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# Small Group Facilitation for Young First-Time Mothers in Akwa Ibom, Nigeria

A Supplemental Training Module for  
**FACILITATORS**



## Acknowledgments

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# Acronyms and Abbreviations

AKS	Akwa Ibom State
ANC	Ante-Natal Clinic
AYSRH	Adolescent and Youth Sexual and Reproductive Health
CBA2i	Community-Based Access to injectables & implants
CBA2i in Nigeria	“Implementation of injectable contraceptives (CBA2I) at the community level in support of national policy in Nigeria” activity
CBNC	Community-based newborn care
CBO	Community-based organization
CPAC	Comprehensive Post Abortion Care
CBD	Community Based Distributors
CHEW	Community Health Extension Workers
DHS	Demographic and Health Survey
E2A	Evidence to Action for Strengthened Family Planning and Reproductive Health Services for Women and Girls
FP	Family Planning
FP/RH	Family Planning/Reproductive Health
FTP	First Time Parents
GREAT	Gender Roles, Equality, and Transformation project
HCT	HIV Counselling and Testing
HF	Health Facility
HIV	Human Immuno-deficiency Virus
HTSP	Health Timing and Spacing Pregnancy
IFTPf	Integrated First-Time Parents framework
IUCD	Intra-Uterine Contraceptive Device
LARCS	Long-Acting and Reversible Contraceptives
M&E	Monitoring and Evaluation
NPSP+	Nigeria Private Sector PMTCT Plus Project
PHCs	Primary Health Centres
PMTCT	Prevention of Mother-to-Child Transmission
PNC	Post-Natal Care
SMOH	State Ministry of Health
TBAs	Traditional Birth Attendants
SRH	Sexual and Reproductive Health
USAID	United States Agency for International Development
WDC	Ward Development Committee
WRA	Women of Reproductive Age

# Notes for Organizers and Trainers

## Background on Adolescent and Youth Sexual and Reproductive Health and First-Time Mothers in Nigeria

Nigeria is the most populous country in sub-Saharan Africa. The majority of Nigerians are below the age of 25 years, with 22 per cent of the country's population between the ages of 10-19 years. At 576 maternal deaths per 100,000 live births, Nigeria accounts for roughly 14 per cent of the global burden of maternal mortality.<sup>1</sup> Globally, adolescent pregnancy is associated with higher morbidity and mortality for both the mother and the child. These international findings have been confirmed by studies conducted in Nigeria.<sup>2</sup> In addition, childbearing during adolescence frequently has adverse social consequences for young mothers, particularly regarding educational attainment, as well as social exclusion. Across Nigeria, 23 per cent of adolescent girls aged 15 – 19 have begun childbearing. In Akwa Ibom, 17.9 per cent of adolescent girls have started childbearing.<sup>3</sup> Data show that the average age at sexual debut among adolescent mothers in Nigeria is 15 years of age.<sup>4</sup> Contraceptive prevalence rates among adolescents and young women in Nigeria remains low. Only 1.2 per cent of married adolescent girls (15 – 19) and 6.2 per cent of married young women (20 – 24) currently use a modern method of contraception – much lower than the contraceptive prevalence among older married women. For unmarried sexually active adolescents (15 – 19) and young women (20 – 24), 49.7 per cent and 63.5 per cent, respectively, currently use a modern method of contraception.<sup>5</sup> Unmet need for contraceptive among adolescents and young women (15 -24 yrs.) is also important to note – 19.8 per cent of married young women and 33.2 per cent of sexually active unmarried young women in Nigeria have an unmet need for contraception. <sup>6</sup>

In addition, Nigeria's population is highly affected by HIV, with an estimated 3.4 million people living with HIV.<sup>7</sup> The HIV prevalence rate of 6.5% in Akwa Ibom far exceeds the national prevalence rate of 3.5%.<sup>8</sup> Socio-demographic differences in the HIV prevalence are observable across Nigeria with women, youths, and people with low level of formal education being worst affected by the epidemic. NARHS plus 2012 showed an increase from 1.7% in 2007 to 2.9% in 2012 in the 15-19 years age group while the prevalence for the age category (20-24) for both years remain the same with a value

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<sup>1</sup> NPC (National Population Commission [Nigeria]) and ICF International. 2014. Nigeria Demographic and Health Survey 2013. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF International.

World Bank. Trends in maternal mortality: 1990-2010. Estimates developed by WHO, UNICEF, UNFPA and The World Bank. 2012 <http://data.worldbank.org/indicator/SH.STA.MMRT>. Accessed 25 October, 2015.

<sup>2</sup> Loto O.M, et al. 2004. "Poor Obstetric Performance of Teenagers: is it Age- or Quality of Care-related?" *J Obstet Gynaecol*, 24(4):395-8

<sup>3</sup> NPC (National Population Commission [Nigeria]) and ICF International. 2014. Nigeria Demographic and Health Survey 2013. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF International.

<sup>4</sup> NPC (National Population Commission [Nigeria]) and ICF International. 2014. Nigeria Demographic and Health Survey 2013. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF International.

<sup>5</sup> NPC (National Population Commission [Nigeria]) and ICF International. 2014. Nigeria Demographic and Health Survey 2013. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF International.

<sup>6</sup> NPC (National Population Commission [Nigeria]) and ICF International. 2014. Nigeria Demographic and Health Survey 2013. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF International.

<sup>7</sup> UNAIDS. 2014. HIV and AIDS estimates (2014). <http://www.unaids.org/en/regionscountries/countries/nigeria> Accessed 25 October, 2015.

<sup>8</sup> National Agency for the Control of AIDS (NACA). 2015. Global AIDS Response: Country Progress Report Nigeria GARPR 2015. Abuja: NACA.

of 3.2%.<sup>9</sup> Gender inequality is an important driver for HIV among young people in Nigeria. The HIV prevalence rates among adolescent girls and young women until age 34 are higher than their male counterparts.

Within this context, first-time mothers, defined as young women below the age of 25 with one child or who are pregnant for the first time, face a unique set of challenges to living healthy sexual and reproductive lives. Most of these challenges are different from older women who have multiple children. First-time mothers often lack sufficient and accurate information about their sexual and reproductive health, as well as maternal and child health. They are also less likely to access maternal health care, specifically ante-natal and post-natal care, as well as skilled birth attendance.<sup>10</sup> As noted above, contraceptive prevalence among adolescents and young women remains low in Nigeria. First-time mothers are also less likely to use contraception than those who have three or more children.<sup>11</sup>

The limited use of sexual and reproductive health services among first-time mothers, including contraceptive services, is partly due to the fact that many young women do not have control over decision-making about their sexual and reproductive health. Often key influencers, such as parents, husbands or male partners, in-laws, co-wives, community and family elders and religious leaders drive household decision-making, including those related to sexual and reproductive health (SRH) and contraceptive use. In addition, unmarried first-time mothers often face additional stigma and discrimination, which further prevents them from accessing important sexual and reproductive health information and services. These unequal power dynamics and gender inequalities place young women and girls in Nigeria at particular risk of gender-based violence and HIV, as well as early or closely spaced pregnancies and child-bearing – all of which increase the risk of maternal mortality and morbidity for young women and increase of the risk of infant mortality for their children.<sup>12</sup> Furthermore, first-time mothers – both married and unmarried - can quickly become isolated, with household responsibilities and limitations on their mobility, keeping them at home and away from health information and services and from supportive social networks.

Investing in the human capital of young women, including their health, is important for boosting Nigeria's long-term development prosperity. This requires a focus on adolescent sexual and reproductive health (ASRH), including for first-time mothers.

## Purpose

This training curriculum is designed for young facilitators who will lead small groups of young first-time mothers. The small group facilitators should be young first-time mothers themselves.

The goal of the supplemental training module is two-fold:

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<sup>9</sup> National Agency for the Control of AIDS (NACA). 2015. Global AIDS Response: Country Progress Report Nigeria GARPR 2015. Abuja: NACA.

<sup>10</sup> Suleiman Adamu, H. 2011. Utilization of Maternal Health Care Services in Nigeria: An Analysis of Regional Differences in the Patterns and Determinants of Maternal Health Care Use. Dissertation. April 2011. University of Liverpool, United Kingdom

<sup>11</sup> National Agency for the Control of AIDS (NACA). 2015. Global AIDS Response: Country Progress Report Nigeria GARPR 2015. Abuja: NACA.

<sup>12</sup> Extending Service Delivery Project. Healthy Timing and Spacing 101 Brief (see Handout 4-1). Washington, DC

1. Improve facilitators' capacity to facilitate small group activities and discussions with first-time mothers, including using adapted versions the [GREAT Activity Cards](#).<sup>13</sup> The adapted activity cards can be found in Annex 2.
2. Improve facilitators' knowledge of healthy timing and spacing of pregnancy (HTSP) and contraception, HIV and maternal and child health.

## Intended Audience

This supplemental module is designed to be used with first-time parent small group facilitators who have already been trained in contraception, sexual and reproductive health, and counselling skills. Small group facilitators should be able to read and write. (If not, additional adaptation to the module and the small group implementation will be necessary. For example, a non-literate facilitator could be paired with a literate facilitator.)

The training is designed for 15–20 participants. If there are more than 20 participants, the trainer will need to modify some of the activities.

The women who participate in this training and lead small groups should be peers of the group members. They should have the following profile:

- Be a young mother under the age of 25 yrs.
- Live in the same locality of the other members of the small peer group
- Literate in English
- Demonstrate leadership skills, including strong communication skills
- Available to prepare, conduct and report on small peer group meetings
- Available to participate in up to three review meetings

For the purposes of this training, **first-time parents** refers to any young person aged 10–24 who is pregnant with or has had a child for the first time (parity of 1), regardless of marital status. This training module and the small groups will include only women who are young first-time mothers (not fathers); however, small groups will discuss issues related to partners, who are considered first-time parents regardless of age.

## Overall Learning Objectives

At the end of this 2-day supplemental training, participants will be able to:

1. Describe the specific challenges young first time mothers face in living healthy sexual and reproductive lives.
2. Explain the three main messages of healthy timing and spacing of pregnancies (HTSP).
3. Explain the objectives of the small groups for young first-time mothers, and the logistics of how the small groups will be implemented.
4. Describe their role as small group facilitators.

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<sup>13</sup> The GREAT Activity Cards were developed under the USAID-funded Gender Roles, Equality, and Transformation (GREAT) project by Pathfinder International, the Georgetown University Institute for Reproductive Health, and Save the Children. In 2013, Pathfinder translated the Activity Cards into French for use in West Africa. The most relevant cards for married and/or parenting adolescents are found in Annex 2. The entire toolkit can be downloaded here: <http://www.pathfinder.org/publications-tools/great-scalable-toolkit.html>.



5. Demonstrate effective small group facilitation techniques.
6. Demonstrate capacity to use the GREAT Activity Cards with small groups.

## Components of the Module

This supplemental module includes the Trainer’s Guide (this document), Participant Handouts (see Annex 1 of this document), and a PowerPoint Presentation that can be used if the trainer so desires (available electronically from Pathfinder International).

## Overview of Sessions and Activities

Session and activities	Duration	Supporting resources
Session 1: Introduction to the Supplemental Training Module for Small Group Facilitators	15 minutes	Slide S1-1 Participant Handout 1
Session 2: Exploration of the Needs, Rights, and Challenges of Young Women and First-time Mothers	3 hours 30 minutes	Activity tool 2-1a: Name tags Activity tool 2-1b: Character Statements Participant Handout 2-2 Participant Handout 2-3 Slide S2-3
Session 3: Orientation on Small Groups for Young Women and First-time Mothers	1 hour and 15 minutes	Participant Handout 3-1
Session 4: How to be a Good Small Group Facilitator	2 hours	Participant Handout 4-2a Participant Handout 4-2b
Session 5: How to Use the Activity Cards with your Small Group	4 hours	Selected GREAT Activity Cards
Session 6: Summary and Conclusion	45 minutes	
<b>Total time</b>	<b>11 hours and 15 minutes</b>	

## Adapting this Training

This training was originally developed for working in Burkina Faso and was adapted for the Akwa Ibom context. Local trainers are encouraged to further adapt the training module in order to most accurately reflect the local context. There are several specific places where adaptation may be needed, depending on the context:

**Country/State specific information:** When introducing the training, you can share statistics from your specific country or state. You can draw on the information in the Background section, which shares relevant statistics on early marriage, childbearing, and contraceptive use in Nigeria and Akwa Ibom.

**Case studies and role plays:** You may want to change the names that are used in the case studies and role plays (“Emem” and “Simon” in Session 2, Activity 2-1) and (“Anna” in Session 2, Activity 2-2). Depending on the typical age of marriage in the community you are working in, you

may want to change the ages of these characters. Depending on the religion(s) of your target community, you may also want to change the references to Islam and Muslim religious leaders. Similarly, if polygamy is not common in your target community, you may want to change those details in both of the above activities.

## Information about your project and implementation of small groups:

Sessions 1 and 3 have been developed specifically for the Evidence to Action’s (E2A) “Implementation of injectable contraceptives (CBA2I) at the community level in support of national policy in Nigeria” activity (referred to as the “CBA2i in Nigeria” activity for the rest of this document). If this manual is used for other projects, they will need to be adapted to those projects.

## Illustrative Training Schedule

**This supplemental module is designed to be used with peer educators/selected small group facilitators who have already been trained in contraception, sexual and reproductive health, and counselling skills.** This two-day module should be added on to peer educator/SRH training, or it can be used as a two-day refresher training for existing peer educators/facilitators. The schedule below is illustrative and can be modified by the trainers to fit the circumstances of the training.

### Illustrative Training Schedule: A supplemental training module for facilitators of young women and first-time mothers groups

Day 1	
Time	Session and activities
9:00-9:30	Welcome and introductions
9:30-9:45	Session 1: Introduction to the supplemental training module for small group facilitators
9:45-10:45	Session 2: Exploring the needs, rights, and challenges of young women and first-time parents <ul style="list-style-type: none"> <li>• Activity 2-1: Circles of influence around young women</li> </ul>
10:45 – 11:00	Break
11:00 - 11:45	Session 2 continuation <ul style="list-style-type: none"> <li>• Activity 2-2: Discuss challenges young women and first-time mothers face in seeking reproductive health services</li> </ul>
11:45 – 12:30	Session 2 continuation <ul style="list-style-type: none"> <li>• Activity 2-3: The basics of healthy timing and spacing of pregnancy (HTSP)</li> </ul>
12:30 – 1:30	Lunch
1:30 – 2:30	Session 2 continuation <ul style="list-style-type: none"> <li>• Activity 2-4: Reflect on views and beliefs related to fertility and contraception for young women and FTPs</li> </ul>
2:30 – 2:45	Break
2:45-4:00	Session 3: Orientation on Small Groups for First-time Mothers
4:00-4:30	Daily wrap-up
Day 2	
Time	Session and activities

9:00-9:15	Welcome and summary of the previous day, overview of 2 <sup>nd</sup> day
9:15-10:15	Session 4: How to be a good small group facilitator <ul style="list-style-type: none"> <li>• Activity 4-1: Describe qualities of a good facilitator</li> </ul>
10:15 - 11:15	Session 4: continuation <ul style="list-style-type: none"> <li>• Activity 4-2: Practice using good facilitation skills</li> </ul>
11:15 – 11:30	Break
11:30 – 12:15	Session 5: How to use the Activity Cards with your small group <ul style="list-style-type: none"> <li>• Activity 5-1: Overview of how to use the Activity Cards</li> </ul>
12:15 – 1:00	Session 5: continuation <ul style="list-style-type: none"> <li>• Activity 5-2: Practice using the Activity Cards (continued after lunch)</li> </ul>
1:00 – 2:00	Lunch
2:00 – 4:30	Session 5: continuation <ul style="list-style-type: none"> <li>• Activity 5-2: Practice using the activity cards (continued)</li> </ul>
4:30 – 5:00	Session 6: Summary and Conclusion

## Pre and post test:

Pre and Post training test were administered to the participants to ascertain knowledge change.

## Illustrative pre- and post-test questionnaire

Please answer all questions on the question paper.

1. Who is a first time parent?
  - a. A young woman who is under 25 year, has one child or is pregnant for the first time
  - b. A young woman who has 2 children and is pregnant for the third child
  - c. A young woman who has four children and has completed child bearing
  - d. All of the above

2. What are three modern methods of family planning?

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3. What are the most common problems young women face in seeking family planning services in your community?

