



WORKING WITH MALE PARTNERS

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



E2A EVIDENCE TO ACTION
for Strengthened Reproductive Health

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ACRONYMS AND ABBREVIATIONS

ANC	Antenatal care
BMFG	Bill & Melinda Gates Foundation
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
IRH	Institute for Reproductive Health
MCH	Maternal and child health
MOH	Ministry of Health
PHE	Population, health, and environment
PPFP	Postpartum family planning
RH	Reproductive health
RMA	Reaching Married Adolescents
USAID	United States Agency for International Development

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 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 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. Below, 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. Together, these formed 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 take up the challenge of developing programming for this vulnerable population around the globe.

This document contains:

- Guidance on implementing a small group intervention with husbands/partners of young FTMs
- Guidance on using session guides to facilitate small group sessions for husbands/partners of FTMs
- Session Guides for Male Partner Small Groups
 - Session 1: Introducing Group Sessions for Husbands and Male Partners
 - Session 2: Understanding Safe Pregnancy and Birth

- Session 3: Exploring Gender
- Session 4: Exploring Relationships
- Session 5: Understanding Family Planning
- Session 6: Exploring Fatherhood
- Session 7: Exploring Parenting
- Annexes consisting of additional tools and resources to support implementation of the above approaches:
 - Annex 1: Resources Used to Develop FTP Male Partner Session Activities
 - Annex 2: Illustrative Training Schedule for FTP Male Partner Intervention (from Nigeria)
 - Annex 3: Guide for 3-day Training on FTP Male Partner Small Group Intervention (from Nigeria)
 - Annex 4: Facilitation Guide for Joint Sessions with FTMs and their Husbands/Partners
 - Annex 5: FTP resources

SMALL GROUP INTERVENTION WITH THE HUSBANDS/PARTNERS OF YOUNG FIRST-TIME MOTHERS

The husbands and partners of young first-time mothers were a priority population for E2A, given the influential role they play in making health-related decisions for the family, as well as their own needs as men and fathers. E2A designed a small group intervention for men (typically the partners of FTM who were participating in FTM peer groups) to provide information on relevant topics, including safe pregnancy and delivery, family planning, healthy timing and spacing of pregnancy (HTSP), exclusive breastfeeding, healthy relationships, and positive parenting. The sessions were also designed to explore the underlying gender norms and assumptions about gender roles that influence their thoughts and actions as partners and fathers.

This husband/partner intervention was implemented in Burkina Faso, Nigeria, and Tanzania, as a part of multifaceted FTP projects in these countries (see Table 1). Men's groups were typically composed of 10–12 members, many of whom were first-time fathers. Groups were facilitated by a local community resource person, often a Ministry of Health (MOH) community health worker (Burkina Faso and Tanzania) or a community volunteer attached to a local community-based organization (Nigeria). While specific health topics and the number of sessions varied by project, all addressed the areas of: HTSP, FP and modern contraceptive methods, gender roles, healthy relationships, communication, conflict resolution, and decision making about health.

Men were sometimes difficult to find (given the transitional nature of relationships during the FTP lifestage in some contexts) and/or had limited

availability (especially where migration for work was common). Despite these challenges, E2A's experience with the men who did participate in the small group intervention was very positive. Pre-/post-test study results with men in Nigeria showed significant improvements across a range of outcomes, from gender attitudes towards household roles and decision making, to increased contraceptive uptake. Importantly, implementer and participant feedback in all three countries underscored the value of men's small groups for increasing knowledge, improving attitudes, building communication and decision-making skills, and increasing support for the access and use of healthcare.



AKINTUNDE AKINYELE (NIGERIA)

Table 1. E2A's First-Time Parents Projects

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

¹ 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 HUSBAND/ PARTNER SMALL GROUP SESSIONS

Session guides were used or adapted by E2A for use with small groups of men, typically the husbands or partners of FTM peer group members. Additional information about how the cards were used is included below. While originally developed for E2A projects, the session guides and training plans can easily be adapted for other countries and contexts as needed.

What are the session guides?

Session guides provide step-by-step instructions for facilitators to use with small groups of men to explore a specific health or life issue. Each guide includes a range of informational and participatory activities—including roleplays, discussions, and storytelling—to provide information, stimulate discussion, and facilitate experience sharing. Each guide includes: session objectives; preparation required by the facilitator; and the total time of the session, broken down by activity. Each activity then describes the duration, the purpose and methodology of the activity, and the specific steps to be followed by the facilitator. Each session is designed to last 60–90 minutes.

In several sessions, time is provided for the community resource person (referred to in the guides as the “facilitator”) to share health information as per local MOH guidelines (e.g., on modern contraceptive methods).² Locally available informational materials can also be used to supplement the health information provided, and some informational handouts and key messages are included in this document. Efforts were made to design sessions that do not require multiple materials or extensive preparation to conduct.

² Session guides have been slightly modified to remove project- or country-specific information and handouts.

This document shares seven session guides used during small group interventions with husbands and partners of FTMs in different countries. Guides for Sessions 1 and 3–7 are from the Nigeria FTP project, whereas the guide for Session 2 is from Burkina Faso.

How were the cards developed?

In developing these session guides, E2A largely drew from three existing curricula designed and validated by other projects and organizations. These curricula were developed by projects working in similar contexts to E2A, addressing a range of topics relevant to FTPs. E2A adapted content and activities for each country/project context and created additional material as needed. Annex 1 details the specific activities adapted from each resource, if not developed by E2A.

Resources Used to Develop Male Partner Session Guides

- Engaging Men as Fathers in Gender Equality, Maternal and Child Health, Caregiving and Violence Prevention, Facilitator Manual (Promundo, 2014)

The MenCare+ program in Rwanda (known as Bandedereho, meaning “role model” in Kinyarwanda) focused on building skills to foster stronger, more equal, and nonviolent relationships among couples. This manual was created for use by facilitators to engage expectant fathers and their partners in group education sessions to promote men’s involvement in maternal, newborn, and child health; family planning; caregiving; and preventing domestic violence. The manual can be found at:

<https://men-care.org/wp-content/uploads/sites/3/2015/08/Bandedereho-Facilitators-Manual-Fathers.pdf>.

- Reaching Married Adolescents in Niger: Male Small Group Guide (Pathfinder International, 2016)³
The Bill & Melinda Gates Foundation (BMFG)-funded Reaching Married Adolescents (RMA) project aims to increase contraceptive uptake among married adolescents in Niger. Building on past lessons learned, RMA is generating evidence on how these interventions work in the Nigerien context, the relative effectiveness of three different intervention approaches, and the cost effectiveness of these interventions. Based upon these findings, Pathfinder is working with Niger's MOH, BMFG, and a series of other key stakeholders to build a model to scale RMA efficiently and effectively in Niger. A brief detailing the program learning can be found at: <https://www.pathfinder.org/publications/interventions-to-reach-married-adolescents-for-increased-contraceptive-use-in-niger/>.
- REAL Fathers Initiative – Mentor Training Curriculum: Using Mentors to Increase Positive Fatherhood Practices and Non-violent Couple Communication with Newly Married Young Men (Save the Children, 2013)
The Institute for Reproductive Health (IRH) at Georgetown University and Save the Children conducted the REAL (responsible, engaged, and loving) Fathers project. The project aimed to teach young fathers—ages 16 to 25—parenting and relationship skills that can help improve the health of their families. A core activity of the REAL Fathers Initiative was the work of mentors, who offered young fathers the opportunity to reflect on and practice positive communication and conflict-resolution skills, as well as provide specific ways to be supportive partners. The

Mentor Training Curriculum aims to prepare mentors through a five-day training. The curriculum can be found at: <http://irh.org/resource-library/real-fathers-mentor-curricula/>.

What topics do the sessions cover?

The men's sessions cover the following topics:

- Introducing Group Sessions for Male Partners
- Understanding Safe Pregnancy and Birth
- Exploring Gender
- Exploring Relationships
- Understanding Family Planning
- Exploring Fatherhood
- Exploring Parenting

Who used the session guides?

These guides were developed for use with small groups of men, who were the husbands or partners of young women participating in project FTM peer groups. In countries where many FTMs/FTPs were unmarried, men were identified through the participating FTM. In other contexts where most FTPs were married, men were recruited at the same time as the FTM. Men were invited to participate in the small group sessions through the FTM or community resource person. In Nigeria, "male motivators" (typically the husbands/partners of FTM peer leaders) were effective in reaching out to other men and recruiting them to participate in the groups. Group membership was diverse, pulling together men of different ages, education levels, economic pursuits, marital status, and parity. Groups met within their village and completed one session per meeting.

³ At the time of publication, this guide was not publicly available.

Who led the small group sessions for men?

Male partner small groups were led by a local, trained community resource person, such as an MOH community health worker or a community agent working with a community-based organization. These facilitators—both men and women—were trained on the small group intervention and on the specific activities and sessions included in the program. Trainings were typically 3 days long and included time for practicing facilitation and making any adaptations to local language or context. An illustrative training schedule is provided in Annex 2, and some guidance on facilitator training is included in Annex 3. In Burkina Faso, CHWs were also trained to facilitate joint sessions with FTMs and their husbands/partners; these guides are provided in Annex 4.

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 implementing interventions, and share information and results from country FTP projects. A few resources are highlighted below, and a full list of FTP resources is included in Annex 5. All can be found on E2A's website.

