue in their respective groups and they can contact their community health workers if they have further questions.

## ANNEX 3: ADDITIONAL RESOURCES ON WORKING WITH FTFS

### *Foundational Resources*

- E2A's First-Time Parent Framework (January 2019)
- Meeting the Integrated Needs of First-Time Parents: Technical Consultation Report (October 2014)
- Literature Review: Reaching Young First-Time Parents for the Healthy Spacing of Second and Subsequent Pregnancies (July 2014)
- Summary of New Literature Review: A Focus on Pregnancy Spacing Among First-Time Parents Literature Review: Reaching Young First-Time Parents for the Healthy Spacing of Second and Subsequent Pregnancies (July 2014)

### *Implementation Resources:*

- Training Tools: Providing Family Planning and Reproductive Health to Young Married Women and First-Time Parents in West Africa (2016)
- Small Group Facilitation for Young First-time Mothers in Akwa Ibom, Nigeria (2016)
- Conducting Home Visits and Providing Counseling and Contraceptive Services to Young Women, Including First-Time Mothers in Akwa Ibom, Nigeria (2016)

### *Country Program Resources*

- Report: Improving Family Planning Outcomes for First-Time Parents in the Greater Mahale Ecosystem of Tanzania (November 2019)

- Brief: Improving Family Planning Outcomes for First-Time Parents in the Greater Mahale Ecosystem of Tanzania (November 2019)
- Report: Improving Health and Gender Outcomes for First-Time Parents in Cross River State, Nigeria (November 2019)
- Brief: Improving Health and Gender Outcomes for First-Time Parents in Cross River State, Nigeria (November 2019)
- FTP Snapshot: Burkina Faso (January 2019)
- FTP Snapshot: Tanzania (January 2019)
- FTP Snapshot: Nigeria (January 2019)
- A Time of Uncertainty and Opportunity: Findings from a Formative Assessment of First-Time Parents in Cross River State, Nigeria (October 2018)
- Expanding Method Choice, and Access to Contraceptive Information and Services for First-Time Mothers in Shinyanga District, Tanzania (August 2017)
- Increasing Access to Contraceptive Information and Services for First-Time Mothers in Shinyanga District, Tanzania (April 2017)
- Increasing Access to Contraceptive Information and Services for First-Time Mothers in Akwa Ibom, Nigeria (2016)
- Reaching First-Time Parents and Young Married Women for the Healthy Timing and Spacing of Pregnancies in Burkina Faso (September 2015)