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4. Please list three types of people who have influence over a young women's decision-making about sexual and reproductive health.

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5. Only married women should use contraceptive? True / False

6. How long should a young woman wait before becoming pregnant for the first time in order to reduce health risks for the young woman and her child?

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7. How long should a couple wait after a birth or miscarriage before trying to get pregnant again in order to reduce health risks for the mother and child?

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8. Even if a girl or woman uses contraceptive pills, she can still get an STI True / False

9. List two characteristics of healthy relationships.

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10. List 3 qualities of a good small group facilitator

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# Session I: Introduction to the Supplemental Training Module for Small Group Facilitators

## Objectives of the session

- I. Introduce participants to the supplemental training module for small group facilitators.

## Before the training, the trainer should:

- Review the training content.
- Adapt the training content and schedule so that it meets the project's specific needs.
- Make enough copies of **Participant Handout I: Training Schedule** for all participants.

**Total session time:** 15 minutes



## Activity I-1: Introduce the participants to the supplemental training module for small group facilitators

**Time:** 15 minutes

**Methodology:** Trainer presentation

### Guidance for the trainer:

#### 1. Introduce the session by reading this content aloud:

There are many young women who marry at a young age or have children early. Are any of you married, pregnant or already have a child? Do you know any other young women who are married or pregnant or already have a child, and are under the age of 25? This project was designed for you and young women like you—young women who are pregnant for the first time or have one child. This training is part of a project implemented by Pathfinder International, with support from the State Ministry of Health, which aims to increase access to a wide range of contraceptive methods and services, including to young women. The project is being implemented in two local governing areas (LGA's) in Akwa Ibom State: Eket and Ikot Abasi.

You have been selected as Small Group Facilitators for this project. Your role as a small group facilitator will be to form small support groups of first-time mothers. You will facilitate group meetings with these young women at least once a month. Through the groups, young first-time mothers can develop friendships, learn more about healthy timing and spacing of pregnancies, discuss how to navigate the different pressures and influences they face, and support one another to find ways to live healthy lives. As the small group facilitator, you will be responsible for helping your fellow young women and first-time mothers do this. This training will help prepare you for that.

At the end of this 2-day supplemental training, you will be able to:

1. Describe the specific challenges first-time parents face in living healthy sexual and reproductive lives.
2. Explain the three main messages of HTSP.
3. Explain the objectives of the small groups for young first-time mothers, and the logistics of how the small groups will be implemented.
4. Describe your role as small group facilitators.
5. Demonstrate effective small group facilitation techniques.
6. Demonstrate capacity to use the GREAT Activity Cards with small groups.

#### 2. Display slide SI-1 (Supplemental module Session 1, slide 1)

Objectives of the Supplemental Training Module

1. Describe the specific challenges young women and/or FTPs face in living healthy sexual and reproductive lives.
2. Explain the three main messages of HTSP.
3. Explain the objectives of the small groups for young women and first-time mothers, and the logistics of how the small groups will be implemented.
4. Describe your role as small group facilitators.
5. Demonstrate effective small group facilitation techniques.
6. Demonstrate capacity to use the GREAT Activity Cards with small groups.

**3. Ask participants if there are any questions.**

**4. Pass out and review [Participant Handout I: Training Schedule](#).**

# Session 2: Exploring the Needs, Rights, and Challenges of First-time Parents

## Objectives of the session:

1. Understand the way that community norms and different types of people influence the decision making of FTPs (young first time mothers, and their husbands or partners).
2. Reflect on attitudes and values related to fertility, contraception, and decision-making among young first-time mothers and their husbands or partners.
3. Describe the three key messages of health timing and spacing of pregnancy.

## Before the training, the trainer should:

- Review the training content
- **Activity 2-1**
  - Bring masking tape, chalk, or something else that you can use to mark/draw on the floor.
  - Photocopy and cut out the 20 character name tags from **Activity 2-1 Tool A: Circles of Influence Name Tags** (see Activity 2-1 description).
  - Prepare 20 pieces of tape in advance.
  - Photocopy and cut out the character statements from **Activity 2-1 Tool B: Circles of Influence – Character Statements** (see Activity 2-1 description).
  - Fold the character statements in half so no one can read them, and clip or pair each one with the corresponding name tag. Create 20 small piles for participants to choose from alongside the 20 pieces of tape.
- **Activity 2-2**
  - Make enough copies of **Participant Handout 2-2: Case Study – Anna** for all participants (see Annexes).
- **Activity 2-3**
  - Prepare **slide 2-3**
- **Activity 2-4**
  - Make two signs for Activity 2-4 on flipchart paper. One sign says “Agree” and one sign that says “Disagree.” Hang the signs on opposite sides of the room.

**Total session time:** 3 hours 30 minutes

## Activity 2-1: Circles of influence young first time mothers and their husbands/partners?<sup>14</sup>

**Time:** 1 hour

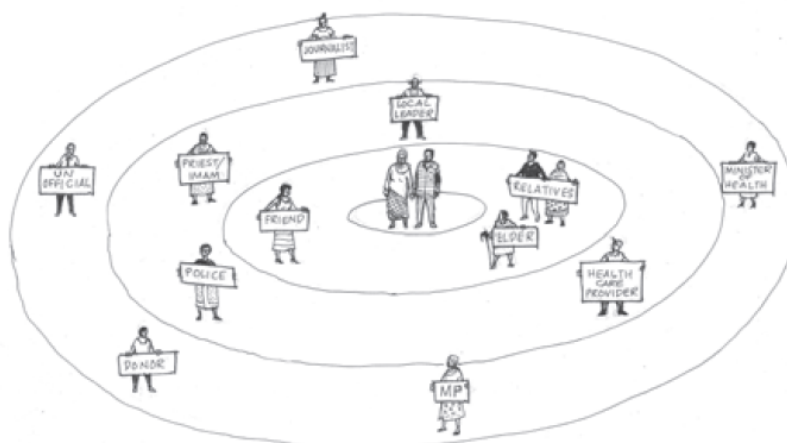
**Methodology:** Participatory activity

### Guidance for the Trainer:

#### 1. Introduce the session by reading this content to the participants:

FTPs experience pressure from many different people about when to have their first child or additional children. As you are young first-time mothers, this exercise will be an opportunity for you to discuss how the thoughts, beliefs, and actions of others create community norms, and how those norms and the people who perpetuate those norms might influence you and your peers.

#### 2. Draw or mark four concentric circles on the floor as shown in this drawing.<sup>15</sup>



- #### 3. Lay out the character nametags and the corresponding character statements that you prepared before the session began. Give each participant the following:
- A Character Nametag
  - The corresponding Character Statement. This should have the same number as the Character Nametag they received. For example, the participant who receives “I. Emem (young married woman),” should receive the piece of paper numbered “1” with the description of Emem’s character.
  - A piece of tape.
- #### 4. Once each participant has a Character Nametag and the Character Statement, ask them to tape their nametag to their chest. Tell them they can read their character statements on their corresponding pieces of paper, but only to themselves.

<sup>14</sup> Adapted from the SASA! Methodology Training Prep Module. Available from: <http://raisingvoices.org/sasa/>

<sup>15</sup> Illustration from SASA! Training Prep Module. Available from: <http://raisingvoices.org/sasa/>

**Note to the facilitator:** If you have a group that is smaller than 20, it is okay if not all the name tags are used, but be sure that some participants are given higher numbers (15-20) in order to complete the exercise.

5. **Ask the participants who have the nametags that say “1. Emem (young married woman)” and “Simon (husband)” to stand inside the smallest, innermost circle. (It is okay for a woman to play the roles of male characters.)**
6. **Tell the participants: This young married woman is named Emem. She is 17 years old and recently married Simon who is 20 years old.**
7. **Say the following to the participants:**

Now, all of you have a nametag of a type of person who might have some kind of influence on the life of Emem and Simon, and specifically on their decisions about when and if to have children. You can see that we have four circles on the ground. The circle closest to the couple is where the people who are most influential on their decisions should stand. The people who have a little bit less influence, but still have *some* influence, should stand in the next circle out (the middle circle). Finally, people who have less influence on the couple, but still influence the community and country in which they live in should stand in the last, outermost circle. When I say “GO” you should all stand up and go to where you think you should stand based on your character. Discuss amongst yourselves to determine where everyone should stand based on the reality in your community. The people who influence the couple the most should be standing closest and those with less influence should be further away. If there are any very influential people missing from the list, you can discuss and add them if the group agrees.

8. **Say “Go.” Allow the group about 10 minutes to arrange themselves in the way that they think illustrates the level of influence in their community. Allow them to debate and discuss amongst themselves.**

9. **When the group is done, read the following to the group:**

First, I will ask Emem and Simon to introduce themselves by reading out loud what is written on their character statement papers.

When they are done, I will ask another participant to introduce her/himself to the group and read his/her character statement paper aloud looking at Emem and Simon.

After that first person is done, she will tap the shoulder of someone else near them. That person will then read his/her paper and tap someone else on the shoulder. We will do that until everyone has had a turn to read their paper.

**Note to trainer:** *If the participants are not comfortable reading the paper, the trainer can read out the description for each of the different people.*

10. **Once everyone has had a turn, ask participants to sit down. Facilitate a discussion with the group using these questions:**

- How was this exercise like real life in your community? Does it seem similar to life in your communities?
- What does this exercise tell you about a young married woman or young mother’s ability to make choices about when and if to have a child?
- How is she influenced and pressured by those people around her?



- “Gender norms” are the roles and behaviours that society thinks are appropriate for men and boys and women and girls. “Gender inequalities” are the differences in power that men and boys may have in comparison to women and girls.
  - How do gender norms and gender inequalities play a role in the ability of Emem to make reproductive health decisions?
- Who are the most powerful influencers of young women and first-time mothers in your community? Who pressures them to have children and to have many children before they grow older?
- How do you think forming young women’s support groups might help young women and first-time mothers to deal with some of these pressures and influences?

**11. Summarize the discussion by reading these key points to the participants:**

All around us are circles of influence: family and friends, community members, and society. People at each of these levels influence young first-time mothers like you. As a small group facilitator, it is your role to understand the different pressures young women and first-time parents might face, and help to create a small group environment where young women feel safe sharing their concerns and challenges and can find ways to deal with these different pressures.

**1. Emem  
(young married woman)**



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**2. Simon  
(husband)**

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**3. Simon's mother  
(Emem's mother-in-law)**

-----

**4. Simon's friend**

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**5. Emem's father**

**6. Simon's sister**

**(Emem's sister-in-law)**

---

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**7. Simon's father**

**(Emem's father-in-law)**

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**8. Emem's mother**

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**9. Pastor Timothy**

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**10. Health Care Provider**

**11. Police Officer**

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**12. Teacher**

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**13. Community Health  
Extension Worker**

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# **14. Traditional Birth Attendant**

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# **15. Small Group Facilitator**

# **16. Emem's friend**

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# **17. Judge**

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# **18. NGO worker**

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## **19. District health Official**

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## **20. Friend of Simon's mother**

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## Activity 2-1 Tool B: Circle of Influence – Character Statements

1. My name is Emem and I am 17 years old. I am married to Simon. Simon seems like a nice man, but I was so sad to leave school and all my friends to get married. I'm lonely now. I know it is expected that I have a baby as soon as possible, but I'm scared. I heard that having a child so young can be harmful to me and my baby.



2. My name is Simon and I am 20 years old. I am married to Emem. Some people say we are too young to be married. But, I wanted to be responsible and not take the risk of getting her pregnant outside of marriage. I'm very happy to have married her so I can become a father soon.

3. I am Simon's mother (Emem's mother-in-law). Emem, you are part of our family now. We expect you to prove you are worthy of our son and produce a child quickly.

4. I am Simon's friend. I wish you all the best for your marriage. But Simon, I think you will miss out on the fun of being a single man. Now that you're married, you should have a child quickly with Emem so that she'll stay with you. You can then start to have some fun with other ladies on the side!

5. I am Emem's father. I didn't want to marry you off so young. I always hoped I could let you finish school. But things were difficult in our family and I had two sons to support and your younger sister. It was time for you to go. I hope you show this man that you were raised by a good family and bring honour to our home by proving you are a woman soon.

6. I am Simon's sister. Emem, you are young and I realize that you might not want to have a child right away. But, if you use family planning, Simon will probably think that you are being unfaithful to him. He won't trust you.

7. I am Simon's father. My son has brought wealth to our family. I hope you will bring another male heir to perpetuate our lineage.

8. I am Emem's mother. I wish you good luck in your new home. May God help you with your new duties. It is important to respect your husband and accept his wishes. But, I also hope you will have good health.

9. I am Pastor Timothy, the Pastor at Emem and Simon's church. May God bring many children to bless you very soon. Our church doesn't support the use of contraception.

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10. I am the health care provider at the local health centre. You know it is very risky to have a birth before you are at least 18. It can lead to health problems for your baby and can put you at risk of problems like fistula or even death. If you can come to the health centre, I can tell you about many family planning options.

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11. I am a police officer. I am supposed to prevent early marriages, but I'm from this community and I know it is our culture.

---

12. I am a teacher. I see girl after girl drop out of school for marriage. I wish they could delay pregnancy and continue in school.

---

13. I am a Community Health Extension Worker. I provide community-based health services in Emem and Simon's community. Emem and Simon, I can come to your house for a home-visit to discuss different health topics with you, including family planning and maternal & child health. The visit will be fully confidential.

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14. I am a traditional birth attendant. Emem, when you get pregnant, please come to me instead of the health centre. I can offer more than the health centre, because I can call upon the spirit to watch over you.

---

15. I am a small group facilitator. I am here to support Emem and other young women, especially first-time mothers. Through our small group, Emem, you can find friends and talk about the challenges you are facing. You can also learn about healthy timing and spacing of pregnancies and about contraception.

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16. I am an old friend of Emem when we were in school. I miss you now that you are married. It seems that married girls never leave the house. I know it will be even worse once you have a child. I hope you are able to wait to have a baby until you are older so you don't have the same problems like our friend Susan had when she gave birth.

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17. I'm a judge. Marriage before the age of 18 is illegal here. If a case is brought to me, I will try to disrupt the marriage.

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18. I am an NGO worker. We encourage young couples to know their HIV status so they can make healthy decisions about their sexual and reproductive health. If either of you are HIV positive, it will be important to go to the health centre to discuss your options, including about having children.

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19. I am a district health official. It is not my priority to make services friendly and accessible for young married women. Currently, only older women with several children use our health centres.

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20. I am a friend of Simon's mother. Last week, I was at the health centre and I saw two young women who I think were there for family planning services. I hope I will not see Emem at the family planning unit – you should complete your family size before thinking about family planning.

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## Activity 2-2: Discuss the challenges young women and first-time mothers face in seeking reproductive health services

**Time:** 45 minutes

**Methodology:** Case study and discussion

### Guidance for the Trainer:

#### 1. Read the following content to participants:

Now that we have explored the kind of pressure married young women and first-time mothers face, let's talk more about the barriers they face when trying to seek reproductive health services. I will read a case study about a young woman named Anna to you. As I read the case study, please write down or think about each of the barriers that Anna faces while trying to access contraceptive services. The barriers can be within her home, her community, and at the health facility.

2. Pass out **Participant Handout 2: Anna Case Study** and read the case study about Anna (also found on the next page) to participants.
3. After reading the case study, ask the participants to share some of the challenges they thought of or wrote down.
4. After participants have shared, lead a discussion with the participants, using the following questions. Ask each question aloud and allow the group to discuss their answers to the questions.

- Does this story reflect the realities of young women in Akwa Ibom? Why or why not?
- In the case study, how is Anna influenced or pressured by people around her?
- Are there other people who were not mentioned in the case study who might have influence over Anna's decisions? (For example what kind of pressure might come from Jonathan's parents, Anna's friends, religious leaders, etc.)?
- How might Jonathan be influenced or pressured by people around him? (For example what kind of pressure might come from Anna's parents, Jonathan's parents, Jonathan's friends, community leaders, etc.)?
- What might be some of the health needs of Anna and other first-time mothers in Akwa Ibom?
- What do you think the community health worker in Anna's community could have done differently to prevent Anna from having this negative experience?
- How do you think a small support group of other young married women might have helped Anna?