Foundational Resources

- FTP Literature Review
- FTP Technical Consultation Report
- FTP Framework

Implementation Resources

- FTM Small Group Training Guide
- FTM Peer Group Session Cards
- Male Partner Session Guides [this document]

Recent Country Program Resources

- Burkina Faso Phase 1 Report
- Cross River State, Nigeria Formative Assessment Brief
- Cross River State, Nigeria Report
- Tuungane, Tanzania Phase 1 Report



SESSION 1: INTRODUCING GROUP SESSIONS FOR MALE PARTNERS

Objectives of the session

- Introduce participants to male partner group activity
- Complete personal introductions and set group expectations
- Facilitate initial exploration of the fatherhood experience
- Set group ground rules and meeting plan

Before the session, the facilitator should...

- Review the session content
- Adapt the session content and schedule so they meet the project's specific needs
- Make enough copies of Participant Handout 1: Group Meeting Schedule for all participants (handout is included at the end of this session plan)

Total session time: 60 minutes

1-1: Introduction of the Male Small Group Activity (10 min.)

1-2: Ice Breaker to Introduce Group Members (20 min.)

1-3: Member Expectations (15 min.)

1-4: Group Ground Rules and Meeting Plan (15 min.)

ACTIVITY 1-1: INTRODUCTION OF THE MALE SMALL GROUP ACTIVITY

Time: 10 minutes

Methodology/Purpose: Facilitator presentation to introduce the small group activity with male partners of young first-time mothers

Guidance for the facilitator

1. Introduce the session and address the following points:

- All of you are here because you have a wife or partner who is a young first-time mother (FTM) and a member of an FTM peer group.
- You may also be a parent for the first time, or you may have other children. Regardless, as you are the male partner of an FTM, you are also considered a first-time parent.
- [PROJECT-SPECIFIC INFORMATION]⁴
- Over the next several weeks, together we will explore our experiences as fathers, partners, and men. We will also learn more about health topics, like family planning, and about caring for our children. By the end, we hope your participation in these sessions will help you to be the type of partner and father you want to be.

2. Ask participants if they have any questions.

⁴ The facilitator should present a summary of the overall project, as well as the specific objectives for working with the husbands and partners of FTMs.

ACTIVITY 1-2: ICE BREAKER TO INTRODUCE GROUP MEMBERS

Time: 20 minutes

Methodology/Purpose: Ice breaker game for introductions, to begin exploring issues of fatherhood, and to complete the introduction of the overall activity

Guidance for the facilitator

1. Ask participants to stand in a circle.
2. **THROW THE BALL** (or other object, such as a piece of paper crumpled into a ball) to one participant, who says his own name and then throws it to another person who says his own name. Repeat until everyone has said their names.
3. Start the game again, only this time with each participant saying the name of the person that he is throwing the ball to and asking what he likes about being a father. Repeat until everyone has both thrown and caught the ball and shared with the group.
4. To wrap up the game, summarize some of the common things that the men enjoy about being a father.
5. Ask the men if there are some things that typically worry fathers with young children in this community. Encourage a few participants to share a few typical challenges that fathers can face.
6. Conclude the activity by noting that this group will be going through several sessions together that will allow them to learn and to share experiences about being a father, husband, and man.

ACTIVITY 1-3: GROUP EXPECTATIONS

Time: 15 minutes

Methodology/Purpose: Brief discussion to set group expectations

Guidance for the facilitator

1. As participants are still in the circle from the introduction game, give them a minute to think about why they joined the group, one thing that they are looking forward to experiencing as part of the group, and one thing that they are worried about in terms of the group sessions.
2. Go around the circle and ask each participant to share their answers.
3. As each participant gives his answers, be sure to address any concerns. (For instance, if one person says “I am worried that people will find out about the things I talk about in these sessions,” reassure him that an important premise of the group is confidentiality).

ACTIVITY 1-4: GROUP GROUND RULES AND MEETING PLAN

Time: 15 minutes

Methodology/Purpose: Brief discussion to set group ground rules and plan for meetings.

Guidance for the facilitator

1. Keep the group sitting in a circle.
2. Ask the participants to volunteer actions that they think will help the group to function well (e.g., punctuality, being kind to one another, listening to other people’s opinions).

3. Explain that the group will follow a set of rules to make sure that everyone is comfortable and the group can function properly. Call out each rule in turn, holding up the corresponding card at the same time. The rules are:
 - Confidentiality
 - Respect for other people's opinions (even when they differ from your own)
 - No personal comments about other people in the group
 - Share with the whole group (don't just speak to one other person)
 - Try to come to all of the sessions
4. After each rule, ask for a volunteer to explain why the rule is important to the functioning of the group.
5. Wrap up the session by handing out the meeting plan and briefly explaining the set of sessions that are planned. Address any questions that the men have.
6. Ask the men to identify a good day, time, and location for the next session. Also, decide together whether it is easiest to keep the same time for every session or to decide on a new time each week.
7. At the end of the session, thank all the participants and ask if anyone has any questions. As they leave, remind them of the next session's date, time, and location.



PARTICIPANT HANDOUT 1: GROUP MEETING SCHEDULE

Male Partner Group Name/Location:

Facilitator Name/Contact:

MEETING	DATE	LOCATION
Meeting 1		
Meeting 2		
Meeting 3		
Meeting 4		
Meeting 5		
Meeting 6		

SESSION 2: UNDERSTANDING SAFE PREGNANCY AND BIRTH

Objectives of the session

- Introduce participants to the activity
- Introduce key messages about antenatal care (ANC) and safe delivery
- Explore issues of early ANC and completing 4 ANC visits

Before the session, the facilitator should...

- Review the session content
- Adapt the session content and schedule so that it meets the project's specific needs
- Provide materials about ANC and safe delivery (as locally available)

Total session time: 75 minutes

2-1: Introduction to the Session (5 min.)

2-2: Overview of ANC and Safe Delivery (15 min.)

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

2-4: Male and Female Roles (25 min.)

ACTIVITY 2-1: INTRODUCTION TO THE SESSION

Time: 5 minutes

Methodology/Purpose: Facilitator presentation to introduce the session topic on safe pregnancy and delivery, as well as a start to exploring gender

Guidance for the facilitator

1. Introduce the session and address the following points.

- Last time, we had a chance to meet each other and to understand the purpose of this small group work. We also set some ground rules for how we want to work together and treat each other respectfully.
- Today, we start our work as husbands and partners of a young first-time mother.
- Most of today's session focuses on topics of safe pregnancy and delivery.
- Some of your babies have already been delivered, while others still have time before the baby is born. Either way, it is important for you to understand how you can help ensure that the baby develops well and is delivered safely.
- For the final activity today, we will also begin to explore some of our beliefs regarding what it means to be a man and be a woman in our society.

2. Ask participants if they have any questions and respond to the extent possible without revealing too much prior to baselines (if relevant).

ACTIVITY 2-2: OVERVIEW OF ANC AND SAFE DELIVERY

Time: 15 minutes

Methodology/Purpose: Facilitator presentation to provide overview of safe pregnancy and delivery health issues⁵

Guidance for the facilitator

1. Introduce the activity and pass out any available materials on ANC and safe delivery.
2. Provide information on safe pregnancy and delivery, including key health actions and care that are important during this time.
3. Be sure to invite and allow time for questions.
4. Recap the key messages about ANC and safe delivery:
 - Women should go for at least 4 ANC visits during pregnancy.
 - The first ANC visit should be as early as possible, ideally during the first trimester (i.e., the first 3 months of pregnancy).
 - During ANC, the provider will make sure that the mother is healthy and the baby is developing well. They will also provide medications that will help the mother stay healthy (like malaria prevention, folic acid, vitamins, etc.).
 - It's also a time to start preparing for a safe delivery and thinking

⁵ The facilitator should provide information as per local Ministry of Health (MOH) guidance, using whatever materials are locally available. Some key messages have been included and can be adapted as needed.

ahead about some things that happen after the baby comes—like exclusive breastfeeding and family planning.

- In addition to facility visits, expectant parents and families should watch for any possible danger signs including: blurred vision; dizziness; bleeding; pain of premature delivery; edema/swelling of face, hands, and legs; and fever. Malaria during pregnancy is also potentially dangerous.
 - If any of these things occur, you should get your wife/partner to a facility as quickly as possible.
5. Conclude the activity by acknowledging that this is a lot of information, and that they can always ask additional questions at the next meeting or during home visits.

ACTIVITY 2-3: GOING FOR EARLY ANC

Time: 30 minutes

Methodology/Purpose: Review of a story to explore barriers to early ANC attendance (within the first 3 months of pregnancy).

Guidance for the facilitator

1. Introduce the activity by saying, “I am going to tell you about something that happened to a couple like many of you, a young first-time mother and her husband.
2. Read the story about Sara and Ben out loud:

Sara and Ben are just 2 months pregnant with their first child. They are both very happy, as they have been married for over a year and wanted to start their family as soon as possible.

However, Sara is a bit worried. Her older sister had a difficult pregnancy, and it was only by getting checked at the health facility early and often that she safely carried and delivered her son. Sara would like to go to the facility for ANC as soon as possible to make sure that both she and the baby are healthy.

She raised this issue with Ben, but he was not happy with the idea of her going to the clinic so early in the pregnancy. Local beliefs and traditions are very important in his family, and they are all looking forward to the rituals that must be conducted for this first baby before they can share news of her pregnancy with outsiders. Ben wants the best for his wife and baby, but he is not sure he wants to “tempt fate” by seeing a provider so early. He is also very reluctant to raise this issue with his parents, as he thinks they will be angry if they break with tradition. Now Sara is also upset and feels that he doesn’t care for her or the baby. At this point, Ben just doesn’t know what to do.

3. Use these questions to guide a discussion:

- What do you think of Sara and Ben’s situation? Is this common in our communities?
- Do you think Sara is right to want to go to ANC so early in her pregnancy?
- What do you think of Ben’s reaction? Do you agree with his concerns?

- How do you think Ben’s parents and family members would respond if he and Sara asked to go for ANC now?
- What should Ben and Sara do?

ACTIVITY 2-4: MALE AND FEMALE ROLES⁶

Time: 25 minutes

Methodology/Purpose: To begin to explore gender roles by “voting with your feet”

Guidance for the facilitator

- 1.** Introduce the activity by noting that, in the story of Sara and Ben, the group was starting to talk about what is expected of men and women in a family and in a community. This next activity will continue that exploration into men’s and women’s roles.
- 2.** Select 2 locations (for example, 2 trees) about 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 2 locations and call this “BOTH MEN AND WOMEN.”
- 3.** Tell the participants that you are going to say a word, and that they should run to the location where they think that word belongs. Use the word “mother” as an example—they would run to the “WOMEN” location because only women can be mothers. If they think both men and women can be represented by the word, they should run to the space for “BOTH MEN AND WOMEN.”

⁶ Adapted from Male Small Group Guide: Reaching Married Adolescent in Niger (Pathfinder, 2016).

4. Say the word “doctor.” 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.
5. When they finish discussing, repeat the process for the remaining words/phrases:
 - Strong
 - A good communicator
 - In charge of the family
 - Unfaithful
 - Violent
 - Teacher
 - Cooking
 - Nurse
 - Takes care of children
 - Decision maker
 - Loving
6. Ask the group to come together in a circle and ask the following questions:
 - Which words were easy to decide if they are for men? For women? Why?
 - Which of these words were difficult to decide whether they are for men, women, or both? Why?

- What do you think about the beliefs that are common in this community?
 - Are these beliefs ever difficult to live up to?
7. Conclude the activity by explaining that sometimes people in our community expect us to do things or be a certain way just because we are male or female. This has nothing to do with our biology—it’s about what people expect from us because we are male or female. But often both men and women can do the same things. For instance, both men and women can be strong, brave, funny, violent, powerful, and caring.
 8. At the end of the session, thank all of the participants and ask if anyone has any questions. As they leave, remind them of the next session date, time, and location.



SESSION 3: EXPLORING GENDER

Objectives of the session

- Explore gender and social norms related to being a man or a woman
- Reflect on personal values related to men and women

Before the session, the facilitator should...

- Review the session content
- Adapt the session content and schedule so that it meets the project's specific needs

Total session time: 75 minutes

3-1: Introduction to the Session (5 min.)

3-2: Behave Like a Man/Woman (45 min.)

3-3: Gender Values (25 min.)

ACTIVITY 3-1: INTRODUCTION TO THE SESSION

Time: 5 minutes

Methodology/Purpose: Facilitator presentation to introduce session

Guidance for the facilitator

1. Introduce the session and address the following points:
 - At the last meeting, we began exploring some of the roles we feel men or women play. (Bring up a few examples from Activity 2-4.)
 - That started us thinking about our own lives and the many roles we play—as men, as partners or husbands, and as fathers. We will continue this today.
 - The activities today will allow us to think about how social expectations impact how men and women behave, and the beliefs we ourselves hold about being a man or a woman.

ACTIVITY 3-2: BEHAVE LIKE A MAN/WOMAN⁷

Time: 5 minutes

Methodology/Purpose: Facilitator presentation to introduce session

Guidance for the facilitator

1. Prepare 2 pieces of flipchart for this activity. On the top of one flipchart, write “Behave like a Man.” On the top of a second flipchart, write “Behave like a Woman.” Draw a large box on each paper where you will write down the participants’ responses.
2. Ask: “Have you ever been told to “behave like a man”? Ask them to share some experiences when someone has said this or something similar to them. Why did the individual say this? What did the participant think when they heard this?”
3. Tell the participants: We are going to look more closely at the phrases “behave like a man” or “behave like a woman.” By looking at them, we can begin to see how society can make it very difficult to be either male or female.
4. Put up the piece of flipchart paper entitled “Behave like a Man.” Ask the participants to share their ideas about what this means. These are society’s expectations of who men should be, how men should act, and what men should feel and say. Write the meanings of “behave like a man” generated by participants inside the box drawn on the paper.

⁷ Adapted from Real Fathers Initiative Mentor Training Curriculum: Using Mentors to Increase Positive Fatherhood Practices and Non-Violent Couple Communication with Newly Married Young Men (Save the Children 2013).

Facilitator prompts can include

- How does your family expect men to act?
- How does society expect men to feel?
- What does your clan expect you to achieve?
- How does society expect men to act?
- How would you expect a son to act?

Some responses might include the following

- Be tough
- Do not cry
- Show no emotions
- Earn money for the family
- Do not back down
- Have many children

5. Once you have brainstormed your list, initiate a discussion by asking the following questions:
 - What are the benefits and consequences of always living in this box?
 - What are the benefits and consequences of acting in ways that are outside the box?

- What do male friends say when you are not “behaving like a man”? How does this influence your behaviors?
 - Is it possible for men to challenge and change the rules of what it means to be a “real” man? What would make it easier to do so?
6. Now, put up the piece of flipchart paper entitled “Behave like a Woman.” Ask the participants to share their ideas about what this means. These are society’s expectations of who women should be, how women should act, and what women should feel and say. Write the meanings of “act like a woman” inside the box drawn on the paper.

Facilitator prompts can include:

- How does your family expect women and girls to act? Dress? Talk?
- How does society expect women to act?
- How would you expect a daughter to act?

Some responses might include the following:

- Be passive
- Be the caretaker
- Be intelligent, but not too intelligent
- Be quiet
- Listen to others
- Make dinner
- Be the homemaker

7. Once you have brainstormed your list, initiate a discussion by asking the following questions:
- Can a woman be expected to behave in this manner all the time? Why or why not?
 - What emotions are women not allowed to express?
 - How can “acting like a woman” affect a woman’s relationship with her husband and children? What about choosing not to “act like a woman”?
 - Can women do things differently than expected by her family/clan/society? Is it possible for women to challenge and change existing gender roles?
8. Close the activity by summarizing some of the discussion and sharing any final thoughts. A final comment and question could be as follows:

The roles of men and women are changing in our society. We can say that society’s expectations for a man and a woman could be considered like being trapped in a box. It has slowly become easier to step outside of the box, meaning not just following the rules and expectations that society sets for men and women. Still, it is hard for men and women to live outside of these boxes. What would make it easier for men and women to change some gender roles for the health of the family and themselves?

ACTIVITY 3-3: GENDER VALUES⁸

Time: 25 minutes

Methodology/Purpose: Voting with feet on gender attitudes and values

Materials Needed: Paper, marker, tape

Guidance for the facilitator

1. Before the activity begins, make 3 signs, labeling them: AGREE, DISAGREE, and NOT SURE. Tape the 3 posters on the wall, leaving enough space between each sign to allow a group of participants to stand near each one.
2. Explain to the group that you are going to do an activity that will help them to reflect on their own attitudes and beliefs about men and women. Remind the participants that everyone has a right to his own opinion, and no response is right or wrong.
3. Ask the group to stand up and move to where there is plenty of space and you have hung the 3 posters on the walls.
4. Explain that you are going to read a series of statements. After you have read a statement, the participants should stand in front the sign that reflects their own opinion—they can agree with the statement, disagree with the statement, or be unsure whether they agree or disagree.
5. Read aloud the first statement you have chosen. After the participants have moved to their sign, ask for 1–2 participants beside each sign to explain why they are standing there (why do they agree or disagree or are unsure?). After they have shared, ask the group if anyone wants to change their minds.

List of statements

- It is easier to be a man than a woman
 - Men can't clean the house, wash dishes, or carry firewood
 - Men should make the final decisions in the household
 - A woman is more of a woman once she has had children
 - A real man should not show his emotions
 - Men should not share financial details with their wives
 - Women cannot keep a secret
 - Women should not share their opinions with their husbands
 - Men should not bathe babies
 - A real man provides for his family
6. Read the next statement and continue the same steps until you have read all the statements and participants have had a chance to explain their opinions.
 7. After you have finished the statements, ask the group to sit down in their chairs and ask the following questions:
 - Which statements did you have the strongest opinions about? Why do you think this was so?
 - How did it feel to talk about an opinion that was different from some of the other participants?

⁸ Adapted from MenCare+ Rwanda Facilitator Manual: Engaging Men as Fathers in Gender Equality, Maternal and Child Health, Caregiving and Violence Prevention (Promundo, 2014).

- How do you think these opinions and beliefs we have about men and women might influence the way we interact with men and women?

8. Conclude the activity by restating the following key message:

Men and women receive messages from family, community, and the media about how they should act and how they should relate to each other. These messages influence our attitudes and beliefs about men and women, often without us even realizing it!

9. At the end of the session, thank all of the participants and ask if anyone has any questions. As they leave, remind them of the next session date, time, and location.



NICOLE GILL (TANZANIA)

SESSION 4: EXPLORING RELATIONSHIPS

Objectives of the session

- Explore some of the issues that affect relationships between partners or husbands/wives
- Reflect on the type of man we want to be and relationships we want to have

Before the session, the facilitator should...