#### 5. Conclude the activity by reading this out loud:

As many of you have experienced, when a young woman becomes a mother for the first time, her life and the life of her partner can change both positively and negatively. Depending on her support structure, economic situation, and personal relationships, a new relationship can create challenges they may not be prepared for. A small support group can help young first-time mothers navigate these many challenges. In a small group, a young woman or first-time mother can find out more about her health and her rights find friends that will support her to make healthy decisions, learn



more about health services, and even find someone who will go with her to get services. As a small group facilitator, it is important to understand the pressures a young mother might encounter in seeking services so that you can help create a small group environment that supports her to overcome those challenges.

## Case study: Anna (also Participant Handout 2-2 in Annexes)

My name is Anna. I am seventeen years old. I have a baby girl who is one year old. Jonathan is my baby's father. We were dating and I got pregnant by accident. He has stayed with me and helps as much as he can with our daughter, but we're not married.

I love my baby girl, but I worry about her a lot since it seems like she is always sick. My mother keeps asking when we will have our next child. She says that it might convince Jonathan to marry me. She also says that my baby will start running everywhere soon, so it is time for a second child. I know I need to have another baby, especially because my first baby is a girl. But, I know that having another baby soon will be very hard for me and my little girl, since she has been so sick. It will mean that I will have to make the small amount of food we have stretch even further.

I heard you could take get a shot to avoid having a baby for 3 months, but I don't know anything about it. There are some Community Health Extension Workers in my community, but they are older women who are friends with my mother and I know she would disapprove if she knew I wanted to learn more about the medicine to prevent pregnancy. Jonathan might also disapprove, because he will think that I could be unfaithful to him if I get the shot.

I decided to try to go to the nearest health centre. I hoped that I wouldn't see people I knew there. I told my mother that the baby was sick and walked the 10 km to the nearest health centre. I went to the health centre early in the morning because I needed to go back home and do household chores before it became too late in the day. When I arrived, there were several women waiting outside with many children. They kept looking at me.

The health centre staff was late to arrive. I waited for one hour. When the facility opened, I got up enough courage to speak to the woman behind the table with a sign saying "Reception". She asked me why I was at the clinic when my baby wasn't sick. When I explained that I wanted to talk with the nurse about family planning, she made a disapproving face and just pointed to the consultation waiting area.

I waited for 2 hour near the family planning room. I hadn't eaten anything and my baby started to cry. I felt that all the older women were staring at me. One of the women recognized me. She is a friend of a my mothers and asked me why I was there since the family planning services are for married, older women who are ready to stop having children, not a young woman like myself.

I was finally called in to speak with one of the nurses. When I went into the consultation room, the nurse looked angry. She asked me why I was here. I told her that I didn't want to be pregnant so soon after my last baby and I had heard there was some kind of shot I could get. She asked if my husband had given me permission to be there. I looked down and told her that I wasn't actually married and that I hadn't told Jonathan why I was here. The nurse scolded me for having a child before being married. She said "Why didn't you think about all of this before you decided to have sex outside of marriage? You made bad choices and now you have to deal with the consequences". I explained that my baby was sickly and it wouldn't be good for us to have another child so soon.

The nurse finally says that it is ok for me to use a method and says I should use the 3 month injectable, she didn't mention any other method options. I asked to have the injection right away, but she said that I would have to wait for it since the pharmacy at the clinic wasn't open.

I waited for another hour before she gave me the injection, and then the nurse called me in a very loud voice "Anna, your injection is ready." I could feel the eyes of the other women in the waiting room staring at me, including my mother's friend. I got my injection and left the clinic very embarrassed and worried.



## Activity 2-3: The basics of healthy timing and spacing of pregnancy

**Time:** 45 minutes

**Methodology:** Trainer presentation and discussion

### Guidance for the Trainer:

- 1. Explain to participants that this session will focus on the healthy timing and spacing of pregnancies. Read the following aloud and show slide S2-3.**

One of the main topics to be discussed among the small groups of young women and first-time mothers is healthy timing and spacing of pregnancies (HTSP). As a small group facilitator, it is important for you to understand the basics of HTSP in case any of the group members have questions for you. HTSP is an approach to family planning service delivery that helps women and couples make informed decisions about delaying the first pregnancy, and timing (delaying or limiting) and spacing subsequent pregnancies for the healthiest outcomes for mother and baby. There are three key messages associated with HTSP. These are based on research that determined the healthiest time to begin childbearing and the healthiest amount of time between a birth and the next pregnancy for both the mother and the baby. The three key messages for HTSP are:

1. For couples who desire a next pregnancy after a live birth, the messages are:
  - For the health of the mother and baby, wait at least 2 years before trying to become pregnant.
  - Considering using a contraceptive method of your choice during that time.
2. For couples who desire a next pregnancy after a miscarriage or abortion, the messages are:
  - For the health of the mother and baby, wait at least 6 months before trying to become pregnant again.
  - Considering using a contraceptive method of your choice during that time.
3. For a young woman who has not had a child, the messages are:
  - For your health and the health of your future child, wait until you are at least 18 before trying to become pregnant.

In your small group, you can facilitate discussions with young women or young mothers about these three important messages. You can ask them what their thoughts are about these messages, ask them what challenges they face in practicing HTSP, and how the group can support them to be healthy young women.

### Healthy Timing and Spacing of Pregnancy: 3 Key Messages

1. For couples who desire a next pregnancy after a live birth, the messages are:
  - For the health of the mother and baby, wait at least 2 years before trying to become pregnant.
  - Consider using a contraceptive method of your choice during that time.
2. For couples who desire a next pregnancy after a miscarriage or abortion, the messages are:
  - For the health of the mother and baby, wait at least 6 months before trying to become pregnant again.
  - Consider using a contraceptive method of your choice during that time.
3. For a young woman who has not had a child, the messages are:
  - For your health and the health of your future child, wait until you are at least 18 before trying to become pregnant.

### 2. Review the key messages, by asking participants the following questions:

1. How long a couple should wait before trying to become pregnant again after a live birth?  
(Answer: 2 years)
2. After what age is it healthier for a woman to begin having children?  
(Answer: For the health of the mother and the baby, delay the first pregnancy to at least age 18 in adolescents.)
3. How long should a couple wait before trying to become pregnant again after a miscarriage or abortion?  
(Answer: Space pregnancy by at least 6 months after a spontaneous or induced abortion.)

### 3. Present the content:

Waiting until a young woman is 18 to become pregnant and waiting 2 years after a birth before trying to get pregnant again prevents mothers from dying during childbirth and it helps prevent babies from dying too. Most healthy young women can use any method of contraception to practice HTSP. There are no methods of contraception that are restricted based on age. You learned about the different contraceptive methods during your previous training on sexual and reproductive health. If you have any questions about contraceptive methods we can discuss them now.

4. Ask participants if they have any questions.
5. Pass out **Participant Handout 2-3: HTSP 101** as a reminder sheet

## Activity 2-4: Reflect on views and beliefs related to fertility and contraception for young women, including first-time mothers

**Time:** 1 hour

**Note to trainer:** Depending on the diversity of opinions held by participants, there may be more debate and discussion. If this is the case, you may need additional time for this exercise.

**Methodology:** Game

### Guidance for the Trainer:

#### 1. Explain to the participants the following:

This activity is designed to help you think and reflect more about how you feel about reproductive health issues facing young women and first-time mothers. This activity is about sharing our opinions and discussing them.

This is a safe space for open discussion and everyone has a right to her own opinions, and everyone's opinions should be respected. The group must respect one another's responses even if there is disagreement. As you will see later in our training, this kind of activity is something you can do with the young women in your small group as well.

2. **Identify two spots in the room opposite one another and hang one sign that says "Agree" on one wall and hang another sign that says "Disagree" on the other wall.**
3. **Read aloud the first statement from the statements below. Ask participants to stand near the spot that best reflects what they think about the statement – Do they agree or disagree?**
4. **After the participants have moved to their spot, ask for one or two people in each spot to explain why they chose either agree or disagree.**
5. **Repeat Steps 3 and 4 with the next statement. Continue with each of the statements from below. After all the statements have been read, ask the participants return to their seats.**

#### Statements:

1. It is healthier for the woman and her baby to wait at least 2 years after having a baby before getting pregnant again.
2. A young woman should not use contraception until she has had a child.
3. Husbands or partners should make the decision about whether or not the couple should use contraception.
4. All sexually active young women should have access to family planning methods, regardless of their age or marital status.
5. If a married young woman does not have a child in 2 years after marriage, it is acceptable for her husband to leave her or seek an additional wife.
6. Young people should not use contraception until they have completed their family size.
7. Young women living with HIV should not have children.
8. Adolescents and youth can use any method of contraception.

9. Only mischievous women use contraceptives.

6. After all the participants have returned to their seats, lead the participants in a discussion using the following questions:

- Which statements did you find challenging? Why?
- How do you think other people in your community might feel about these statements? Would they agree or disagree with you?
- How do you think attitudes might affect your interactions with young women and first time mothers?

7. Conclude by reading the Content:

This type of exercise helps us to reflect on our own values and opinions, which can influence how we facilitate group discussions. As small group facilitators, it is your responsibility to ask questions, encourage discussion, and facilitate everyone's participation. It is not your responsibility to tell the group what you think is right or wrong. If the group asks you for factual information about contraception and HTSP, then remember, young women can use any contraceptive method, though permanent methods are not always the best choice. They can begin using a method before having a child or any time in their reproductive lives since contraception does not cause infertility. It is healthy for a young woman to delay her first birth until at least age 18 and space subsequent pregnancies by 2 years. You can also call on the support of the local Community Health Extension Worker to help you answer any questions about family planning methods.

# Session 3: Orientation on Small Groups for Young Women and First-time Mothers

## Objectives of the session:

1. Explain how the small groups will be implemented as part of the “Implementation of injectable contraceptives (CBA2I) at the community level in support of national policy in Nigeria” activity
2. Explain the role of the small group facilitators.

## Note to trainer:

You may need to adapt parts of this session if you are using the training module for projects other than the “Implementation of injectable contraceptives (CBA2I) at the community level in support of national policy in Nigeria” activity.

If your project is implementing the small groups as part of a larger project targeting young women and first-time mothers (e.g., training health care providers on the special needs of this group, training community health workers to conduct home visits for counselling), you can orient participants on those other project components during this session. You can explain how the small groups fit into the larger project and how different components of the project reinforce each other.

## Before the training, the trainer should:

- Review the material.
- Add and/or adapt information based on the project design as necessary.
- Prepare copies of **Handout 3-1: Monitoring Checklist for Small Groups** for all participants (if you are planning to use it for data collection).

**Total session time: 1 hour and 15 minutes**



## Activity 3-1: Review the small groups implementation

**Time:** 1 hour and 15 minutes

**Methodology:** Trainer presentation and discussion

**Note to the trainer:** You will need to adapt parts of this session if you are using the training module for projects other than the “Implementation of injectable contraceptives (CBA2I) at the community level in support of national policy in Nigeria” activity.

### Guidance for the Trainer:

#### 1. Introduce the session and read this aloud to participants:

We have discussed some of the challenges that young women and first-time mothers may face in living healthy reproductive lives, as well as the different influences and pressures they face. We will now talk more about how your activities will support these young women. We will discuss the role of the small support groups for young women and first-time mothers, your role as a facilitator, and how these small groups are linked with other program components.

#### 2. Share an overview of the “Implementation of injectable contraceptives at the community level (CBA2i) in support of the national policy in Nigeria” activity

This training is part of a project implemented by Pathfinder International called the “Implementation of injectable contraceptives (CBA2I) at the community level in support of national policy in Nigeria” project. Pathfinder is an international NGO that champions sexual and reproductive health and rights worldwide, mobilizing communities most in need to break through barriers and forge their own path to a healthier future. Pathfinder is working with the State Ministry of Health of Akwa Ibom to implement this project.

The project aims to increase access to a wide range of contraceptive methods and services, including to young women, with the view of improving the health and well-being of women and their families in Akwa Ibom. The project also aims to improve access to health services through Community Health Extension Workers. The project is being implemented in two local governing areas (LGA’s) in Akwa Ibom State: Eket and Ikot Abasi.

The small peer groups for first-time mothers are one activity in this project. Other activities include:

- Training community health extension workers (CHEWs) in Eket and Ikot Abasi to provide contraceptive services, including young women
- Supporting CHEWs to conduct home visits with women, including young first-time mothers, to provide counselling on contraceptive services
- Strengthening referral mechanisms between contraceptive health services and other health services for women and children
- Building support amongst community members for the use of contraceptive and other sexual and reproductive health services, including for young first-time mothers.

#### 3. Ask participants the question below. Give them time to answer. Once they have answered with their suggestions, then use the list of “possible responses” to add to what the facilitators have said.

What do you think the purpose(s) of these small groups for young women and first-time mothers are?

**Possible responses:**

- Help young women meet other people in the same situation as them and build a social support network
- Give young women the opportunity to discuss their challenges
- Give young women support to make healthy decisions
- Provide young women information about sexual and reproductive health
- Explore the ways that young women can address their challenges
- Provide young women with a chance to have fun
- Help them learn about where to get health services

**4. Now, discuss with the participants exactly how they will implement the small groups for young women and first-time mothers. Use the text below as a guide and adjust it to reflect exactly how the small groups will be implemented in the communities where they will work, under your project.**

**Overview of the purpose of small peer groups**

Each small group facilitator will be responsible for facilitating a small group of approximately 10–15 young women – all first-time mothers. As we just discussed, the purpose of these small peer groups is to create a safe space for young first-time mothers to learn, discuss and share about different reproductive health issues, as well as household issues like child care and managing relationships. The small groups will help first-time mothers to develop knowledge and skills related to contraception, sexual and reproductive health, maternal & child health, gender-equitable relationships, human rights and positive-parenting skills. These support groups will also help first-time mothers to build their social capital through creating opportunities for young mothers to exchange with their peers.

**Participants and Recruitment of small group members**

- Each facilitator will be responsible to work with the CHEW in their locality and the local health centre to invite young women first-time mothers to join a small group.
- Participants must have the following profile:
  - Under the age of 25 yrs.
  - Have one child or pregnant for the first time
  - Living within the catchment area of a participating health facility
  - Available to participate in meetings once or twice a month
- Small groups should preferably be formed near where the young women and first-time mothers live.
- Approximately 10–15 young women can be in each group. (It is best to keep groups small so that intimacy and trust can be built among members and so that all members can actively participate.)

**Frequency of the meetings**

Small groups should meet at least once a month, but they can meet more often if they choose to. It is suggested to have at least 6 meetings, preferably with the same group of participants.

**Meeting location**

Small groups should determine a safe place to meet each month. It should be a place that helps

protect the privacy and confidentiality of the young women.

### **Topic of the meetings**

The meetings will focus on issues related to contraception, HIV, maternal & child health, gender and positive parenting. Small group facilitators will be provided with a set of Activity Cards, with activities that address specific topics related to these issues. During each meeting you should use one of the Activity Cards to generate discussion and reflection. You will be given these Activity Cards in Session 5 and we will practice using them. You can also facilitate discussions on other topics, including current challenges the young women are facing in their lives.

### **Responsibilities of the facilitators:**

- Liaise with CHEW and facility health providers to create the small peer groups
- Convene regular small peer group meetings (once or twice a month). It is very important to keep the regularity of the meetings. It shows your commitment and respect for the participants, and it contributes to a feeling of safety for the young women.
- Facilitate discussions using the Activity Cards, and suggest new ideas to the group. Note that it is not the job of facilitators to tell the group what to do or give lectures or presentations to the group.
- Link the young women with other program activities such as home visits by CHEWs, community-based distribution of contraceptives by community health workers, and make referrals to the health centres.
- Accompany young women to the health centres if they ask you to.
- Prepare simple monthly reports about the small peer group meetings (number of meetings & dates, number of participants, topics discussed, etc.)
- Participate in at least three review meetings for CHEWs and small peer group leaders

### **Supervision**

The small group facilitators will report to the CHEW in their locality and to Pathfinder International. Clarify specific reporting responsibilities and who they should go to if participants in their groups are experiencing challenges they do not know how to handle.

### **Monitoring**

A data collection form will be provided to small peer group facilitators (see [Participant Handout 3-1](#)). Explain how facilitators should collect data on their meetings.

# Session 4: How to be a Good Small Group Facilitator

## Objectives of the session:

1. Describe the qualities of a good small group facilitator.
2. Gain experience applying good facilitation skills.

## Before the training, the trainer should:

- Review the training content.
- Make enough copies of **Participant Handouts 4-2a and 4-2b** for all participants.
- Make sure you have a flipchart for Activity 4-1.