- Review the session content
- Adapt the session content and schedule so that it meets the project's specific needs

Total session time: 75 minutes

4-1: Introduction to the Session (5 min.)

4-2: Who Does the Care Work? (20 min.)

4-3: One Story, Two Perspectives (30 min.)

4-4: What Kind of Partner Am I? (20 min.)

ACTIVITY 4-1: INTRODUCTION TO THE SESSION

Time: 5 minutes

Methodology/Purpose: Facilitator presentation to introduce session

Guidance for the facilitator

1. Introduce the session and address the following points:
 - As we have been exploring, men and women take on different roles and characteristics, often influenced by what society expects of them.
 - The pressure to meet those expectations can also affect the way that men and women relate to one another, and can bring tensions into the home.
 - Today, we'll explore some of these issues to better understand what kind of husbands and partners we are and to see if there are things we can do to improve our relationships.

ACTIVITY 4-2: WHO DOES THE CARE WORK?⁹

Time: 20 minutes

Methodology/Purpose: Roleplay to reflect on how gender roles influence the distribution of care work, including caring for children and household tasks, within the household and to encourage a more equitable distribution of housework between men and women

Guidance for the facilitator

1. Explain to the participants that this activity will help them reflect on how gender roles influence the distribution of childcare and household tasks within the household.
2. Ask 5 individuals from the group to volunteer to participate in a roleplay.
3. Explain that each of the volunteers will represent a member of a household doing housework or childcare activities. Assign each participant a role:
 - 1st person is caring for a child
 - 2nd person is cooking dinner
 - 3rd person is washing the clothes
 - 4th person is sweeping the house
 - 5th person is collecting water
4. Give the volunteers 1 minute to prepare their character. Tell them that on the count of 3 the roleplay will begin and they should not stop doing their household task until you tell them to.
5. Begin the roleplay... 1, 2, 3!
6. After a minute, ask the person who is caring for the child to stop. Tell them to give the task of caring for the child to one of the 4 remaining people in the household. Explain that the person has to care for the child in addition to their other task. Let the roleplay continue for 1 minute.
7. After 1 minute, ask the person who is cooking dinner to stop and give his task to another member of the household. Explain that that person now must perform all the duties assigned to him. The 3 remaining members of the household are now sharing all 5 household duties. Let the roleplay continue for 1 minute.
8. After 1 minute, ask the person who is washing the clothes to stop and give his duty (or duties) to another member of the household. The 2 remaining household members should now be sharing all 5 duties. Let the roleplay continue for 30 seconds.
9. After 30 seconds, tell the person who was sweeping to stop and give his duties to the last remaining household member. Remind the remaining household member that he is now responsible for all 5 duties.
10. After 30 seconds, ask the last person to stop working and sit down.
11. Open the discussion using the questions below:
 - What did you think of this exercise?
 - How did the people who were still working feel when the others stopped?
 - How did the last person feel?
 - Which of these activities do you perform at home?

⁹ Adapted from MenCare+ Rwanda Facilitator Manual (Promundo, 2014).

- Who generally performs these activities? Why?
- Is it realistic for men to do this work? Why or why not?
- In what ways can men participate more fairly in the home, even when they work full time?

12. Conclude the activity by restating the following:

Women and men are raised to perform different caregiving roles, with women usually bearing a significant proportion of the childcare and domestic work. Women and men are capable of sharing the care work—the key is discussing and communicating about a fair distribution of tasks that is right for each family.

ACTIVITY 4-3: ONE STORY, TWO PERSPECTIVES¹⁰

Time: 30 minutes

Methodology/Purpose: Review of a partnership case study to pull out different ways in which men and women think and behave in their relationships

Guidance for the facilitator

1. Introduce the activity by saying, “I am going to tell you about something that happened between a husband, Ogar, and wife, Grace. It is an incident that happened one evening. I will first tell you this story as Ogar tells it—from his viewpoint. Then I will then tell you how Grace views the same incident from her side.”

¹⁰ Adapted from Real Fathers Initiative Mentor Training Curriculum (Save the Children, 2013).

2. Read the scenario from Ogar’s perspective:

Ogar and Grace are married and have a 1-year-old son. Ogar has been very frustrated lately because he is struggling without success to make enough money for his family. He feels that life these days is too difficult as a young married man trying to support his family. Ogar is a motorcycle taxi driver and does not make much money. Ogar’s friend pressured him to come and drink at the nearby trading center at the roadside. It was midnight by the time he arrived home. When he arrived, Grace asked Ogar where he had been. Ogar angrily answered Grace, “I have been with other men and it is none of your business!” Grace was furious with him and refused to serve him food. They began to argue and shout at each other.

3. Use these questions to lead a discussion:

- Why was Ogar so angry when he got home?
- Why didn’t he tell Grace the details of his day?
- Who was wrong, Grace or Ogar?
- What else could Ogar have done when coming home late?
- Could the couple agree on home rules, and try to follow them?

4. Read the same scenario from Grace’s perspective:

Grace and Ogar are married and have a 1-year-old son. Grace works very hard to farm, to keep their home clean, and to take care of their son. She always prepares food for the family to eat by nightfall and likes to go to sleep by 10pm after

working all day. Grace and Ogar agreed as a couple that he would not come home after 10pm. One night, Ogar comes home at midnight after drinking with friends. She greets him nicely, although she is not happy that he broke the rule, and asks where he had been. He answers her rudely. She decides that she will not serve him food. It is late, and they do not have much kerosene left. She tries to explain this, but he started shouting at her.

5. Use these questions to lead a discussion:

- What do you think Grace was feeling when Ogar arrived home late?
- Do you think Grace would have understood how Ogar was feeling if he had explained it to her?
- How else could Grace have reacted?
- Was Grace right to show her feelings by not serving Ogar his dinner?
- Could couples agree on how to react when another person breaks a “rule” they agreed on, for example, by listening to each other?

ACTIVITY 4-4: WHAT KIND OF PARTNER AM I?¹¹

Time: 20 minutes

Methodology/Purpose: Conversations to reflect on values and perspectives related to being a good husband/partner

Guidance for the facilitator

- 1.** Have the statements below at hand for you to read out during the activity.
- 2.** Introduce the activity by saying:

With this last activity, we will challenge ourselves to look at ourselves as husbands and partners. The goal is not for us to feel bad about the way we have behaved in the past, but to be able to think about our own behaviors, why we act the way we do, and how we can redefine how we behave as husbands. It is also a time to applaud ourselves for all we are doing well as husbands. We are not here to judge each other.

For this activity, we will have smaller conversations where we can share our experiences as partners. Please pair up with the person next to you. As I read through the statements, you can both decide if you agree or disagree with the statement. You will have a minute or 2 with each statement to discuss in pairs. If there is something too personal, you can choose not to share it.

¹¹ Adapted from Real Fathers Initiative Mentor Training Curriculum (Save the Children, 2013).

As a husband, I...

- Listen to my wife's point of view and opinion
- Am clearly in charge
- Expect my wife to follow the rules I set down
- Demand respect from my wife
- Show respect to my wife
- Often share with my wife what I think and feel
- Am willing to change my ideas after listening to my wife
- Show love to my wife
- Like being in control
- Enjoy spending time with my wife
- Am caring and supportive of my wife
- Can have fun and laugh with my wife

3. Call the group back together. Say that it's not necessary to share the personal stories or reflections that they talked about in pairs. But invite anyone who wants to speak to do so—especially if there is something new that they would like to do as a husband. Remind them that this exercise was not to judge or feel bad, but to think about their own views and behaviors as a husband/partner.

4. At the end of the session, thank all of the participants and ask if anyone has any questions. As they leave, remind them of the next session date, time, and location.



TAGAZA DJIBO (BURKINA FASO)

SESSION 5: UNDERSTANDING FAMILY PLANNING

Objectives of the session

- Understand the benefits of healthy timing and spacing of pregnancy (HTSP)
- Learn about different modern contraceptive methods
- Explore contraceptive values

Before the session, the facilitator should...

- Review the session content
- Adapt the session content and schedule so that it meets the project's specific needs
- Make enough copies of Participant Handout 2: Healthy Timing and Spacing of Pregnancies (included at the end of this session plan). Locally available materials on modern contraceptive methods should also be shared, if possible¹²

Total session time: 90 minutes

5-1: Introduction to the Session (5 min.)

5-2: Overview of HTSP (10 min.)

5-3: Contraceptive Values (30 min.)

5-4: Modern Contraceptive Methods (45 min.)

¹² The facilitator should provide information on HTSP and modern contraceptive methods as per local MOH guidelines. Some key messages of HTSP have been included in this session/handout and can be adapted as needed.

ACTIVITY 5-1: INTRODUCTION TO THE SESSION

Time: 5 minutes

Methodology/Purpose: Facilitator presentation to introduce session

Guidance for the facilitator

1. Introduce the session and address the following points:
 - Taking time before and between having children has many benefits for the health of the mother and baby, and for the overall wellbeing of the family.
 - Today, we'll spend some time learning more about this and about the different modern contraceptive methods available for couples to use.
 - We'll also explore some of our beliefs about using contraception, which may be preventing us from doing something that could actually help us achieve our goals as individuals, couples, and families.