**Total session time:** 2 hours

## Activity 4-1: Describe qualities of a good facilitator

**Time:** 1 hour

**Methodology:** Game and brainstorm<sup>16</sup>

### Guidance for the Trainer:

1. **Ask participants to sit in a circle on their chairs. Remove all any empty chair that is not being used. Only the facilitator should be standing, so there is one less chair than people in the circle.**
2. **Explain to the participants the following:**

We are going to play a game in order to come up with a list of things that “good small group facilitators do.” Each time we play a round of the game the person who is left standing will have to add one new thing to our list of things that a good small group facilitator does. The game is called “Everybody Who.” Whoever is standing will say something like “Everybody who is wearing a skirt should switch chairs.” Then, everyone who is wearing a skirt should stand and find another chair. The person who was standing also finds another chair so that someone new is left standing. The new person left standing has to add a new item to the list of things that good small group facilitators do (qualities of good small group facilitators). After she adds to the list, then she will call out a new “Everybody Who.” For example, she might say “Everybody who is wearing the colour blue” or “Everybody who likes to dance” or “Everybody who speaks Ibibio.” And, again, everyone who the statement applies to has to get up and move to a new chair.

3. **Play a practice round. First say one thing a good facilitator does. For example, you could say “A good facilitator listens more than she talks.” The trainer should note the quality on a flipchart. Then say “Everybody who likes to sing should switch chairs.” Hurry and find a seat so that someone else in the group is left standing. Now that person has to add another quality to the list of things that a good facilitator does.**
4. **Play several more rounds of the game so that a few people have had a chance to be the person standing and the list of things that a good facilitator does is getting long. (Play for about 10–15 minutes.)**
5. **Have everyone take a seat again.**
6. **Look at the list of things a good facilitator does. Invite people to add anything they think is missing or ask questions about any of the things on the list. If some of the items listed below are missing, then you can add to the list.**

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<sup>16</sup> This activity is adapted from the SASA! Basic Facilitation Skills Module from the Training and Mentoring Skills Series. Staff Skill Building Library. Raising Voices. Kampala, Uganda. 2009. Available at: <http://raisingvoices.org/sasa/>.

**Supplemental list – Things that a good small group facilitator does**

- Contacts small group members to remind them about the meeting before each meeting
- Helps the group start the meeting on time.
- Takes attendance to know who is at the meeting.
- Asks open-ended questions (questions that cannot be answered with “yes” or “no”). For example: “How do you feel when your mother-in-law tells you that you should have a child very soon?”
- Does not have a judgmental attitude. Does not judge participants’ opinions.
- Keeps everything discussed in the group confidential. Does not tell other people outside of the group what was discussed.
- Encourages everyone to speak, including those people who are quieter than others.
- Listens more than she speaks.
- Is open to new ideas, information, and thoughts. Does not tell people they are wrong.
- Does not let her own opinions influence how she facilitates a discussion.
- Keeps the group on topic by asking questions to bring people back to the topic of discussion.
- Encourages the group to have fun.
- Encourages everyone to respect each other.
- Encourages people to let others finish talking before talking.
- Asks probing questions to help the group explore an issue more.
- Smiles.
- Is patient—let people think about the questions before they answer.
- Does not take sides in discussion among participants—just encourages participants to discuss their different viewpoints with one another respectfully.
- Facilitates the dialogue giving correct information to help the group to make decisions based on facts.
- Completes and submit reports on time.

**7. Conclude the session by reading the following aloud:**

You are responsible for facilitating the small groups of first-time mothers. It is your responsibility to create dialogue and discussion, foster an environment of trust and support, and encourage young women to share their experiences and ideas with one another. To do this, it is important to use good group facilitation skills like the ones we discussed today. When you form your group, here are some steps that can help you start a group creating a warm and trustworthy setting for the participants:

1. Welcome and invite participants to sit in a circle so that they are all included in the group.
2. Introduce yourself and invite them to introduce themselves to one another.
3. Ask them how they found out about the group and what they expect from it.
4. Introduce the objectives of the group and how the group will function (frequency, time, place, number of participants, duration, and the importance of arriving on time). Ask if they agree with what you are proposing, if they would like to make any comments, if they would like to change anything (such as time, place, or duration). If they suggest changing the number of participants, explain why it is beneficial to keep the groups small (between 10 and 15 people).
5. Discuss the importance of confidentiality of the group and ask all the participants to agree to maintain confidentiality.
6. Discuss the importance of respecting each other and ask all participants to agree to that.
7. Explain that a few notes will be taken and an attendance list will be circulated for participants to sign, but these documents will not be disseminated. All information will be collected for the purposes of the project and their names will never appear.
8. Explain that during each meeting, the group will do one activity using an Activity Card, which we will learn more about in Session 5 of the current training. In addition to the

topic discussed and/or covered using the Activity Card, each group can also discuss other topics that they would like to address each month.  
Next, we will practice using these good facilitation skills.

## Activity 4-2: Practice using good facilitation skills

**Time:** 1 hour

**Methodology:** Role play

### Guidance for the Trainer:

**1. Divide the group into two smaller groups. Read the following text aloud:**

Now we will have some fun. Each group will perform a role play. One group will demonstrate good facilitation skills and the other group will perform a role play using poor facilitation skills. Each group will have 10 minutes to prepare their role play. It shouldn't be any longer than 5 minutes. After both groups have performed, we will discuss as a group.

- 2. Give one group [Participant Handout 4-2a: Role play demonstrating good group facilitation skills](#). Ask the group to identify one person to play the role of the facilitator. The other group members can pretend to be different group members—some of whom might not be very good group members.**
- 3. Give the other group [Participant Handout 4-2b: Role play demonstrating poor group facilitation skills](#). Ask the group to identify one person to play the role of the facilitator. The other group members can pretend to be different group members—some of whom might not be very good group members.**
- 4. Give the groups 10 minutes to prepare their role play.**
- 5. Bring the participants back together and invite the group demonstrating poor facilitation skills to perform their role play. The role play should not be longer than 5 minutes. If the group goes over, give them a 1-minute warning and ask them to stop when time is up.**
- 6. Give participants a round of applause and ask the second group to perform their sketch demonstrating good group facilitation skills. The role play should not be longer than 5 minutes. If the group goes over, give them a 1-minute warning and ask them to stop when time is up.**
- 7. Ask all the participants to take a seat and then facilitate a group discussion using the following questions:**

- What did some of the group members do to make the situation challenging for the facilitator?
- What were some of the bad things that the facilitator in the first group did?
- Did the facilitator in the first group do anything well?
- What were some of the good things that the facilitator in the second group did?
- Was there anything that the facilitator in the second group could have done better?
- For those of you who played group members in the role play, how did you feel?
- For those of you who played group members in the role play, what did you really appreciate that the facilitator did?



- How can you use these skills when you facilitate your own small groups of young women and first time mothers?

**8. Conclude the session by summarizing the key points of the discussion. Then say:**

Now that we have seen good examples of facilitation, we will learn how to use the Activity Cards. As you remember, you are asked to use the Activity Cards with the small group you facilitate at least one time a month. All of the good facilitation techniques that we learned here will be very useful for using the Activity Cards with your group.

# Session 5: How to Use the Activity Cards with your Small Group

## Objectives of the session

1. Understand how the Activity Cards are organized.
2. Demonstrate using the Activity Cards to facilitate small group activities and dialogue.

## Before the training, the trainer should:

- Select at least 6 Activity Cards for the participants to use as part of the exercise (see recommended cards in Activity 5-2) and prepare enough copies of them for the participants (**Annex 2: Selected GREAT Activity Cards and Activities**).

**Total session time:** 4 hours

## Activity 5-1: Overview of how to use the activity cards

**Time:** 45 minutes

**Methodology:** Trainer presentation

### Guidance for the Trainer:

#### 1. Introduce the session and the activity by reading this aloud:

Each small group of first-time mothers will meet at least one time each month. As discussed previously, the meetings can be structured in whatever way the group members would like. In addition to discussing their current life situations, challenges, and questions, each month the small group should do an activity together related to the topics of healthy timing and spacing of pregnancy, family planning, household decision making, gender norms, and power dynamics between men and women. To facilitate these activities, you can use what we call an “activity card.”

In a moment I will pass these cards out to you. Each of you will get one pack. A pack includes 14 different activities—each activity is described on one piece of paper, back and front. Each activity card has step-by-step instructions for a fun activity your small group can do together. There are many different types of activities on the cards including: games, discussions, debates, community interviews, and drama. You can adapt the types of activities in each card according to the preferences of your small group. For example, some small groups will prefer more active games where participants move around, while other groups may prefer to stay seated and use other techniques like raising hands, instead of moving around.

**2. Pass out one set of activity cards to each participant. Show the participants different parts of the packet, including the introductory pages, the 16 activities, and the information cards at the back of the packet.**

**3. Give the participants about 10 minutes to look at the activity cards and read through them.**

**4. When most of the participants are done reading the cards, continue by reading this aloud:**

Now that you have had a chance to look at the activity cards, let’s talk about them.

**5. Select a card to use as a demonstration and talk participants through each of the components of the card, showing them each component as you say the following text aloud:**

Let’s take a look at one card to understand it better. You will see that it has numbered step-by-step instructions. As the facilitator, you will start with Step 1, which is the introduction. This step gives you some text that you can read to the group to introduce the activity. You will then move through the next steps with the group. At the end of each activity, you will find questions for discussion with the group, a conclusion, and a call to action. A call to action is when participants are asked to make a commitment to how they might do something differently based on your discussions.

- 6. Take a moment to ask participants if they have any questions so far on the cards.**
- 7. Discuss with participants how they can use the activity cards in their small groups. You can read the following aloud:**

Using the activity cards should be fun and easy. You do not have to use them in any particular order, you can lead the activity or you can ask for someone else in the group (who can read) to lead the activity, and you can even change anything that you do not like about the activities. You can also use the activity cards more than once. Groups should use at least one activity card per month during the project. Depending on your group, you might need to give instructions in the local language.

Here are the steps to using the activity cards:

- 1. Select any card:* The cards can be used in any order so you can pick a card based on your group's interest, on the kind of activity you would like to do, on the kind of topic that is considered and was discussed as a priority for that group.
- 2. Review the card:* The person selected to lead the activity should review the card before starting the activity. It might be necessary to change the names or adapt certain details of the activities to the local context.
- 3. Read the introduction:* Each card has an introduction that the activity leader should read out loud to the group before the activity begins.
- 4. Follow the steps written on the card:* Some steps say "read this out loud to the group," which means the activity leader should read what is written for that step so that the whole group can hear the instructions. Other instructions simply ask the leader to do something like "draw a line on the ground with a stick." The leader does not have to read instructions like this out loud—she can just go ahead and do the requested action.
- 5. Have a group discussion:* Once the group has completed the activity, there is a list of discussion questions that the leader will ask the group to encourage discussion about the activity. This is the time to use the small group facilitation skills learned in the last session of the training.
- 6. Read the closing statement:* After the discussion, the activity leader should read out loud the closing statement on the card.
- 7. Ask the participants to make a commitment:* At the very end, the activity leader will read the commitment section on the card. The commitment asks that each participant say one thing that is related to the activity, and which they will commit to doing in the future.

- 8. Take a moment to ask participants if they have any questions on how they will use the activity cards in their small groups.**
- 9. Now, with the group, go over briefly the topic and type of activity (e.g., role play, game, story) on each of the 16 cards so participants are familiar with the topics and types of activities on the cards.**
- 10. Conclude by reading this aloud:**

The activity cards were designed to create group discussion, improve the knowledge of young women and first-time parents around health, gender norms and power dynamics, and violence, and—most of all—to make sure young married women or first-time mothers have some fun. Using

the activity cards should be a fun thing for the group. It will be up to you to be prepared to use the cards, so you should review them before your small group meetings. You will need to use all of the facilitation skills we learned in the last session to help the activity be a success. In the next activity we will have time to practice using the cards.

## Activity 5-2: Practice using the activity cards

**Time:** 3 hours and 15 minutes

**Methodology:** Group activity using Activity Cards

### Guidance for the Trainer:

#### 1. Introduce the exercise

Now that we have learned about the activity cards and how they can be used during your small group meetings, we will practice using them.

2. **If there are more than 10 participants, split them into 2 groups (with at least 5 people in each group).**
3. **Ask each group to pick two activity cards that they are going to practice using. The participants can select any cards, but the following cards offer a good range of topics and types of activities:**
  - Activity 1: Healthy timing and spacing of pregnancy story
  - Activity 2: Advice on solving problems
  - Activity 4: Implant: True or False
  - Activity 5: Injectable contraception: True or False
  - Activity 10: Male and female roles game
  - Activity 16: Healthy Relationships: agree or disagree
  - Activity 14: HIV & Sexually Transmitted Infections True or False
4. **Ask for a volunteer from each group to be the first facilitator. Tell them you will be there to help them as they need. (If no one volunteers select someone that you know is confident in reading fluently.)**
5. **Now, each of the group will do one of the activity cards. If there is extra space outside or in another room, it would be good to have one group leave the room so each group has enough room and does not distract the other group. Ask the volunteer facilitators to begin the activity.**
6. **As the groups do the activity cards, you should walk around to each of the groups to support the facilitators. Each card should take from 45 minutes to 1 hour to go through.**
7. **When the two groups are done with the first activity card, allow them time for a break and to ask any questions about how to use the cards.**

- 8. Now, have each group select a different facilitator from among them and select another activity card (using the suggested list above).**
- 9. Ask each group do the second activity card they selected. Again, walk around to provide the facilitators and the groups with support.**
- 10. After the group has finished the second activity card, ask the group to select a third activity card to practice. Ask each group to select a different facilitator from among them.**
- 11. Ask each group to do the third activity card they selected. Again, walk around to provide the facilitators and the groups with support.**
- 12. After both groups have finished with their third activity cards, bring the group back together. If one group ends early, you can provide them another activity card to do for practice.**
- 13. Ask the group these questions for discussion:**

- What did you like about using the activity cards?
- What was challenging about using the activity cards?
- Do you think you will be able to use them with small groups of young women and first time mothers?
- What kind of support will you need to be able to use the cards with the small groups?

**14. Conclude the session by saying this aloud:**

Each time the small group meets, it will be important to use any of the activity cards you have learned about today. If you need help using the activity cards, you can ask another member of the project (such as a community health worker or a project staff member).

# Session 6: Summary and Conclusion

## Objective of the session:

- I. Review the key lessons of the training module.

## Before the training, the trainer should:

- Review the material

**Total session time:** 45 minutes

## Activity 6-1: Circle Review

**Time:** 45 minutes

**Methodology:** Brainstorming

### Guidance for the Trainer:

1. Ask participants to form a circle.
2. Ask participants to spend 5 minutes thinking about all the training and think of one or two of the most important things they learned.
3. Go around the circle and ask each participant to share something she learned. Participants should not repeat what other participants have said.
4. Thank participants for their participation in the session, ask if there are remaining issues or questions, and finish the day's session.