ACTIVITY 5-2: HTSP

Time: 10 minutes

Methodology/Purpose: Facilitator presentation to provide overview of HTSP

Guidance for the facilitator

1. Pass out Participant Handout 2: Healthy Timing and Spacing of Pregnancies.
2. Review the handout to reinforce key HTSP messages and answer any questions they may have.

ACTIVITY 5-3: CONTRACEPTIVE VALUES¹³

Time: 30 minutes

Methodology/Purpose: Activity to review attitudes and beliefs about contraceptives and contraceptive use

Guidance for the facilitator

1. Ask the participants to sit in a circle. Give each participant one card that has a tick (✓) and one that has a cross (✗).
2. Read the first statement from the statements below aloud. Give participants a few seconds to think about whether they agree or disagree with this statement (repeat the statement, if necessary). Once everyone has had time to make a decision, say “1, 2, 3.” When you say “3,” all the participants should hold up a card. If they agree with the statement, they should use the tick (✓) card. If they disagree, they should use the cross (✗) card.

3. Ask for 2 or more volunteers (preferably one “agree” and one “disagree”) to explain why they chose their answer. Discuss the distribution of answers—did most people agree or disagree? Do the participants think that this reflects the range of opinions within their community?
4. Repeat Steps 3–5 with the next statement. Continue with each of the statements below.

List of statements

- It is acceptable for a young woman to use contraception before she has had her first child.
- Men alone should make the decision about whether or not a couple should use contraception.
- If a married young woman does not have a child in the first 2 years following her marriage, it is acceptable for her husband to leave her or to seek an additional wife.
- Married people should not use contraception until they have completed their family size.
- It is acceptable for a health worker to provide reproductive health advice and care to a married adolescent without her husband’s permission or knowledge.
- Many contraceptive methods cause permanent infertility, even after they are removed or stopped.
- A woman should not use contraception until after she has had a male child.
- It is acceptable for a woman to continue using a contraceptive method when her husband is away working in a different town.

¹³ Adapted from Male Small Group Guide (Pathfinder, 2016).

5. After all of the statements have been read, lead the participants in a discussion using the following questions:
- Are there any statements you found challenging to agree or disagree with? If so, why?
 - How do you think other people in your community might feel about these statements?
 - How do you think your wives/partners might feel about these statements?
 - Have you ever talked to your wives/partners about these topics?

ACTIVITY 5-4: FAMILY PLANNING METHODS OVERVIEW

Time: 45 minutes

Methodology/Purpose: Facilitator presentation on different modern contraceptive methods

Guidance for the facilitator

1. Introduce the activity by saying that there are many family planning (FP) methods that are safe for couples to use if they want to wait before having a child.
2. Pass out locally available materials (if possible) summarizing different methods and review these with the group.
3. Be sure to invite and allow time for questions on each method (e.g., how the method works, side effects). Probe to pull out any misconceptions they may have about different methods.

4. Engage the men in a short discussion using the following questions:
 - Who has to think about contraception? The man or the woman? Why?
 - How should a couple choose a contraceptive method to use?
 - What are some of the reasons couples do not use family planning?
 - Have you ever discussed family planning as a couple before? Why or why not?
 - What are some of the reasons couples do not communicate with each other about family planning?
5. Conclude the session by acknowledging that this is a lot of information, and that they can always ask additional questions at the next meeting or during a home visit.
6. At the end of the session, thank all of the participants and ask if anyone has any questions. As they leave, remind them of the next session date, time, and location.

PARTICIPANT HANDOUT 2: HEALTHY TIMING & SPACING OF PREGNANCIES

Healthy Timing and Spacing of Pregnancies (HTSP)

- An approach to family planning (FP) that helps women—including adolescents and young women—and their families delay/plan/space their pregnancies in order to achieve the healthiest outcome for all involved (i.e., women, newborns, family)
- Based on evidence from scientific research that has identified the healthiest time to become pregnant (between 18–34 years of age and with fewer than 5 children) and the spacing between pregnancies (2 years after a live birth and 6 months after a miscarriage or abortion)

Short birth-to-pregnancy intervals of less than 24 months are associated with increased risks

- Risks for mother: death, spontaneous abortion, preterm births, intrapartum or postpartum hemorrhage, anemia
- Risks for baby: low birth weight, small for gestational age baby, neonatal death

Abortion or miscarriage to next pregnancy interval of less than 6 months is associated with increased risks

- Risks for mother: premature rupture of membranes, anemia
- Risks for baby: preterm birth, low birth weight, small for gestational age

HTSP is appropriate for FP clients at all stages of their reproductive lives, but in this program, we are focusing on...

- Pregnant and postpartum clients
- Clients receiving healthcare for miscarriage or abortion
- Adolescents (under 18 years) and young first-time mothers/parents (under 25 years)

The key HTSP messages for the health of the mother and baby are

- For pregnant or postpartum women/couples who desire a next pregnancy after a live birth, wait at least 24 months before trying to become pregnant again.
- For women/couples who decide to have a child after a miscarriage or abortion, wait at least 6 months before trying to become pregnant again.
- For adolescents, wait until you are at least 18 years of age before trying to become pregnant.
- For all, consider using a family planning method of your choice until you can safely try to become pregnant again, or if you want to avoid a future pregnancy.

SESSION 6: EXPLORING FATHERHOOD

Objectives of the session

- Explore some of the issues that create barriers to being an engaged father
- Reflect on the type of father we want to be

Before the session, the facilitator should..

- Review the session content
- Adapt the session content and schedule so that it meets the project's specific needs

Total session time: 75 minutes

6-1: Introduction to the Session (5 min.)

6-2: Invisible Walls (40 min.)

6-3: What Kind of Father Am I? (30 min.)

ACTIVITY 6-1: INTRODUCTION TO THE SESSION

Time: 5 minutes

Methodology/Purpose: Facilitator presentation to introduce session

Guidance for the facilitator

1. Introduce the session and address the following points:
 - In this session, we will focus on what it means to be a father.
 - We have already touched on this before, and today's activities will help us reflect a bit more on our personal experiences and see if there is more we might want to do as a father.

ACTIVITY 6-2: INVISIBLE WALL¹⁴

Time: 40 minutes

Methodology/Purpose: Case study to reflect on factors that prevent men from acting the way they want to as fathers

Guidance for the facilitator

1. Introduce the activity by noting that sometimes we feel “invisible walls” that prevent us from doing something we may want to. Although we cannot see the invisible walls, they do exist and can be felt. Maybe you have felt an invisible wall before.

¹⁴ Adapted from Real Fathers Initiative Mentor Training Curriculum (Save the Children, 2013).

2. Tell the group that you will now read them an example of an invisible wall:

Peter is sitting out in the family compound talking with his friends. He sees his wife trying to make dinner while his 1-year-old son is crying. His wife continues to cook so she can get dinner ready in time for everyone to eat. Peter wonders why the baby keeps crying. Maybe he is hungry? Maybe his diaper is wet? Maybe he is hot on his mother's back? Peter wonders if his wife will be able to finish preparing dinner and take care of their son at the same time. He wants to go over and take his son to see what is wrong, but then he feels an "invisible wall" that stops this action. He wonders what his friends would say if he took his son. So, Peter decides to do nothing.

3. Use the following questions to lead a discussion about Peter's invisible wall:

- What do you think about the situation that Peter experienced?
- Do you think Peter was right to wonder about his son and wife?
- What do you think about Peter's decision to do nothing?
- Has anyone ever felt this way?
- What makes us feel this way?
- What can we do to change these feelings?

ACTIVITY 6-3: WHAT KIND OF FATHER AM I?¹⁵

Time: 30 minutes

Methodology/Purpose: Conversations to reflect on characteristics of a father

Guidance for the facilitator

1. Introduce the activity by noting that we will again challenge ourselves—this time, to examine how we are as fathers. As with the conversations we had before about being a partner/husband, the goal is not for us to feel bad about the way we have behaved in the past, but to be able to think about our own behaviors, why we act the way we do, and how we may be able to do things a bit better as fathers.
2. Begin the activity by asking the group first to think back on their own father or other father figures in their early lives. Ask for volunteers to share a memory of how their fathers treated them nicely.
3. Ask these follow-up questions:
 - What is unique about these memories?
 - Are these memories the way your father or father figure ALWAYS acted?
 - If not, how would you describe the way your father typically treated you/your siblings?
4. Move on to the next part of the activity by telling the group that we will have smaller conversations where we can share our experiences as fathers. Give the following instructions:

¹⁵ Adapted from Real Fathers Initiative Mentor Training Curriculum (Save the Children, 2013).

Please pair up with the person next to you. As I read through the statements, you can both decide if you agree or disagree with the statement. You will have a minute or 2 with each statement to discuss in pairs. If there is something too personal, you can choose not to share it.

As a father, I...

- Listen to my child's point of view and opinion
- Am clearly in charge
- Expect my child to follow the rules I set down
- Demand respect from my child
- Show respect to my child
- Often tell my child what I think and feel
- Am willing to change my ideas about raising children
- Show love to my child
- Like being in control
- Enjoy spending quality time with my child
- Am caring and giving to my child
- Can have fun and laugh with my child
- Help my child learn how to do things

5. Call the group back together. Say that it isn't necessary to share the personal stories or reflections that they talked about in pairs. But invite anyone who wants to speak to do so—especially if there is something

new that they would like to do as a father. Remind them that this exercise was not to judge or feel bad, but to think about their own views and behaviors as a father.

6. At the end of the session, thank all of the participants and ask if anyone has any questions. As they leave, remind them of the next session date, time, and location.