# Annex I: Participant Handouts

## Participant Handout I: Illustrative Training Schedule

### Supplemental training for facilitators of first-time mothers groups

<b>Day 1</b>	
<b>Time</b>	<b>Session and activities</b>
9:00-9:30	Welcome and introductions
9:30-9:45	Session 1: Introduction to the supplemental training module for small group facilitators
9:45-10:45	Session 2: Exploring the needs, rights, and challenges of young women and first-time parents <ul style="list-style-type: none"> <li>• Activity 2-1: Circles of influence around young women</li> </ul>
10:45 – 11:00	Break
11:00 - 11:45	Session 2 continuation <ul style="list-style-type: none"> <li>• Activity 2-2: Discuss challenges young women and first-time mothers face in seeking reproductive health services</li> </ul>
11:45 – 12:30	Session 2 continuation <ul style="list-style-type: none"> <li>• Activity 2-3: The basics of healthy timing and spacing of pregnancy (HTSP)</li> </ul>
12:30 – 1:30	Lunch
1:30 – 2:30	Session 2 continuation <ul style="list-style-type: none"> <li>• Activity 2-4: Reflect on views and beliefs related to fertility and contraception for young women and FTPs</li> </ul>
2:30 – 2:45	Break
2:45-4:00	Session 3: Orientation on Small Groups for First-time Mothers
4:00-4:30	Daily wrap-up
<b>Day 2</b>	
<b>Time</b>	<b>Session and activities</b>
9:00-9:15	Welcome and summary of the previous day, overview of 2 <sup>nd</sup> day
9:15-10:15	Session 4: How to be a good small group facilitator <ul style="list-style-type: none"> <li>• Activity 4-1: Describe qualities of a good facilitator</li> </ul>
10:15 - 11:15	Session 4: continuation <ul style="list-style-type: none"> <li>• Activity 4-2: Practice using good facilitation skills</li> </ul>
11:15 – 11:30	Break
11:30 – 12:15	Session 5: How to use the Activity Cards with your small group <ul style="list-style-type: none"> <li>• Activity 5-1: Overview of how to use the Activity Cards</li> </ul>
12:15 – 1:00	Session 5: continuation <ul style="list-style-type: none"> <li>• Activity 5-2: Practice using the Activity Cards (continued after lunch)</li> </ul>
1:00 – 2:00	Lunch
2:00 – 4:30	Session 5: continuation <ul style="list-style-type: none"> <li>• Activity 5-2: Practice using the activity cards (continued)</li> </ul>
4:30 – 5:00	Session 6: Summary and Conclusion

## Participant Handout 2-2: Case Study Anna

My name is Anna. I am seventeen years old. I have a baby girl who is one year old. Jonathan is my baby's father. We were dating and I got pregnant by accident. He has stayed with me and helps as much as he can with our daughter, but we're not married.

I love my baby girl, but I worry about her a lot since it seems like she is always sick. My mother keeps asking when we will have our next child. She says that it might convince Jonathan to marry me. She also says that my baby will start running everywhere soon, so it is time for a second child.

I know I need to have another baby, especially because my first baby is a girl. But, I know that having another baby soon will be very hard for me and my little girl, since she has been so sick. It will mean that I will have to make the small amount of food we have stretch even further.

I heard you could take get a shot to avoid having a baby for 3 months, but I don't know anything about it. There are some Community Health Extension Workers in my community, but they are older women who are friends with my mother and I know she would disapprove if she knew I wanted to learn more about the medicine to prevent pregnancy. Jonathan might also disapprove, because he will think that I could be unfaithful to him if I get the shot.

I decided to try to go to the nearest health centre. I hoped that I wouldn't see people I knew there. I told my mother that the baby was sick and walked the 10 km to the nearest health centre. I went to the health centre early in the morning because I needed to go back home and do household chores before it became too late in the day. When I arrived, there were several women waiting outside with many children. They kept looking at me.

The health centre staff was late to arrive. I waited for one hour. When the facility opened, I got up enough courage to speak to the woman behind the table with a sign saying "Reception". She asked me why I was at the clinic when my baby wasn't sick. When I explained that I wanted to talk with the nurse about family planning, she made a disapproving face and just pointed to the consultation waiting area.

I waited for 2 hour near the family planning room. I hadn't eaten anything and my baby started to cry. I felt that all the older women were staring at me. One of the women recognized me. She is a friend of a my mothers and asked me why I was there since the family planning services are for married, older women who are ready to stop having children, not a young woman like myself.

I was finally called in to speak with one of the nurses. When I went into the consultation room, the nurse looked angry. She asked me why I was here. I told her that I didn't want to be pregnant so soon after my last baby and I had heard there was some kind of shot I could get. She asked if my husband had given me permission to be there. I looked down and told her that I wasn't actually married and that I hadn't told Jonathan why I was here. The nurse

scolded me for having a child before being married. She said “Why didn’t you think about all of this before you decided to have sex outside of marriage? You made bad choices and now you have to deal with the consequences”.

I explained that my baby was sickly and it wouldn’t be good for us to have another child so soon.

The nurse finally says that it is ok for me to use a method and says I should use the 3 month injectable, she didn’t mention any other method options. I asked to have the injection right away, but she said that I would have to wait for it since the pharmacy at the clinic wasn’t open.

I waited for another hour before she gave me the injection, and then the nurse called me in a very loud voice "Anna, your injection is ready." I could feel the eyes of the other women in the waiting room staring at me, including my mother’s friend. I got my injection and left the clinic very embarrassed and worried.

# Participant Handout 2-3: Healthy Timing and Spacing of Pregnancy

(use HTSP 101 hand out, available here: <http://www.who.int/pmnch/topics/maternal/htsp101.pdf>)  
Image below is just for reference



## HTSP 101: Everything You Want to Know About Healthy Timing and Spacing of Pregnancy

**Healthy Timing and Spacing of Pregnancy (HTSP) is an intervention to help women and families delay or space their pregnancies to achieve the healthiest outcomes for women, newborns, infants, and children, within the context of free and informed choice, taking into account fertility intentions and desired family size.**

### Background

Over the past few years, the United States Agency for International Development (USAID) has sponsored a series of studies on pregnancy spacing and health outcomes. The research objective was to assess, from the best available evidence, the effects of pregnancy spacing on maternal, newborn and child health outcomes. In June 2005, the World Health Organization (WHO) convened a panel of 30 technical experts to review six USAID-sponsored studies. Based on their review of the evidence, the technical experts made two recommendations<sup>1</sup> to the WHO, which are included in a report and policy brief<sup>1</sup>:

- *After a live birth, the recommended minimum interval before attempting the next pregnancy is at least 24 months in order to reduce the risk of adverse maternal, perinatal and infant outcomes.*
- *After a miscarriage or induced abortion, the recommended minimum interval to next pregnancy is at least six months in order to reduce risks of adverse maternal and perinatal outcomes.*

### What is HTSP?

Healthy Timing and Spacing of Pregnancy (HTSP) is an intervention to help women and families delay or space their pregnancies, to achieve the healthiest outcomes for women, newborns, infants and children, within the context of free and informed choice, taking into account fertility intentions and desired family size.

Qualitative studies conducted by USAID in Pakistan, India, Bolivia, and Peru showed that women and couples are interested in the healthiest time to *become pregnant* versus when to *give birth*. In this way, HTSP differs from previous birth spacing approaches that refer only to the interval after a live birth and when to give birth. HTSP also provides guidance on the healthiest age for the first pregnancy.

Thus, HTSP encompasses a broader concept of the reproductive cycle – starting from healthiest age for the first pregnancy in adolescents, to spacing subsequent pregnancies following a live birth, still birth, miscarriage or abortion – capturing *all* pregnancy-related intervals in a woman's reproductive life.



Volunteer health worker reading an HTSP Pocket Guide in Dadaab refugee camp in Kenya (Photo credit: Jennifer Mason)

<sup>1</sup>WHO is reviewing the technical experts' recommendations and has requested additional analyses to address questions that arose at the 2005 meeting. WHO recommendations will be issued when their review has been completed.

### Why HTSP? The Rationale

Multiple studies have shown that adverse maternal and perinatal outcomes are related to closely spaced pregnancies. As shown in Table 1, the risks are particularly high for women who become pregnant very soon after a previous pregnancy, miscarriage, or abortion.

**Table 1.** Risks of Adverse Health Outcomes After Very Short Interval Pregnancy, Compared to the Reference Group Interval Used in the Selected Study

INCREASED RISKS WHEN PREGNANCY OCCURS 6 MONTHS AFTER A LIVE BIRTH		
Adverse Outcome	Increased Risk	
Induced Abortion	650%	
Miscarriage	230%	
Newborn Death (<9 mos.)	170%	
Maternal Death	150%	
Preterm Birth	70%	
Stillborn	60%	
Low Birth Weight	60%	
INCREASED RISKS WHEN PREGNANCY OCCURS <6 MONTHS AFTER AN ABORTION OR MISCARRIAGE		
	Increased Risk with 1-2 Month Interval	With 3-5 Month Interval
Low Birth Weight	170%	140%
Maternal Anemia	160%	120%
Preterm Birth	80%	40%

Sources: Conde-Agudelo, et al, 2000, 2005, 2006; Da Vanzo, et al, 2004; Razzaque, et al, 2005; Rutstein, 2005.

Too long intervals (>5 years) are also associated with adverse health outcomes. Thus, through the promotion of healthy timing and spacing of pregnancy, there is the potential to significantly reduce risks to both mothers and children. HTSP offers:

- *Reduced risks after a live birth:* Short birth to pregnancy intervals less than 18 months and longer than 59 months, had a greater risk for adverse perinatal outcomes, than women delivering 18 to 23 months after a live birth.<sup>2</sup>
- *Reduced risks after a miscarriage or post abortion:* Women delivering singleton infants after becoming pregnant less than six months after a previous abortion or miscarriage had a greater risk for adverse maternal and perinatal outcomes, than women delivering 18 to 23 months after a previous abortion.<sup>3</sup>

*Reduced risks for adolescents:* The annual global burden of disease report estimates that 14 million adolescent pregnancies happen every year. Sixty percent of married adolescents reported that their first birth was either mistimed or unintended.<sup>4</sup> Compared to older women, girls in their teens are twice as likely to die from pregnancy and child birth-related causes; and their babies also face a 50 percent higher risk of dying before age 1, than babies born to women in their twenties.<sup>5</sup>

*Considerable unmet need and demand for spacing still exist* in the younger 15-29 age cohorts as well as in postpartum women, as shown in the findings below.

- *Women in younger age cohorts:* Spacing is the main reason for family planning demand among women in younger age groups (15-29). Among married women 29 years or younger who wanted family planning, FP demand for spacing ranged from 66% to over 90%.<sup>6</sup> Data from developing countries also show that younger, lower parity women have the highest demand and need for spacing births. Commonly, between 90% and 100% of the demand for spacing in the 15 to 24 year age cohort, is made up of women with parity of two or less.<sup>7</sup>
- *Postpartum women:* Unmet need for spacing among postpartum women is very high. 95-98% of postpartum women do not want another child within two years – yet only 40% are using family planning.<sup>8</sup> In short, 60% of postpartum women who want to space their pregnancy have an unmet need.

*HTSP is an aspect of FP which is associated with healthy fertility and helping women and families make informed decisions about pregnancy spacing and timing to achieve healthy pregnancy outcomes.* Family planning (FP) has made great progress in helping women avoid unintended pregnancies. To date, the focus of FP has mostly been on lowered fertility, rather than healthy fertility. Findings from the WHO technical panel support the role of family planning in achieving healthy fertility and healthy pregnancy outcomes.

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**HTSP is an effective entry point to strengthen and revitalize FP in sensitive settings** because it focuses on the mother/child dyad and improved health outcomes for mother and baby. HTSP provides an opportunity to highlight family planning as a preventive intervention using the framework of healthy mothers, healthy babies, healthy families and healthy communities.

### From Research to the Field

The Extending Service Delivery (ESD) project, in collaboration with USAID, is currently spearheading an activity to take the evidence from research to the field.

Specifically, ESD is developing a program approach focusing on achieving **three HTSP outcomes** – (1) healthy pregnancy spacing after a live birth; (2) healthy pregnancy spacing after a miscarriage or induced abortion; and (3) healthy timing of the first pregnancy in adolescents, to delay until age 18, for healthy mother and healthy baby.

The first two HTSP outcomes are based on the two recommendations to WHO from the panel of technical experts. The third outcome was added by USAID to address issues of pregnancy at too early an age – a significant contributor to maternal and infant mortality in many developing countries.

### Towards Achieving HTSP Outcomes: The Messages

To achieve HTSP outcomes, three take-home messages have been developed – all to be discussed *in a framework of informed family planning choice, personal reproductive health goals and fertility intention.*

*For couples who desire a next pregnancy after a live birth, the messages are:*

- For the health of the mother and the baby,<sup>\*</sup> wait at least 24 months, but not more than 5 years,<sup>†</sup> before trying to become pregnant again.

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<sup>\*</sup>This message encompasses perinatal, neonatal, and infant health and can be adapted to the context – for example postpartum programs would emphasize perinatal, neonatal and maternal health.

<sup>†</sup>Some technical experts at the 2005 WHO technical consultation felt it was important to note that in birth-to-pregnancy intervals of five years or more, there is evidence of increased risk of adverse maternal outcome,

- Consider using a family planning method of your choice without interruption during that time.

*For couples who decide to have a child after a miscarriage or abortion, the messages are:*

- For the health of the mother and the baby, wait at least six months before trying to become pregnant again.
- Consider using a family planning method of your choice without interruption during that time.

*For adolescents, the messages are:*

- For your health and your baby's health, wait until you are at least 18 years of age, before trying to become pregnant.
- Consider using a family planning method of your choice without interruption until you are 18 years old.

### The Interventions

Key HTSP interventions include:

- Advocacy at the policy level;
- Education and counseling of women and families, and linkage to FP services at the service delivery level; and
- Monitoring and evaluation.

#### Advocacy.

There is significant increased risk for multiple adverse outcomes after short pregnancy intervals. Decision makers must be reached with advocacy and information about HTSP evidence and recommendations from the 2005 WHO technical consultation; DHS data on country-level burden of disease; and HTSP's important role in contributing towards maternal, neonatal and child mortality by reducing adverse maternal and perinatal risks. Country-specific advocacy briefs, developed by ESD, are available at [www.esdproj.org](http://www.esdproj.org).

#### Education and counseling of women and families, and linkage to FP services.

Recent OR studies indicate that educating and counseling women and families on HTSP is

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namely pre-eclampsia, and adverse perinatal outcomes, namely pre-term birth, low birth weight and small infant size for gestational age.



# Participant Handout 3-1: Small Group Monitoring Checklist

Name of Small Peer Group Leader: \_\_\_\_\_

Location of Small Peer Group Meeting

District: \_\_\_\_\_ Village: \_\_\_\_\_

Meeting date (Day/Month/Year): \_\_\_\_\_

**Instructions:** Please complete this form for each small group meeting using the following steps. (1) Indicate the number of new participants and the number of returning participants. Add these two numbers together to show the total number of participants. (2) Indicate the age range of participants by checking the appropriate boxes. (3) Indicate the number of the activity card that you used. (4) Indicate if you discussed any other topics. (5) Explain any challenges that you experienced. For example, questions you found difficult to answer. (6) Write down any follow-up steps. For example, arranging individual meetings with a participant to discuss an issue in more detail, possibly with a CHEW. (7) Submit all forms you completed during the month to your supervisor.

1) **Number of participants:** New \_\_\_\_\_ Returning \_\_\_\_\_ TOTAL \_\_\_\_\_

2) **Age range of participants :**  20-24

3) **Activity card that you used (ex. Activity**

4) **Other topics discussed:**

- |                                                                |                                                                     |                                                          |
|----------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Pressure from family to have children | <input type="checkbox"/> How to obtain or use contraceptive methods | <input type="checkbox"/> Maternal or child health issues |
| <input type="checkbox"/> Relationships                         | <input type="checkbox"/> Gender-based violence                      | <input type="checkbox"/> Other (specify): _____          |

5) **Challenges :**

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6) **Follow-up:**

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## Participant Handout 4-2a: Role play demonstrating poor group facilitation skills

**Scenario:** Your group should do a role-play demonstrating poor facilitation skills. You can pretend you are a small group of first-time mothers and you are having a discussion about how your husbands/boyfriends and mothers-in-law pressure you to have children. The person who volunteers to be the facilitator should think of all the things that a facilitator does wrong and act out those things. Hopefully you can make the other group laugh. The rest of the participants should pretend to be group members. Just to make it more fun, a few of you should try to be especially difficult group members. Below are some recommendations for different members of your group.

**For the facilitator:** Your job is to demonstrate all the bad things that facilitator could do. There are many things you can do, here are some ideas:

- Ask questions that can be answered with “yes” or “no.” For example: Does your husband or partners pressure you? Do you like it?
- Talk a lot about yourself and not let participants talk.
- Demonstrate some bad ways to manage challenging people, like yelling at them or kicking them out of the group.
- Tell participants they are wrong or right instead of letting them discuss.
- Call on the same person to speak instead of letting other people have a turn.
- Show participants that you are not listening to them, for example by reading text messages on your mobile phone.
- Speak very quietly, so participants cannot hear you.

There are many other things you can do to show bad facilitation skills. Be creative!

**For group members:** Some of you can pretend to be challenging group members like we sometimes have in small groups. Here are some suggestions:

- **The talker:** This group member never stops talking and always interrupts people.
- **The boss:** This group member thinks she is always right and tells everyone else what to do. She tries to take over for the facilitator sometimes.
- **The quiet person:** This person never talks. She is too shy.
- **The person who goes off-topic:** This person is nice and polite but every time she talks, she brings up completely irrelevant points that are not related to the topic being discussed, like how hard it is to find food or what she is cooking for lunch.

There are other types of group members—you can be creative. But remember, not everyone in the group should cause a problem. There have to be group members who participate in the discussion. **Good luck!**

## Participant Handout 4-2b: Role play demonstrating good group facilitation skills

**Scenario:** Your group should do a role play demonstrating good facilitation skills. You can pretend you are a small group of first-time mothers and you are having a discussion about how your husbands/boyfriends and mothers-in-law pressure you to have children. The person who volunteers to be the facilitator should do her best to facilitate a good discussion. The rest of the group should pretend to be group members. Just to make it more fun, a few of you should be difficult group members. Below are some recommendations for different members of your group.

**For the facilitator:** Your job is to demonstrate all the good qualities of a facilitator that we discussed previously. You should try to demonstrate all the qualities of a good facilitator that we discussed earlier, for example;

- You should be sure to ask plenty of open-ended questions (questions that cannot be answered with “yes” or “no”). Some questions you could ask are:
  - How do your husbands or partners pressure you to have children very early or very close together?
  - How do your mothers-in-law pressure you to have children very early or very close together?
  - How does their pressure you make you feel?
  - How do you respond to this pressure?
  - What ideas do you have for ways to talk to your husbands or mothers-in-law?
- Take attendance to know who participates at the meeting and explain that the attendance sheet will not be shared
- Reminds participants that everything discussed in the group will be kept confidential
- Encourage all participants to speak
- Listen attentively to what participants say
- Speak clearly and loud enough for all participants to hear you
- Keep the group on topic by asking questions to bring people back to the topic of discussion
- Etc.

There are many more questions you can ask. Be creative!

You might have some challenging people in your group. You will need to figure out a good way to manage those challenging people to keep the discussion going well.

**For group members:** Some of you can pretend to be challenging group members like we sometimes have in small groups. Here are some suggestions:

- **The talker:** This group member never stops talking and always interrupts people to talk.

- **The boss:** This group member thinks she is always right and tells everyone else what to do. She tries to take over for the facilitator sometimes.
- **The quiet person:** This person never talks. She is too shy.
- **The person who goes off-topic:** This person is nice and polite but every time she talks, she brings up completely irrelevant points that are not related to the topic being discussed, like how hard it is to find food or what she is cooking for lunch.

There are other types of group members, you can be creative. But, remember – not everyone in the group should cause a problem. There have to be group members who participate in the discussion so that the facilitator can do a good job!

**Good luck!**

## Annex 2: GREAT Activity Cards

This annex includes a selected list of **GREAT Activity Cards**<sup>17</sup> that are especially relevant for the CBA2i in Nigeria small peer groups. The first section includes instructions on how to use the Activity Cards.

These activity cards were originally developed for Northern Uganda, so small peer group leaders are encouraged to slightly adapt the activities to reflect the context in Akwa Ibom. For example, you can change the names of characters to local names.

This annex also includes an activity related to HIV and STIs in addition to the GREAT Activity Cards, which was adapted from the following training manual: DSW, 2014. *SRH Facilitators' Training Manual*. Hannover: DSW.

### List of Activity Cards

- Activity 1: Healthy timing and spacing of pregnancy story
- Activity 2: Advice on solving problems
- Activity 3: Getting to know you interviews
- Activity 4: Implant true or false
- Activity 5: Injectable contraception true or false
- Activity 6: Combined oral contraceptive pills true or false
- Activity 7: Condom true or false
- Activity 8: Emergency contraceptive pills true or false
- Activity 9: LAM true or false
- Activity 10: Male and female roles games
- Activity 11: Advice About Making Decisions
- Activity 12: Reproductive health choices agree or disagree
- Activity 13: Healthy Relationships Agree or Disagree
- Activity 14: HIV & Sexually Transmitted Infections True or False

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<sup>17</sup> The GREAT Activity Cards were developed under the USAID-funded Gender Roles, Equality, and Transformation (GREAT) project by Pathfinder International, the Georgetown University Institute for Reproductive Health, and Save the Children. The entire toolkit can be downloaded here: <http://www.pathfinder.org/publications-tools/great-scalable-toolkit.html>.

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# **GREAT Activity Cards**

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**Activity cards for  
married and/or parenting  
adolescents**

**(Adapted for Akwa Ibom, Nigeria)**

# Activity cards: instructions for use

## What are activity cards?

Each activity card has step-by-step instructions for a fun activity that a group of adolescents can do together to start discussions about equality, health, and safety. There are many different types of activities on the cards including games; discussions; debates; community interviews; and music, drama, and dance.

## Who can use the activity cards?

This set of cards was designed is for newly married and/or parenting adolescents (15-19 yrs.). The cards can be adapted for use by small groups of married and/or parenting adolescents and young people (15 – 24 yrs).

## Who can lead the activities on the cards?

When your group is interested in using one of the cards, you will have to select someone from the group to lead the card. This person doesn't have to be trained, but should be able to read what is on the card and be comfortable leading a group activity. This toolkit comes with suggestions for leading groups to help anyone leading the activity prepare to lead it well.

## When can we use the cards?

You can use these cards anytime you want something fun to do with your group! You can do the activity on the cards during your group's regular meetings or during special activities.

## How do we use the cards?

1. **Select any card:** The cards can be used in any order so you can pick a card based on your group's interest or the kind of activity you would like to do.
2. **Review the card:** The person selected to lead the activity should review the card before starting the activity. At the top of every card, you will find the card title, the topic that the card will cover (health, equality, safety or "be great"), and the estimated amount of time that the activity will take.
3. **Read the introduction:** Each card has an introduction that the activity leader should read out loud to the group before the activity begins.
4. **Follow the steps written on the card:** Some steps say "read this out loud to the group" which means the activity leader should read what is written for that step so that the whole group can hear the instruction. Other instructions will simply ask the leader to do something such as "draw a line in the dirt with a stick," which the leader does not have to read loudly, but rather just go ahead and do it.
5. **Have a group discussion:** Once the group has completed the activity, there is a list of discussion questions that the leader will ask the group to encourage discussion about the activity.
6. **Read the closing statement:** After the discussion, the activity leader should read out loud the closing statement on the card.
7. **Ask the participants to make a commitment:** At the very end, the activity leader

will read the commitment section on the card. The commitment asks that each participant say one thing that is related to the activity, and which they will commit to doing in the future.

## Suggestions for leading groups

Whether you have led group activities before or this is your very first time, it is a good idea to read through these suggestions before you lead an activity.

- Let participants do most of the talking.
- Be patient – when you ask a question from the card, give the participants a few minutes to think about their response and let them respond.
- Encourage participation – when you ask a question, encourage many of the participants to answer instead of just one or two participants. Be sure to ask both young men and young women to respond.
- Make eye contact and smile!
- Use simple language – if there are words on the card that participants do not understand, try to explain them your own way so that they will.
- Speak clearly and loudly.
- Keep the conversation focused on the questions on the activity card.
- Respect and appreciate participants – there are no right or wrong answers to the questions on the cards. The cards are meant to start discussions so encourage participants and do not judge them.
- Don't take sides in discussion among participants; just encourage participants to discuss their different viewpoints with one another.
- Be excited and **HAVE FUN!**



## Activity 1: Healthy timing and spacing of pregnancy story

**1. Introduction.** Ask participants to form a circle and read this out loud: *Today we will hear a story about the importance of delaying first pregnancies and spacing second pregnancies.*

**2.** Read this story to the group:

Kelvin and Omenwa are new parents with a four-month old baby. Omenwa understands that having another baby would mean one more mouth to feed and more chores. But she is 21 years old and she is worried that if she doesn't have another baby soon, she will become too old to have one. Omenwa goes to the village health worker for advice. The village health worker tells her not to fear, women are able to have babies even when they are in their 30s. She tells Omenwa that she was smart not to have her first child until she was ready in both her mind and in her body. The health worker also advises her to wait two years before trying to get pregnant again in order to protect her health and the health of her babies. Omenwa and Kelvin were using exclusive breastfeeding (also called LAM) as a way to prevent a second pregnancy, but the village health worker tells Omenwa that this method only works if the baby is less than 6 months, the baby is only fed breast milk and nothing else, and if Omenwa's monthly bleeding hasn't started again. She suggests that since the baby is already 4 months old, Omenwa and Kelvin should plan to start using another contraceptive option such as condoms, the pill, injectable contraception, implants, or an intrauterine device (IUD). Omenwa and Kelvin discuss together and decide that they will choose one of these options and wait two years before trying to get pregnant again.

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



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



- What are some reasons for a woman to wait to have children until she is 18 or older?<sup>18</sup>
- What are some reasons for couples to wait two years before trying to become pregnant with a second child?
- Explain whose responsibility it is to prevent a pregnancy and why you think that way? Is it the man's, the woman's, or the couple's together?
- What are some of the challenges young people face in delaying their first pregnancy?
- What can young people do to overcome the challenges to delaying their first pregnancy?
- What are some challenges young couples face in spacing their pregnancies by 2 years?
- What can couples do to overcome the challenges to spacing their pregnancies?

**5. Closing.** Read this out loud: *It is important for young women to wait until their bodies and minds are ready to have children, at least until they are 18 years old. Getting pregnant soon after giving birth can cause health problems for the mother and the baby. Also, it can cause challenges with food and money, and can make raising children more difficult. Go to the health centre or talk to a village health worker to discuss the different ways you can choose to delay a first pregnancy and space a second pregnancy.*

**6. Commitment.** Read this out loud: *Go around the circle and name a health centre or health worker that you know of that you can talk to about healthy timing and spacing of pregnancies.*

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<sup>18</sup> Refer to Activity 2-4 in the Small Group Facilitator Training for examples of answers you can discuss for this question.

## Activity 2: Advice on solving problems

- 1. Introduction.** Ask the group to form a circle and read this out loud: *Today we are going to talk about how to solve problems in a relationship through talking instead of violence.*
2. Separate participants into two groups.
3. Read these instructions out loud: *I am going to read two short stories about couples of your age. In your groups, discuss how the characters can solve the problem by talking about it, instead of using violence. Make up a short drama that acts out the way you think that the couple in the story resolve the problem instead of using violence.*
4. Read the instructions in Step 3 again to make sure everybody understands.
5. Read the first story from the box below.
6. Give participants 10 minutes to discuss and practice their dramas.
7. After 10 minutes, ask the groups to return and form a circle.
8. Ask the groups to perform their dramas one at a time.
9. Read the 2nd story from the box and give the groups 10 minutes to make up new dramas.
10. Ask the groups to form a circle and perform their dramas one at a time.

**Story #1:**

Samuel and Jennifer have been dating for 6 months. Lately, Samuel has been going to the bar and drinking with his friends instead of going to work. He often comes to see Jennifer when he is very drunk, without any money, and yells at her. Jennifer often yells back and they argue into the night about his drinking. Sometimes he hits her.

**Story # 2:**

Ibrahim and Mariama are married and have a daughter who is 18 months old. Mariama is pregnant with her second child. She didn't want to get pregnant so soon after her daughter was born, but felt pressure to try to have a son. Lately has been feeling very weak. It is hard for her to do her chores, make dinner, and look after her daughter all at the same time. When Ibrahim comes home from work, he yells at her because his dinner is not ready and the house is not clean. Sometimes, when is angry, he will throw things around the house. He also threatens to take a second wife, especially if she doesn't produce a son.

## 11. Discussion.

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



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

## 12. Closing.

Read this out loud: *When couples are violent toward one another, they cause each other fear, pain, and sadness. Often, they do not actually solve the problem that they are fighting about. Talking to your partner will help you solve your problems and improve your relationship. It is also important to show your children how to solve problems without violence.*

## 13. Commitment.

Read this out loud: *Go around the circle and say one thing that you are going to do in the future to solve a problem without using violence.*

## Getting to know you Activity 3: Getting to know you interviews

- 1. Introduction.** Ask the group to form a circle and read this out loud: *Today we are going to talk to each other about what we want our lives to be like when we are older.*
2. Separate the group into pairs.
3. Read these instructions out loud: *Imagine that you are radio reporters and that you are interviewing your partners. I will read a question out loud. In your pairs, take turns asking each other this question and then answering it. I will read five questions and give you a few minutes between each question to talk with one another.*
4. Read the instructions in Step 3 again to make sure everybody understands.
5. Read the questions in the box slowly. After each question, give the group about two minutes to talk to one another before you read the next question.

<b>Question 1:</b>	What do you want your relationship to be like as you get older?
<b>Question 2:</b>	How many children do you wish to have?
<b>Question 3:</b>	How do you plan to space your children? Will you have them one after the other or take breaks in between?
<b>Question 4:</b>	Describe the type of mother or you hope to be.
<b>Question 5:</b>	What do you hope for your children?



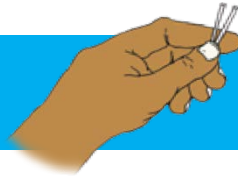
**6. Discussion.** Ask the group to form a circle and ask these questions. Make sure to call on many different people, including young men and young women.



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

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

**8. Commitment.** Read this out loud: *Go around the circle and name one friend that you are going to talk to this week about your hopes for your family.*



## Activity 4: Implant true or false

Note to facilitator: Please refer to your training materials on contraceptive methods before running this activity. If possible, invite a Community Health Extension Worker to help facilitate this activity.

- 1. Introduction.** Ask the group to form a circle and read this out loud: *There are many different methods to prevent pregnancy. Today we will play a game to learn more about one method called implants. Implants are 1-2 small, flexible rods that are placed just underneath the skin on the woman's arm and which release medicine in order to prevent pregnancy. They are very effective for 3-5 years. It is important for both men and women to learn about contraception.*
- 2.** Read this out loud: *What are some ways that you know of to prevent pregnancy?* Give participants a few minutes to think about and discuss their answers.
- 3.** Once they have named different ways, share any answers from this list that they did not say, including:
  - The oral contraceptive pill
  - Intrauterine device (IUD)
  - Injectables
  - Male condom
  - Female condom
  - Implants
  - Male/female sterilization
  - LAM (exclusive breastfeeding for 6 months after birth)
  - Emergency contraception
  - Fertility awareness.
- 4.** Select two locations (for example, two trees), about 10 metres apart. Tell the group that one location is called "TRUE" and the other is "FALSE". "I DON'T KNOW" is a location in between.
- 5.** Read these instructions out loud: *I am going to read a statement to you about injectable contraceptives. If you think the statement is true, run to the "TRUE" location. If you think the statement is false, run to the "FALSE" location. If you do not know, stay here in the middle. After you run to your places, I will ask you to tell the group why you think the statement is true or false. Then, I will read you the correct answer. It is okay to get these answers wrong. We are here to learn today.*
- 6.** Read the instructions in Step 5 again to make sure everybody understands.
- 7.** Read the first statement from the box below. Once the participants run to their locations, ask at least 2 people on each side to explain why they think the

statement is true or false. Give them time to respond and encourage many different people to talk.

8. Read the correct answer below the statement.

9. Repeat this process for the remaining statements.

<b>Statement 1</b>	<b>Adolescents should not use implants.</b>
Answer 1	<i>This statement is false. Implants are very safe for adolescents, including those who have had children and those who have not had children.</i>
<b>Statement 2</b>	<b>Implants are one of the most effective methods of preventing pregnancy.</b>
Answer 2	<i>The statement is true. Implants are very effective. They are more effective than the pill, injectables, and condoms at preventing pregnancy</i>
<b>Statement 3</b>	<b>Women that stop using implants can become pregnant right away.</b>
Answer 3	<i>The statement is true. After the implant is removed, a woman can become pregnant right away.</i>
<b>Statement 4</b>	<b>The implant causes birth defects in the baby.</b>
Answer 4	<i>The statement is false. If the woman becomes pregnant while using the implant, there will be no harm to the baby.</i>
<b>Statement 5</b>	<b>The implant can move around the inside of a woman's body or fall out of the arm.</b>
Answer 5	<i>The statement is false. The implants remain where they are inserted until a health worker removes them. The only time a rod may start to come out is if it was not put in correctly. If this happens, the woman should see a health worker right away and use another form of contraception.</i>

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

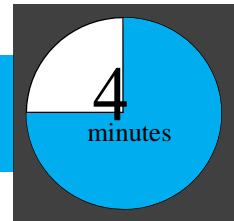


- What did you learn that was new about implants?
- Why do you think it is important for both young men AND young women to learn about contraception?
- What do you think people in your community think about implants? Do they have correct information or incorrect information?
- Where can you and other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

**11. Closing.** Read this out loud: *Many women and couples like using the implant because once it is inserted, there is nothing else required, it is long-lasting, and it does not interfere with sex. Like with all contraceptive methods, there can be some side effects. It is important to talk to a health worker about options that men and women, including adolescents, have to prevent pregnancy.*

**12. Commitment.** Read this out loud: *Go around the circle and name one place or one person that you can talk to in order to find out more information about implants and other contraceptive methods.*





## Activity 5: Injectable contraception true or false

Note to facilitator: Please refer to your training materials on contraceptive methods before running this activity. If possible, invite a Community Health Extension Worker to help facilitate this activity.