SESSION 7: EXPLORING PARENTING

Objectives of the session

- Understand stages of development in young children
- Explore positive parenting skills that support child development
- Explore issues related to parenting a young child, including managing frustrations

Before the session, the facilitator should...

- Review the session content
- Adapt the session content and schedule so that it meets the project's specific needs
- Make enough copies of Participant Handout 3: Stages of Child Development, Participant Handout 4: Positive Parenting Skills, and Participant Handout 5: Fathers Can Play an Important Role in Breastfeeding(handouts are included at the end of the session)

Total session time: 75 minutes

7-1: Introduction to the Session (5 min.)

7-2: Positive Parenting (30 min.)

7-3: Managing Frustrations (25 min.)

7-4: Concluding Reflections (15 min.)

ACTIVITY 7-1: INTRODUCTION TO THE SESSION

Time: 5 minutes

Methodology/Purpose: Facilitator presentation to introduce session

Guidance for the facilitator

1. Introduce the session and address the following points:
 - Parenting a small child is both a joy and a challenge. It can help to know more about how a child develops and behaves over the first few years, so that we can be better parents.
 - There are also specific things we can do as fathers and parents to help small children develop well—even when they are too young to talk or understand everything that you are saying.
 - As parents, we also can be frustrated by our children. Again, understanding more about child development can help us overcome these frustrations and be positive parents.

ACTIVITY 7-2: POSITIVE PARENTING¹⁶

Time: 30 minutes

Methodology/Purpose: Small group work to understand the stages of child development and how parents/fathers can support their children as they grow

Guidance for the facilitator

1. Explain to the participants that the activity will help them reflect on the needs of children from birth until age 5, and the ways that they as parents can meet those needs.
 2. Explain to the group that as children grow, they develop both physically and mentally, and that children have different needs at different stages of their development. Tell the group that you are going to give them a piece of paper that outlines the different stages of a child's development from age 0 through 5 years.
 3. Pass out Participant Handout 3: Stages of Child Development to participants.
 4. Tell the participants that they are going to break into small groups and each group should look over the different stages of child development and think about what they, as fathers, can do to meet the different needs of children.
 5. Break the participants into 3–4 groups (3–5 people per group) and give them 15 minutes to discuss in their small groups.
 6. After 15 minutes, ask the participants to join the circle. Ask them to share some of the ways they believe parents can help support the needs of children as listed on the Stages of Child Development handout.
7. After the participants have discussed their ideas, you can share any of the ideas below that have not yet been discussed:
- Parents can support the development needs of their children in the following ways:
- **PROVIDE INTERACTION:** Spend time looking at your children, respond to your child's glances, and answer their questions.
 - **GIVE AFFECTION:** Hold your child and give them hugs to keep them happy and calm.
 - **PROVIDE STABLE RELATIONSHIPS:** Let your child know that you are always there for them and come when they call you.
 - **PROVIDE SAFETY AND A HEALTHY ENVIRONMENT:** Protect your child by keeping his or her environment safe from danger.
 - **BUILD YOUR CHILD'S SELF-ESTEEM:** Encourage your child when he or she tries new things, applaud and support him or her.
 - **COMMUNICATE WITH YOUR CHILD:** Talk to your child—even if you think he or she doesn't understand.
 - **PLAY WITH YOUR CHILD:** Children learn a lot by playing and also by singing, dancing, or listening to music. They also enjoy listening to you tell them stories—it helps them learn about the world.

¹⁶ Adapted from MenCare+ Rwanda Facilitator Manual (Promundo, 2014).

8. After you have shared the information above, lead a discussion using the questions below:

- In which of the needs on the sheet are fathers more involved? In which of the needs are mothers more involved? Why?
- In which of the needs are fathers less involved? In which of the needs are mothers less involved? Why?
- Who is responsible for making sure that children’s needs are satisfied? (For example, parents, school, community, government)
- What is the role of the family in making sure a child’s needs are satisfied? The community’s role?
- Did you learn something new in this activity?

9. Pass out Participant Handout 4: Positive Parenting Skills and Participant and Participant Handout 5: Fathers Can Play an Important Role in Breast-feeding for men to keep as a resource.

10. Conclude by restating the following:

Children grow and develop quickly in the first few years of life. It is important for parents to understand the different needs of children at different ages and to have realistic expectations of how their children should act and behave.

ACTIVITY 7-3: MANAGING FRUSTRATIONS¹⁷

Time: 25 minutes

Methodology/Purpose: Roleplay to explore how to understand and deal with frustrations

Guidance for the facilitator

- 1.** Explain to the group that parenting can be especially difficult in the early years because young children cannot say what they want—often they do not even know what they want. This can be frustrating for parents, especially when a child is too young to understand what you are saying or asking.
- 2.** Ask for 3 volunteers from the group. Ask one person to play the role of the father, another to play the mother, and the third to play the role of a young child (1 year old). Explain that they should imagine a scene where the parents are each busy doing something in the home/garden and the young child keeps crying. They should act out a scene where one parent gets frustrated—what does he or she do? What does the other parent do? They should imagine a realistic scene that happens in the community.
- 3.** Give the volunteers a few minutes to plan the roleplay and then act it out in front of the group.
- 4.** After the roleplay, ask the group, “Was this scene realistic? Are there other ways that parents might respond?” Allow everyone to share their ideas.

¹⁷ Adapted from Facilitator Manual: Engaging Men as Fathers in Gender Equality, Maternal and Child Health, Caregiving and Violence Prevention (Promundo, 2014).

5. Next, ask the group:
 - What does the way that the parent reacted communicate to the child?
 - How does the mother react?
 - How does the father react?
 - What other things have you seen when parents get frustrated about with a young child?
6. Explain to the group that it is important to communicate with our children—especially as they get a bit older—to let them know what you expect from them and to teach them how they can live up to these expectations. Hitting or yelling at a child can make them stop doing something you perceive as bad, but it does not teach them why it was wrong or how they should behave differently.
7. Tell the group that it is important to think about how you want to discipline your children so that you do not react emotionally. Tell them that you are going to share a few questions that will help them understand their frustrations and guide them to react in healthier ways.
 - Is the child doing something truly wrong? Is there a real problem or have you run out of patience?
 - If nothing was truly wrong, there is no problem.
 - Is your child really capable of doing what you expect?
 - Sometimes our expectations of our children are not fair or realistic for someone of their age.

- Did your child know at the time that he or she was doing something wrong? Sometimes our children don't know that what they did was wrong—then it's up to us to help them to understand. If your child knew that what he or she did was wrong and did it anyway, then your child has misbehaved.

ACTIVITY 7-4: FINAL REFLECTIONS

Time: 15 minutes

Methodology/Purpose: Discussion to share final reflections on having been part of these small group sessions

Guidance for the facilitator

1. Explain that in this is the end of the small group sessions. For this final activity, the participants are going to reflect on what they have learned during the sessions and how they can use the information they have learned to be better fathers and partners.
2. Ask participants to form a circle and ask each of them to complete the following phrases: “My favorite moment of this group was...!”
3. After each man has shared his favorite moment, invite group members to share how they may want to be a more involved father or a more supportive partner going forward.
4. Note that although this is the last session, as a facilitator, you will continue to be available to them and their partners as needed.

PARTICIPANT HANDOUT 3: STAGES OF CHILD DEVELOPMENT¹⁸

CHILD'S AGE	CHILD'S STAGE OF DEVELOPMENT	HOW THE CHILD BEHAVES
0-6 months	<ul style="list-style-type: none"> • A child is easily frightened and needs to feel safe and protected. • A child cannot understand rules or explanations yet. • A child needs unconditional love and affection. 	<ul style="list-style-type: none"> • A child will cry when he/she needs you to know something. They do not yet know any words. • Crying a lot is normal. Sometimes a child does not even know why he/she is crying. • A child loves to put things in their mouth. It is the way he/she explores the world.
6-12 months	<ul style="list-style-type: none"> • A child begins to speak sounds like “ba” or “ma.” • A child needs to know that you are close by. This is how he/she learns to trust in you. • A child is beginning to get teeth. This causes a lot of pain, so a child may cry a lot. 	<ul style="list-style-type: none"> • A child likes it when you speak sounds back to him/her. It encourages them to communicate with you. • A child will cry less and smile more. • Sometimes a child will cry at the same time every day. This is how the child’s brain is “organizing” itself.
1-2 years	<ul style="list-style-type: none"> • A child is now an explorer! He/she will begin to talk and walk. • A child likes his/her independence, but needs to be able to explore in a safe environment. • A child does not understand that you are trying to keep him/her safe when you tell them not to do something. 	<ul style="list-style-type: none"> • A child wants to touch and see everything. A child learns the word “no” and understands that it is a way you tell him/her how you feel. • A child has tantrums because his/her frustration builds and he/she cannot communicate in words how they feel.
2-3 years	<ul style="list-style-type: none"> • A child is beginning to understand his/her own feelings. • Suddenly a child may become afraid of things, like the dark. This is because he/she now understands danger. • A child may suddenly become shy around people he/she does not know. This shows that the child understands the difference between people he/she knows and strangers. 	<ul style="list-style-type: none"> • If you have to leave the room, a child may cry because he/she does not know if you will come back. • If you ask a child to say “hello” to someone that he/she does not know, the child may refuse because he/she does not know that this person is trying to be friendly.
3-5 years	<ul style="list-style-type: none"> • A child wants to learn everything! This might cause him/her to get into danger, so it is important to give him/her rules. • Playing is an essential part of how a child’s brain develops. It is how a child learns to see other people’s point of view and develop empathy. 	<ul style="list-style-type: none"> • A child will ask a lot of questions. One of their favorite words will be “why?” • A child loves to play imaginary games. • A child wants to help you do your daily tasks so he/she can learn important life skills.