- 1. Introduction.** Ask the group to form a circle and read this out loud: *There are many different methods to prevent pregnancy. Today we will play a game to learn more about one method called injectable contraception. This is a shot that women get in the arm to prevent pregnancy. There are different types of injectables, but today we are going to talk about the every three month type, which is also called DMPA or Depo. It is important for both men and women to learn about contraception.*
- 2.** Read this out loud: *What are some ways that you know of to prevent pregnancy? Give participants a few minutes to think about and discuss their answers.*
- 3.** Once they have named different ways, share any answers from this list that they did not say, including:
  - The oral contraceptive pill
  - Intrauterine device (IUD)
  - Injectables
  - Male condom
  - Female condom
  - Implants
  - Male/female sterilization
  - LAM (exclusive breastfeeding for 6 months after birth)
  - Emergency contraception
  - Fertility awareness.
- 4.** Select two locations (for example, two trees), about 10 metres apart. Tell the group that one location is called “TRUE” and the other is “FALSE”. “I DON’T KNOW” is a location in between.
- 5.** Read these instructions out loud: *I am going to read a statement to you about injectable contraceptives. If you think the statement is true, run to the “TRUE” location. If you think the statement is false, run to the “FALSE” location. If you do not know, stay here in the middle. After you run to your places, I will ask you to tell the group why you think the statement is true or false. Then, I will read you the correct answer. It is okay to get these answers wrong. We are here to learn today.*

6. Read the instructions in Step 5 again to make sure everybody understands.
7. Read the first statement from the box below. Once the participants run to their locations, ask at least 2 people on each side to explain why they think the statement is true or false. Give them time to respond and encourage many people to talk.
8. Read the correct answer below the statement.
9. Repeat this process for the remaining statements.

<b>Statement 1</b>	<b>For injectable contraception to prevent pregnancy, a health worker gives it to a woman every 3 months.</b>
Answer 1	<i>The statement is true. For the most common type of injectable contraception, DMPA, a woman must see a health worker for an injection every three months.</i>
<b>Statement 2</b>	<b>A woman using the injectable won't be able to get pregnant after she stops using the injectable.</b>
Answer 2	<i>The statement is false. Sometimes there is a delay of 6 to 12 months after the last injection for a woman to become pregnant again. But there is no evidence that shows that women become infertile because of the injection.</i>
<b>Statement 3</b>	<b>Injectable contraceptives are dangerous, especially for adolescents who haven't had children.</b>
Answer 3	<i>The statement is false. Injectables are very safe for adolescents, including those who have and haven't had children.</i>
<b>Statement 4</b>	<b>Injectable contraception might cause you to stop menstrual bleeding.</b>
Answer 4	<i>The statement is true. Women using injectable contraception do not release eggs and so they often stop monthly bleeding. This is not harmful to your body or your health.</i>
<b>Statement 5</b>	<b>Injectable contraception does not impact a woman's breast milk if she is breastfeeding.</b>
Answer 5	<i>The statement is true. Injectable contraception does not decrease the amount of breast milk and it does not affect the breast milk itself or the health of the infant. Women can use the injection starting 6 weeks after childbirth.</i>

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

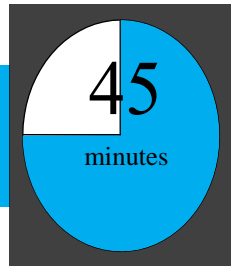
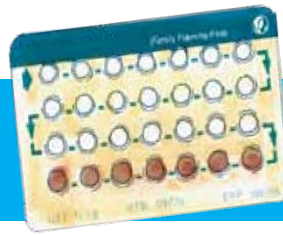
- What did you learn that was new about injectable contraceptives?



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

**11. Closing.** Read this out loud: *Many women and couples like to use injectable contraception because injectables do not require daily reminders like the pill does and nobody else can tell that a woman is using contraception. However, like with all contraceptive methods, there can be some side effects. It is important to talk to a health worker about options that men and women, including adolescents, have to prevent pregnancy.*

**12. Commitment.** Read this out loud: *Go around the circle and name one place or one person that you can talk to in order to find out more information about injectable contraception and other contraceptive methods.*



## Activity 6: Combined oral contraceptive pills true or false

Note to facilitator: Please refer to your training materials on contraceptive methods before running this activity. If possible, invite a Community Health Extension Worker to help facilitate this activity.

1. **Introduction.** Ask the group to form a circle and read this out loud: *There are many different methods to prevent pregnancy. Today we will play a game to learn more about one type of method called the combined oral contraceptive pill, or just “the pill”. The pill is swallowed every day in order to prevent pregnancy. It is important for both men and women to learn about contraception.*
2. Read this out loud: *What are some ways that you know of to prevent pregnancy? Give participants a few minutes to think about and discuss their answers.*
3. Once they have named different ways, share any answers from this list that they did not say, including:
  - The oral contraceptive pill
  - Intrauterine device (IUD)
  - Injectables
  - Male condom
  - Female condom
  - Implants
  - Male/female sterilization
  - LAM (exclusive breastfeeding for 6 months after birth)
  - Emergency contraception
  - Fertility awareness.
4. Select two locations (for example, two trees), about 10 metres apart. Tell the group that one location is called “TRUE” and the other is “FALSE”. “I DON’T KNOW” is a location in between.
5. Read these instructions out loud: *I am going to read a statement to you about oral contraceptive pills. If you think the statement is true, run to the “TRUE” location. If you think the statement is false, run to the “FALSE” location. If you do not know, stay here in the middle. After you run to your places, I will ask you to tell the group why you think the statement is true or false. Then, I will read you the correct answer and we will see who got it right. It is okay to get these answers wrong. We are here to learn today.*
6. Read the instructions in Step 5 again to make sure that everybody understands.



7. Read the first statement from the box below. Once the participants run to their locations, ask at least 2 people on each side to explain why they think the statement is true or false. Give them time to respond and encourage many different people to talk.
8. Read the correct answer below the statement.
9. Repeat this process for the remaining statements.

<b>Statement 1</b>	<b>A woman only needs to take the pill when she has sex.</b>
Answer 1	<i>The statement is false. A woman must take the pill every day in order not to become pregnant. The pill only works if taken every day.</i>
<b>Statement 2</b>	<b>When taking the pill, changes to monthly bleeding are common but not harmful.</b>
Answer 2	<i>The statement is true. When you start on the pill, it is normal to have bleeding that is not regular for the first few months. Then you will start having regular, lighter monthly bleeding afterwards.</i>
<b>Statement 3</b>	<b>The pill will cause deformities in children.</b>
Answer 3	<i>The statement is false. The pill does not cause any harm to the baby or to the mother.</i>
<b>Statement 4</b>	<b>The pill will cause infertility.</b>
Answer 4	<i>The statement is false. Once a woman stops taking the pill, she is able to become pregnant.</i>
<b>Statement 5</b>	<b>The pill is safe for adolescents to take.</b>
Answer 5	<i>The statement is true. The pill has been used safely by millions of adolescent women for over 30 years and been tested more than any other drug. In fact, studies show that the pill can protect women from some forms of cancer.</i>

**10. Discussion.** Ask the group to form a circle and ask these questions. Allow them to discuss their responses in between each question. Be sure everyone is participating:

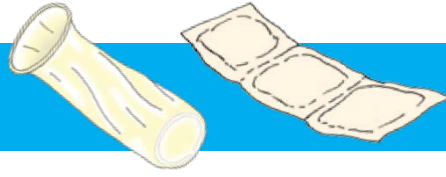
- What did you learn that was new about the pill?



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

**11. Closing.** Read this out loud: *Many women and couples like contraceptive pills because they help protect against pregnancy and some cancers. Some of the pills can also help reduce menstrual cramps, bleeding problems, and improve complexion. What can be difficult is remembering to take the pill every single day and making sure that you always have a supply of pills. If a woman misses doses of her pill, she risks getting pregnant. Like with all contraceptive methods, there can be some side effects. It is important to talk to a health worker about options that men and women, including adolescents, have to prevent pregnancy.*

**12. Commitment.** Read this out loud: *Go around the circle and name one place or one person that you can talk to in order to find out more information about oral contraceptive pills and other contraceptive methods.*



## Activity 7: Condom true or false

Note to facilitator: Please refer to your training materials on contraceptive methods before running this activity. If possible, invite a Community Health Extension Worker to help facilitate this activity.

1. **Introduction.** Ask the group to form a circle and read this out loud: *There are many different methods to prevent pregnancy. Today we will play a game to learn more about male and female condoms. It is important for both men and women to learn about contraception.*
2. Read this out loud: *What are some ways that you know of to prevent pregnancy? Give participants a few minutes to think about and discuss their answers.*
3. Once they have named different ways, share any answers from this list that they did not say, including:
  - The oral contraceptive pill
  - Intrauterine device (IUD)
  - Injectables
  - Male condom
  - Female condom
  - Implants
  - Male/female sterilization
  - LAM (exclusive breastfeeding for 6 months after birth)
  - Emergency contraception
  - Fertility awareness.
4. Select two locations (for example, two trees), about 10 metres apart. Tell the group that one location is called “TRUE” and the other is “FALSE”. “I DON’T KNOW” is a location in between.
5. Read these instructions out loud: *I am going to read a statement to you about condoms. If you think the statement is true, run to the “TRUE” location. If you think the statement is false, run to the “FALSE” location. If you do not know, stay here in the middle. After you run to your places, I will ask you to tell the group why you think the statement is true or false. Then, I will read you the correct answer and we will see who got it right. It is okay to get these answers wrong. We are here to learn today.*
6. Read the instructions in Step 5 again to make sure everybody understands.
7. Read the first statement from the box below. Once the participants run to their locations, ask at least 2 people on each side to explain why they think the statement is true or false. Give them time to respond and encourage many different people to talk.
8. Read the correct answer below the statement.

9. Repeat this process for the remaining statements.

<p><b>Statement 1</b></p> <p>Answer 1</p>	<p><b>Both male and female condoms prevent against pregnancy and sexually transmitted infections, including HIV</b></p> <p><i>The statement is true. Condoms are the only contraceptive method that can protect against pregnancy and sexually transmitted infections, including HIV at the same time.</i></p>
<p><b>Statement 2</b></p> <p>Answer 2</p>	<p><b>A man can put on 2 or 3 condoms at once to increase protection.</b></p> <p><i>This statement is false. Condoms can break if they are used on top of one another. You should only use one condom at a time.</i></p>
<p><b>Statement 3</b></p> <p>Answer 3</p>	<p><b>A male condom and female condom can be used together to increase protection.</b></p> <p><i>This statement is false. Male and female condoms should not be used together. This can cause friction that may lead to the condoms tearing.</i></p>
<p><b>Statement 4</b></p> <p>Answer 4</p>	<p><b>The female condom is comfortable for many women.</b></p> <p><i>The statement is true. The female condom is the same length as a male condom but wider. It is flexible and fits into the shape of the vagina. Female condoms have been carefully designed to fit any woman's body and any man's penis. They cannot get lost inside the body.</i></p>
<p><b>Statement 5</b></p> <p>Answer 5</p>	<p><b>Only men should buy condoms.</b></p> <p><i>This statement is false. Women and young women can also buy condoms, so that they are prepared in case they are in a situation where they need to negotiate the use of condoms. If a young woman has a condom, it does not mean she is promiscuous. It shows that she is taking responsibility over her sexual and reproductive health.</i></p>

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



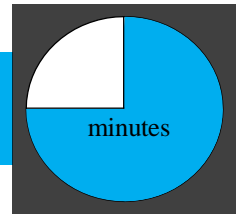
- What did you learn that was new about the pill?
- Why do you think it is important for both young men AND young women to learn about contraception?
- What do you think people in your community think about the pill? Do they have correct information or incorrect information?
- Where can you and other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

**11. Closing.** Read this out loud: *Men and women like to use condoms because they have no side effects and they can be found in many places. Female condoms can be inserted ahead of time and do not interrupt sex. Women like them because they can decide when to use them and they can be used without seeing a health care provider. Since many couples have trouble using condoms correctly and consistently, using another contraceptive method, such as the pill or injectables, and using condoms is often the best way to prevent pregnancy and HIV/STIs for those couples. It is important to talk to a health care provider about contraceptive options.*

**12. Commitment.** Read this out loud: *Go around the circle and name one place or one person that you can talk to in order to find out more information about the male and female condom and other contraceptive methods.*







## Activity 8: Emergency contraceptive pills true or false

Note to facilitator: Please refer to your training materials on contraceptive methods before running this activity. If possible, invite a Community Health Extension Worker to help facilitate this activity.

1. **Introduction.** Ask the group to form a circle and read this out loud: *There are many different methods to prevent pregnancy. Today we will play a game to learn more about one method called emergency contraceptive pills. These are pills that are taken up to 5 days after having unprotected sex in order to prevent pregnancy. It is important for both men and women to learn about contraception.*
2. Read this out loud: *What are some ways that you know of to prevent pregnancy? Give participants a few minutes to think about and discuss their answers.*
3. Once they have named different ways, share any answers from this list that they did not say, including:
  - The oral contraceptive pill
  - Intrauterine device (IUD)
  - Injectables
  - Male condom
  - Female condom
  - Implants
  - Male/female sterilization
  - LAM (exclusive breastfeeding for 6 months after birth)
  - Emergency contraception
  - Fertility awareness.
4. Select two locations (for example, two trees), about 10 metres apart. Tell the group that one location is called “TRUE” and the other is “FALSE”. “I DON’T KNOW” is a location in between.
5. Read these instructions out loud: *I am going to read a statement to you about condoms. If you think the statement is true, run to the “TRUE” location. If you think the statement is false, run to the “FALSE” location. If you do not know, stay here in the middle. After you run to your places, I will ask you to tell the group why you think the statement is true or false. Then, I will read you the correct answer and we will see who got it right. It is okay to get these answers wrong. We are here to learn today.*
6. Read the instructions in Step 5 again to make sure everybody understands.
7. Read the first statement from the box below. Once the participants run to their locations, ask at least 2 people on each side to explain why they think the statement is true or false. Give them time to respond and encourage many different people to talk.

8. Read the correct answer below the statement.
9. Repeat this process for the remaining statements.

<b>Statement 1</b>	<b>Emergency contraceptive pills will end a pregnancy if a woman takes them when she is already pregnant.</b>
Answer 1	<i>This statement is false. Emergency contraceptive pills will prevent the egg from meeting the sperm after sex takes place. If a woman is already pregnant, the pills will not end the pregnancy and will not cause birth defects to her baby.</i>
<b>Statement 2</b>	<b>Emergency contraceptive pills should be taken immediately after unprotected sex in order to be most effective.</b>
Answer 2	<i>The statement is true. The sooner that the pills are taken after sex, the better they work to prevent pregnancy. They have been shown to prevent pregnancy up to 5 days after having sex.</i>
<b>Statement 3</b>	<b>Taking emergency contraceptive pills might cause a woman to feel a little sick for a few days.</b>
Answer 3	<i>The statement is true. Emergency contraceptive pills can sometimes cause a woman to feel nausea, headaches, dizziness, and occasionally vomit. A woman may also have some irregular bleeding in the weeks following taking the pills.</i>
<b>Statement 4</b>	<b>Emergency contraceptive pills will make women behave in a risky way and have sex with many people.</b>
Answer 4	<i>The statement is false. Many studies have found that having emergency contraceptive pills available does not change how people behave. Instead, they provide women with a second chance to prevent pregnancy in case they have unprotected sex.</i>
<b>Statement 5</b>	<b>Emergency contraceptive pills are not appropriate for adolescents.</b>
Answer 5	<i>The statement is false. Emergency contraceptive pills are safe for all women, including adolescents.</i>
<b>Statement 6</b>	<b>Women should never use emergency contraceptives more than once a year.</b>
Answer 6	<i>The statement is false. Emergency contraceptives can be used as often as they are needed to prevent pregnancy after unprotected sex. However, other methods like the pill, injectables, implants and Intrauterine device (IUD) that women use consistently over time work better to prevent pregnancy (if used correctly before sex happens).</i>

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



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

**11. Closing.** Read this out loud: *Men and women like to use condoms because they have no side effects and they can be found in many places. Female condoms can be inserted ahead of time and do not interrupt sex. Women like them because they can decide when to use them and they can be used without seeing a health care provider. Since many couples have trouble*

*using condoms correctly and consistently, using another contraceptive method, such as the pill or injectables, and using condoms is often the best way to prevent pregnancy and HIV/STIs for those couples. It is important to talk to a health care provider about contraceptive options.*

**12. Commitment.** Read this out loud: *Go around the circle and name one place or one person that you can talk to in order to find out more information about the male and female condom and other contraceptive methods.*



## Activity 9: LAM true or false

Note to facilitator: Please refer to your training materials on contraceptive methods before running this activity. If possible, invite a Community Health Extension Worker to help facilitate this activity.