PARTICIPANT HANDOUT 4: POSITIVE PARENTING SKILLS¹⁹

All children, even those under age 1 year, benefit from active engagement with their parents.

Parents can support the development needs of their children in the following ways:

- **PROVIDE INTERACTION:** Spend time looking at your children, respond to your child's glances, and answer their questions.
- **GIVE AFFECTION:** Hold your child and give them hugs to keep them happy and calm.
- **PROVIDE STABLE RELATIONSHIPS:** Let your child know that you are always there for them and come when they call you.
- **PROVIDE SAFETY AND A HEALTHY ENVIRONMENT:** Protect your child by keeping his or her environment safe from danger.
- **BUILD YOUR CHILD'S SELF-ESTEEM:** Encourage your child when he or she tries new things, applaud and support him or her.
- **COMMUNICATE WITH YOUR CHILD:** Talk to your child—even if you think he or she doesn't understand.
- **PLAY WITH YOUR CHILD:** Children learn a lot by playing and also by singing, dancing, or listening to music. They also enjoy listening to you tell them stories—it helps them learn about the world.

It can be challenging raising and caring for a young child. If frustrations arise, it is worth parents taking time to reflect on the situation before taking any action.

- Is the child doing something truly wrong? Is there a real problem or have you run out of patience? If nothing was truly wrong, there is no problem.
- Is your child really capable of doing what you expect? Sometimes our expectations of our children are not fair or realistic for someone of their age.
- Did your child know at the time that he or she was doing something wrong? Sometimes our children don't know that what they did was wrong—then it's up to us to help them to understand. If your child knew that what he or she did was wrong and did it anyway, then your child has misbehaved.

PARTICIPANT HANDOUT 5: FATHERS CAN PLAY AN IMPORTANT ROLE IN BREASTFEEDING²⁰

Breastmilk is healthiest for babies!

A mother's early milk, called colostrum, is suckled by the newborn within the first hours after birth. Colostrum's special role is to help your newborn stay healthy. It is filled with important vitamins, minerals, proteins, and helps to prevent infections.

- Exclusive breastfeeding will provide all the food a baby needs for the first 6 months. If possible, do not give your baby water or formula in the first 6 months.
- Feeding the baby anything other than breastmilk interferes with a mother's ability to produce enough milk.
- Breastmilk is easier to digest than formula. Breastfed babies have less diarrhea, constipation, and colic than babies who are not breastfed.
- Breastmilk contains antibodies to fight infections.
- Babies who are breastfed may have less risk of becoming obese, having diabetes, and developing other diseases.
- Breastfed babies have a lower risk of asthma, allergies, and certain cancers.
- Breastmilk contains special ingredients to promote brain growth.

What can a father do?

Supporting the health of your family is a great responsibility, and it is important to support your family in making healthy choices. This is why you,

the father, should encourage your partner to breastfeed, starting with the colostrum, and then to breastfeed exclusively for six months. There are many other ways you can help your partner care for your baby, including the following:

- Decide to exclusively breastfeed your baby. This is the healthiest choice for your baby for their first 6 months. Supporting the mother in this decision is a critical role for fathers.
- Help with the housework and cooking, and limit the number of visitors. New mothers need plenty of rest!
- You can bond with the baby too! Bathe, change, and dress your baby. Sing and talk to your baby. Babies love skin-to-skin contact with their fathers! Make some time in the day just for you and your baby—babies need cuddling and hugs from their fathers too.
- Take the baby to the mother when he/she is ready to feed. If you see the baby searching for mother's breast, sucking his/her fist, or making sucking noises, take him/her to mother for a feeding. The baby will need to feed often (every 1 to 3 hours) and will wake up to feed. Look at your baby's tiny fist and remember that it is about the same size as his/her stomach!
- Let your partner know how good a job she is doing breastfeeding! Breastfeeding is a loving commitment. It takes time for a mother to learn how to breastfeed. If your partner is uncomfortable or experiences pain while breastfeeding, it may be because the baby is not latching on correctly or because the breast is engorged with milk. Many new mothers need help in the beginning.

ANNEX 1: RESOURCES USED TO DEVELOP FTP MALE PARTNER SESSION ACTIVITIES

To develop session guides for the small group intervention with the husbands/partners of FTMs, E2A largely drew from three existing curricula designed and validated by other projects and organizations:

- *Engaging Men as Fathers in Gender Equality, Maternal and Child Health, Caregiving and Violence Prevention, Facilitator Manual* (Promundo, 2014) [denoted by “Prom.” in the table below]
- *Reaching Married Adolescent in Niger: Male Small Group Guide* (Pathfinder, 2014) [denoted by “Path.” in the table below]
- *Real Fathers Initiative Mentor Training Curriculum: Using Mentors to Increase Positive Fatherhood Practices and Non-violent Couple Communication with Newly Married Young Men* (Save the Children, 2013). [denoted by “STC” in the table below]

The table below specifies the resource used/adapted by E2A for each activity included in the session guides. Materials in the E2A column were original content developed by E2A.

SESSION/ACTIVITY	E2A	PATH.	PROM.	STC
SESSION 1: INTRODUCING GROUP SESSIONS FOR MALE PARTNERS				
Activity 1-1: Introduction to the Male Small Group Activity	X			
Activity 1-2: Ice Breaker to Introduce Group Members	X			
Activity 1-3: Group Expectations	X			
Activity 1-4: Group Ground Rules and Meeting Plan	X			
SESSION 2: UNDERSTANDING SAFE PREGNANCY AND BIRTH				
Activity 2-1: Introduction	X			
Activity 2-2: Overview of ANC and Safe Delivery*	X			
Activity 2-3: Going for Early ANC*	X			
Activity 2-4: Male and Female Roles		X		
SESSION 3: EXPLORING GENDER				
Activity 3-1: Introduction	X			
Activity 3-2: Behave Like a Man/Woman				X
Activity 3-3: Gender Values			X	

ANNEX 1: RESOURCES USED TO DEVELOP FTP MALE PARTNER SESSION ACTIVITIES, CONT'D

SESSION/ACTIVITY	E2A	PATH.	PROM.	STC
SESSION 4: EXPLORING RELATIONSHIPS				
Activity 4-1: Introduction	X			
Activity 4-2: Who Does the Care Work?			X	
Activity 4-3: One Story, Two Perspectives				X
Activity 4-4: What Kind of Partner Am I?				X
SESSION 5: UNDERSTANDING FAMILY PLANNING				
Activity 5-1: Introduction	X			
Activity 5-2: Overview of HTSP*	X			
Activity 5-3: Contraceptive Values		X		
Activity 5-4: Family Planning Methods Overview*	X			
SESSION 6: EXPLORING FATHERHOOD				
Activity 6-1: Introduction	X			
Activity 6-2: Invisible Walls				X
Activity 6-3: What Kind of Father Am I?				X
SESSION 7: EXPLORING PARENTING				
Activity 7-1: Introduction	X			
Activity 7-2: Positive Parenting			X	
Activity 7-3: Managing Frustrations			X	
Activity 7-4: Final Reflections	X			

*These activities largely involve basic health information, which can be delivered as per local MOH guidelines and materials.

ANNEX 2: ILLUSTRATIVE TRAINING SCHEDULE FOR FTP MALE PARTNER INTERVENTION¹

DAY 1	
TIME	SESSION & ACTIVITIES
9:00–9:20	Welcome and introductions
9:20–10:00	Overview of training plan and sessions
TRAINER NOTE	For demonstration sessions, the trainers will be modelling ideal facilitation skills in conducting activities and pulling out key messages from the group. In demonstrating these activities, trainers should work with a sub-set of trainees to keep things relatively short. Other trainees should observe and then participate in the session wrap-up. Rotate trainees so that all have the chance to facilitate at least one activity per each session (if possible).
10:00–11:00	<p>Demonstrate Session 1—conduct and process the following activities (NOTE: when demonstrating, work with 10 trainees per activity and have the others observe to save time)</p> <ul style="list-style-type: none"> • Activity 1-1: Introduction (10) • Activity 1-3: Ice Breaker Introductions (20) • Activity 1-5: Male and Female Roles (20) • Key facilitation skills and messages (10)
11:00–11:15	Break
11:15–12:30	<p>Demonstrate Session 2—conduct and process the following activities</p> <ul style="list-style-type: none"> • Activity 2-1: Introduction (5) • Activity 2-2: Behave Like a Man/Woman (40) • Activity 2-3: Gender Values (20) • Key facilitation skills and messages (10)

¹ Some sessions and activities noted in the schedule (developed for Nigeria project) do not match the guides presented in this document. However, this schedule illustrates how trainings can be structured to build capacity of facilitators.

ANNEX 2: ILLUSTRATIVE TRAINING SCHEDULE FOR FTP MALE PARTNER INTERVENTION, CONT'D

DAY 1	
TIME	SESSION & ACTIVITIES
12:30–1:30	Demonstrate Session 3—conduct and process the following activities <ul style="list-style-type: none"> • Activity 3-1: Introduction (5) • Activity 3-2: Who Does the Care Work? (15) • Activity 3-3: One Story, Two Perspectives (30) • Key facilitation skills and messages (10)
1:30–2:30	Lunch
2:30–3:15	Demonstrate Session 4—conduct and process the following activities <ul style="list-style-type: none"> • Activity 4-1: Introduction (5) • Activity 4-3: Contraceptive Values (30) • Key facilitation skills and messages (10)
3:15–3:50	Demonstrate Session 5—conduct and process the following activities <ul style="list-style-type: none"> • Activity 5-1: Introduction (5) • Activity 5-2: Invisible Walls (30)
3:50–4:05	Break
4:05–4:45	Continue to demonstrate Session 5—conduct and process the following activities <ul style="list-style-type: none"> • Activity 5-3: What Kind of Father am I? (30) • Key facilitation skills and messages (10)
4:45–5:00	Daily wrap-up

ANNEX 2: ILLUSTRATIVE TRAINING SCHEDULE FOR FTP MALE PARTNER INTERVENTION, CONT'D

DAY 2	
TIME	SESSION & ACTIVITIES
9:00–9:15	Welcome and summary of the previous day, overview of 2nd day
9:15–10:25	Demonstrate Session 6—conduct and process the following activities <ul style="list-style-type: none"> • Activity 6-1: Introduction (5) • Activity 6-2: Positive Parenting (30) • Activity 6-3: Managing Frustrations (20) • Activity 6-4: Concluding Reflections (15) • Key facilitation skills and messages (10)
10:25–11:00	Comments and questions on session activities
11:00–11:15	Break
TRAINER NOTE	Practicum Session 1: divide trainees into 2 or 3 groups and give them time to go through all activities within the session. Have them rotate roles in their group, so that all have the chance to lead the activity. Trainers should pick a group, observe activities, and provide feedback throughout. Trainers should ideally rotate between groups for different sessions. After a session practicum has concluded, call the group together to share key observations and suggestions, and to address questions.
11:15–12:30	Session 1 Practicum <ul style="list-style-type: none"> • Groups practice and demonstrate activities (60) • Key observations and feedback with full group (15)
12:30–1:00	Session 2 Practicum <ul style="list-style-type: none"> • Groups practice and demonstrate activities (30)
1:00–2:00	Lunch

ANNEX 2: ILLUSTRATIVE TRAINING SCHEDULE FOR FTP MALE PARTNER INTERVENTION, CONT'D

DAY 2	
TIME	SESSION & ACTIVITIES
2:00–3:00	Continue Session 2 Practicum <ul style="list-style-type: none"> • Groups practice and demonstrate activities (45, total of 75 minutes) • Key observations and feedback with full group (15)
3:00–3:30	Session 3 Practicum <ul style="list-style-type: none"> • Groups practice and demonstrate activities (30)
3:30–3:45	Break
3:45–4:30	Continue Session 3 Practicum <ul style="list-style-type: none"> • Groups practice and demonstrate activities (30, total of 60 minutes) • Key observations and feedback with full group (15)
4:30–5:00	Daily wrap-up
DAY 3	
TIME	SESSION & ACTIVITIES
9:00–9:15	Welcome and summary of the previous day, overview of 3rd day
9:15–10:15	Session 4 Practicum <ul style="list-style-type: none"> • Groups practice and demonstrate activities (45, NOTE: not intended to practice activities on HTSP or contraceptive methods) • Key observations and feedback with full group (15)
10:15–11:00	Session 5 Practicum <ul style="list-style-type: none"> • Groups practice and demonstrate activities (45)
11:00–11:15	Break

ANNEX 2: ILLUSTRATIVE TRAINING SCHEDULE FOR FTP MALE PARTNER INTERVENTION, CONT'D

DAY 3	
TIME	SESSION & ACTIVITIES
11:30–12:15	Continue Session 5 Practicum <ul style="list-style-type: none"> • Groups practice and demonstrate activities (30, total of 75 minutes) • Key observations and feedback with full group (15)
12:15–1:00	Session 6 Practicum <ul style="list-style-type: none"> • Groups practice and demonstrate activities (45)
1:00–2:00	Lunch
2:00–2:50	Continue Session 5 Practicum <ul style="list-style-type: none"> • Groups practice and demonstrate activities (35, total of 80 minutes) • Key observations and feedback with full group (15)
2:50–3:15	Final questions and observations about facilitating session
3:15–3:30	Break
3:30–4:15	Monitoring process/reports for male partner groups
4:15–4:45	Next steps <ul style="list-style-type: none"> • Finalizing membership and first session dates/times • Coordinating with baseline teams
4:45–5:15	Wrap-up and conclusion

ANNEX 3: GUIDE FOR 3-DAY TRAINING ON FTP MALE PARTNER SMALL GROUP INTERVENTION²²

During Day 1 of the training of community resource persons on the male partner intervention, trainers should walk trainees through the different activities included in each session to highlight:

1. Flow of activities and how each activity builds on previous discussions
2. Key messages that should emerge from each activity/session
3. Strong facilitation skills to encourage active participation from all group members

Time may not allow the trainers to conduct all activities. However, the following activities should be included in the training to demonstrate how these should be conducted. For these activities, the main skillset to convey is that of processing activities to pull out key messages. This is also an opportunity to demonstrate basic facilitation skills, using questions and encouragement to solicit responses from group members.

A. Session 1: Introduction

- Activity 1-1: Introduction – to demonstrate how to introduce the overall male partner intervention and Session 1, including how to talk about baselines.
- Activity 1-3: Ice Breaker Introductions – to demonstrate using introductions as a simple way for each group member to share a

²² Some sessions and activities noted in the training guidance (developed for Nigeria project) do not match the guides presented in this document. However, this guidance corresponds to the schedule in Annex B and provides additional information on how to structure trainings.

personal aspect of being a father and begin the dialogue on fatherhood.

- Activity 1-5: Male and Female Roles – to demonstrate how to use a simple activity to begin exploring gender roles.

B. Session 2: Exploring Gender

- Activity 2-1: Introduction – to demonstrate how to introduce the topic of ‘gender,’ building from Activity 1-5 to continue to explore how external and internal expectations influence how we think and behave.
- Activity 2-2: Behave Like a Man/Woman – to demonstrate how to conduct and facilitate a brainstorming/discussion on social expectations of how men and women should behave.
- Activity 2-3: Gender Values – to demonstrate an activity that asks group members to reflect on their values related to men, women, and how men and women interact. (It is important for facilitators to also reflect on their own opinions, so this is important to include in the training.)

C. Session 3: Exploring Relationships

- Activity 3-1: Introduction – to demonstrate how to introduce the session’s focus on men as partners, to reflect on how social expectations, gender roles, and their own beliefs affect how men behave with their wives/partners.
- Activity 3-2: Who Does the Care Work? – to demonstrate how a simple roleplay can highlight the challenge of meeting all the caregiver roles typically assigned to women.

- Activity 3-3: One Story, Two Perspectives – to demonstrate how to use a pre-written story as a way to analyze how men and women interact and interpret a typical situation that arises.
- Activity 3-4: What Kind of Partner Am I? – to demonstrate how to conduct an activity that allows men to reflect on what types of partners they currently are and may want to be. (If time is limited, this could be dropped from the training, as a similar activity in Session 5 on Fatherhood will be included.)

D. Session 4: Understanding FP

- Activity 4-3: Contraceptive Values – to demonstrate an activity that asks group members to reflect on their values related contraceptive decision making and use. (It is important for facilitators to also reflect on their own opinions, so this is important to include in the training.)

E. Session 5: Exploring Fatherhood

- Activity 5-1: Introduction – to demonstrate how to introduce the session's focus on men as fathers, to reflect on how social expectations, gender roles, and their own beliefs affect how men behave with their children.
- Activity 5-2: Invisible Walls – to demonstrate how to use a story to explore some of the invisible barriers that prevent men from being the type of father and partner they want to be.
- Activity 5-3: What Kind of Father Am I? – to demonstrate how to conduct an activity that allows men to reflect on what types of fathers they currently are and may want to be.

F. Session 6: Exploring Parenting

- Activity 6-1: Introduction – to demonstrate how to introduce the session's focus on understanding child development and tools tool for positive parenting.
- Activity 6-2: Positive Parenting – to demonstrate how to build group understanding of child development and what they can do to support their child's growth.
- Activity 6-3: Managing Frustrations – to demonstrate how a simple roleplay can help highlight how to manage the daily frustrations of being a parent.
- Activity 6-4: Concluding Reflections – to demonstrate how to gather final reflections from group members on what they have learned and hope to take forward from these sessions.

G. Handouts:

- Participant Handout 1: Group Meeting Schedule
- Participant Handout 2: Healthy Timing and Spacing of Pregnancies
- Participant Handout 3: Stages of Child Development
- Participant Handout 4: Positive Parenting Skills
- Participant Handout 5: Fathers Can Play an Important Role in Breastfeeding

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 4: 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 PHE²³

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.

²³ Knee-to-Knee exercise was adapted from the CoupleConnect curriculum.

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.

- **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 PLANNING²⁴

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.

²⁴ Knee-to-Knee exercise was adapted from the CoupleConnect curriculum.

- A birth preparedness and complications readiness plan should contain the following key elements:²⁵
 - 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.

²⁴ For more information about birth preparedness plans, visit, https://www.who.int/reproductivehealth/publications/maternal_perinatal_health/emergency_preparedness_antenatal_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 5: 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)