1. **Introduction.** Ask the group to form a circle and read this out loud: *There are many different methods to prevent pregnancy. Today we will play a game to learn more about one method called Lactational Amenorrhea Method or LAM. LAM is a method of preventing pregnancy that requires that the woman is exclusively breastfeeding, that her baby is less than 6 months old, and that her monthly bleeding has not returned. It is important for both men and women to learn about contraception.*
2. Read this out loud: *What are some ways that you know of to prevent pregnancy? Give participants a few minutes to think about and discuss their answers.*
3. Once they have named different ways, share any answers from this list that they did not say, including:
  - The oral contraceptive pill
  - Intrauterine device (IUD)
  - Injectables
  - Male condom
  - Female condom
  - Implants
  - Male/female sterilization
  - LAM (exclusive breastfeeding for 6 months after birth)
  - Emergency contraception
  - Fertility awareness.
4. Select two locations (for example two trees), about 10 metres apart. Tell the group that one location is called “TRUE” and the other is “FALSE”. “I DON’T KNOW” is a location in between.
5. Read these instructions out loud: *I am going to read a statement to you about condoms. If you think the statement is true, run to the “TRUE” location. If you think the statement is false, run to the “FALSE” location. If you do not know, stay here in the middle. After you run to your places, I will ask you to tell the group why you think the statement is true or false. Then, I will read you the correct answer and we will see who got it right. It is okay to get these answers wrong. We are here to learn today.*
6. Read the instructions in Step 5 again to make sure everybody understands.
7. Read the first statement from the box below. Once the participants run to their locations, ask at least 2 people on each side to explain why they think the statement is true or false. Give them time to respond and encourage many different people to talk.
8. Read the correct answer below the statement.

9. Repeat this process for the remaining statements.

<p><b>Statement 1</b></p> <p>Answer 1</p>	<p><b>Exclusive breastfeeding means that no other food or liquids are offered to the baby.</b></p> <p><i>This statement is true. In order to prevent another pregnancy, you cannot give the baby anything besides breast milk. If you do, you must find another contraceptive method to use.</i></p>
<p><b>Statement 2</b></p> <p>Answer 2</p>	<p><b>Exclusive breastfeeding a baby for up to two years will prevent another pregnancy.</b></p> <p><i>The statement is false. Exclusive breastfeeding only works for preventing pregnancy if the baby is less than 6 months old. It is also healthy to give some foods to the baby after 6 months of exclusive breastfeeding.</i></p>
<p><b>Statement 3</b></p> <p>Answer 3</p>	<p><b>LAM will only work to prevent pregnancy if the mother's monthly bleeding has not returned after giving birth.</b></p> <p><i>The statement is true. If a mother's monthly bleeding returns, she must use another method, like an Intrauterine device (IUD), implant, injectable, or condoms to prevent another pregnancy.</i></p>
<p><b>Statement 4</b></p> <p>Answer 4</p>	<p><b>A woman should start breastfeeding as soon as possible after a baby is born in order to prevent another pregnancy.</b></p> <p><i>The statement is true. If a woman does not start breastfeeding right away, she is more likely to give the baby something besides breast milk to drink, which would mean that she cannot use breastfeeding to prevent another pregnancy.</i></p>

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



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

**11. Closing.** Read this out loud:

*Many women and couples like to use LAM during the first six months of their baby's life because it is very effective, has no side effects, does not need any supplies and encourages breastfeeding which is healthy for the mother and the baby. However, it only works to prevent pregnancy if the baby is only fed breast milk and nothing else; the mother has not started her monthly bleeding again; and if the baby is under 6 months old. It is important to talk to a health worker about what contraceptive methods to use after 6 months since it is healthy to wait two years before trying to get pregnant again. There are also other contraceptive methods that a woman can use while breastfeeding if she is unable to only breastfeed or her monthly bleeding has returned.*

**12. Commitment.** Read this out loud: Go around the circle and name one place or one person that you can talk to in order to find out more information about contraceptive methods.

## Activity 10: Male and female roles games

1. **Introduction.** Ask the group to form a circle and read this out loud: *Today we are going to talk about what it means to be a man or a woman.*
2. Select two locations (for example, two trees), about 10 metres apart. Tell the group that one location is called “MEN” and the other is called “WOMEN”. Select a spot in the middle of the two locations and call this “BOTH MEN AND WOMEN”.
3. Read these instructions out loud: *I am going to say a word. I want you to run to the location where you think that word belongs. For example, if I say the word “mother,” you run to the “WOMEN” location because only women can be mothers. If I say the word “tall” and you think both men and women can be tall, you run to the space for “BOTH MEN AND WOMEN.”*
4. Read the instructions in Step 3 again to make sure that everybody understands.
5. Read the first word from the list below.
6. Once everyone runs to a location, ask at least two participants from each side to tell you why they chose that location. Encourage the others to share and debate as well.
7. When they finish discussing, repeat the process for the remaining words.
8. Repeat these steps for the remaining words on the list.

### Word List

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

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

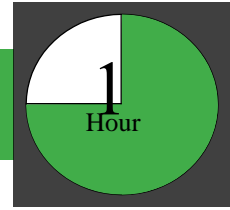


- Which of these words were difficult to decide whether they are for men, women or both?
- Many people believe that only men can be strong, brave, financially successful, and make decisions for the family. They also believe that only women can do the cooking and be good communicators. How do you feel about these beliefs?
- Can an ideal man be caring and kind? Can an ideal woman be strong and make decisions for the family? Explain your answer.
- If your younger sister or cousin told you she wants to be a police officer, what would you say to her?

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

**11. Commitment.** Read this out loud: *Go around the circle and tell us one thing that you would like to try, either now or when you are older, that members of your sex do not typically do. For instance, as a man, you may want to try cooking. As a woman, you may want to try herding goats. Since I have already given you those hints, think of something different to say.*





## Activity 11: Advice about Making Decisions

1. **Introduction.** Ask the group to form a circle and read this out loud: *Today we are going to talk about what it means to be a man or a woman.*
2. Separate the group into small groups of 3-4 people, with mixed men and women.
3. Read these instructions: *I am going to tell you about a situation in which a couple has to make a decision about spending money. In your groups, I want you to discuss how you would handle this decision and what you would decide to do. You must come to an agreement. Then I will ask you to share what you talked about in order to make your decision.*
4. Read the first situation from the box below.
5. Give the groups five minutes to discuss with one another.
6. After five minutes, ask the groups to come back to the circle.
7. Ask the groups to share their decisions one by one. Ask how they reached their decisions.
8. Once everyone has finished, read the second situation and have the groups discuss and present their decisions again. Do the same thing with the third situation.

**Situation #1:** A family has three children, two girls age 15 and 12 and a boy aged 9. Heavy rains washed away their crops and they don't have much to sell this season. They will only be able to afford school fees for one child next month. What should they do?

**Situation #2:** In one home, the husband wants to save his money for a bicycle so that he can get to the market earlier in the day. The wife understands the importance of saving, but wants to buy new school uniforms for the children. What should they do?

**Situation #3:** A couple has to choose whether the woman should go to the market every day and sell baskets or work in the garden so that the family has food to eat. What should they do?

**9. Discussion.** Once you are finished, ask the group these questions.



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

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

**11. Commitment.** Read this out loud: *Go around the circle and name one peer or elder that you feel you and your partner can go to together for help making a difficult decision.*

## Activity 12: Reproductive health choices agree or disagree

1. **Introduction.** Ask the group to form a circle and read this out loud: *Today we are going to talk about making decisions about pregnancy, children and health.*
2. Select two locations (for example, two trees), about 10 metres apart. Tell the group that one location is called “AGREE” and the other is called “DISAGREE”.
3. Read these instructions: *I am going to read a statement. If you agree with the statement, I want you to run to the “agree” location. If you disagree with the statement, run to the “disagree” location. I will then ask you to explain why you agree or disagree with the statement.*
4. Read the instructions in Step 3 again to make sure that everybody understands.
5. Read the first statement out loud from the box below.
6. Once everyone has run to their locations, ask at least two people from each side to explain why they agree or disagree. Encourage many of them to share and to debate their answers with one another.
7. Once they are finished, read the following statements in the box one by one, allowing them time to run to their locations and explain their answers again

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

8. **Discussion.** Ask these questions out loud to the group.

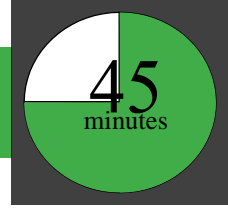


- Why do some people believe that you must have a child to be a real man or woman?

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

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

**10. Commitment.** Read this out loud: *Go around the circle and name one thing that you learned today that you are going to share with someone else this week.*



## Activity 13: Healthy Relationships Agree or Disagree

1. **Introduction.** Ask the group to form a circle and read this out loud: *Today we are going to talk about violence in relationships and how to have a healthy relationship.*
2. Select two locations (for example, two trees), about 10 metres apart. Tell the group that one location is called “AGREE” and the other is called “DISAGREE”.
3. Read these instructions: *I am going to read a statement. If you agree with the statement, I want you to run to the “agree” location. If you disagree with the statement, run to the “disagree” location. I will then ask you to explain why you agree or disagree with the statement.*
4. Read the instructions in Step 3 again to make sure that everybody understands.
5. Read the first statement out loud from the box below.
6. Once everyone has run to their locations, ask at least 2 people from each side to explain why they agree or disagree. Encourage everyone to share and debate with one another.
7. Once they are finished, read the following statements in the box one by one, allowing them time to run to their locations and explain their answers again.

**Statement 1:** There are times when a woman deserves to be beaten.

**Statement 2:** A man needs another woman, even if he has good relations with his wife.

**Statement 3:** It is okay for a man to beat his wife as long as she lies down first.

**Statement 4:** Violence does not just mean beating. It also means yelling and saying hurtful things.

**Statement 5:** It is okay for a man to force a woman to have sex with him if she is his wife.

8. **Discussion.** Once they have finished, ask these questions. Give participants time to think about and discuss their responses to each question before moving onto the next question.

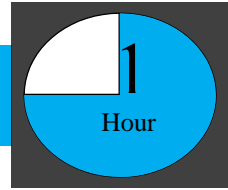
- Did you find it difficult or hard to think about these statements?



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

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

**10. Commitment.** Read this out loud: *Go around the circle and name one adult that you can talk to if you are experiencing violence in your relationship, or if you have a friend that is experiencing violence and you want to help.*



## Activity 14: HIV & Sexually Transmitted Infections True or False<sup>19</sup>

Note to facilitator: Please refer to your training materials on contraceptive methods before running this activity. If possible, invite a Community Health Extension Worker to help facilitate this activity.

### 1. Introduction. Ask the group to form a circle and read this out loud:

*Sexually Transmitted Infections (STIs) are infections transmitted by intimate body contact and/or sexual intercourse with an infected person. Today, we are going to discuss different types of STIs, including HIV, and how to prevent them. The Human Immunodeficiency Virus (HIV) attacks the immune system and is responsible for AIDS (Acquired Immunodeficiency Syndrome). Deaths from AIDS have fallen dramatically since the mid 1990's. Although there is no cure for HIV, new treatments with ARV drugs can prolong life and prevent transmission from mothers to babies. However, HIV infections continue to rise.*

### 2. Read this out loud: *What are some of the STIs that you are aware of?* Give participants a few minutes to think about and discuss their answers.

### 3. Once they have named different ways, share any answers from this list that they did not say, including:

- HIV
- Candidiasis
- Chlamydia
- Genital warts
- Gonorrhoea
- Genital herpes
- Syphilis
- Hepatitis B

### 4. Select two locations (for example, two trees), about 10 metres apart. Tell the group that one location is called "TRUE" and the other is "FALSE". "I DON'T KNOW" is a location in between.

### 5. Read these instructions out loud: I am going to read a statement to you about condoms. If you think the statement is true, run to the "TRUE" location. If you think the statement is false, run to the "FALSE" location. If you do not know, stay here in the middle. After you run to your places, I will ask you to tell the group why you think the statement is true or

<sup>19</sup> This activity is adapted from: DSW, 2014. *SRH Facilitators' Training Manual*. Hannover: DSW.

false. Then, I will read you the correct answer and we will see who got it right. It is okay to get these answers wrong. We are here to learn today.

6. Read the instructions in Step 5 again to make sure everybody understands.
7. Read the first statement from the box below. Once the participants run to their locations, ask at least 2 people on each side to explain why they think the statement is true or false. Give them time to respond and encourage many different people to talk.
8. Read the correct answer below the statement.
9. Repeat this process for the remaining statements.

<b>Statement 1</b>	<b>HIV is a sexually transmitted infection</b>
Answer 1	TRUE – HIV can be sexually transmitted. It can also be transmitted from infected blood, shared needles, and from an infected mother to her child.
<b>Statement 2</b>	<b>You do not need to see a doctor or nurse if you need medicine to cure an STI. You can go straight to the pharmacist or drug store.</b>
Answer 2	FALSE – You must go to the doctor so he or she can find out if you have an STI, which one it is, and how it can be treated. Taking medicine from the chemist or friends is dangerous. It may not cure your STI, and your body may get too used to getting drugs. If that happens, some drugs will not work when they are needed.
<b>Statement 3</b>	<b>Using a condom is the safest way for sexually active young people to protect themselves from STI's, including HIV.</b>
Answer 3	TRUE – Using a male or female latex condom is the safest way for sexually active young people to prevent getting an STI, including HIV. Condoms can also protect against unwanted pregnancies.
<b>Statement 4</b>	<b>Boys and men always know if they have an STI because they have problems urinating.</b>
Answer 4	FALSE – Some STI's (like HIV) don't have this symptom. Sometimes a boy or man can have an STI like gonorrhoea and not have any symptoms. The only way to know for sure if you have an STI is to go to health facility for counselling and testing.
<b>Statement 5</b>	<b>Girls or women who have STI infections may have problems getting pregnant</b>
Answer 5	TRUE – The pill does not protect against STI's. Latex condoms are the only contraceptive method that can provide protection from STI's. Condoms are also good for preventing pregnancy.
<b>Statement</b>	<b>Even if a girl or woman uses contraceptive pills, she can still get an STI</b>
Answer	TRUE – The pill, injectables, implants and IUDs do not protect against STI's. Latex condoms are the only contraceptive method that can provide protection from STI's, including HIV.
<b>Statement</b>	<b>If a woman is HIV-positive, she can take medicine to prevent her baby from becoming infected.</b>
Answer	TRUE – HIV-positive pregnant women can take anti-retroviral treatments to prevent transmitting HIV to their baby. HIV-positive women should consult a qualified health professional to learn more about their options during pregnancy.
<b>Statement</b>	<b>Men who have an STI can be cured by having sex with a virgin</b>



Answer

FALSE - In fact, they will likely infect the virgin and will remain infected with the STI.

- 10. Discussion.** Ask the group to form a circle and ask these questions. Allow them to discuss their responses with one another. Be sure everyone is participating:
- What did you learn that was new about LAM?
  - Why do you think it is important for both young men AND young women to learn about contraception?
  - What do you think people in your community think about LAM? Do they have correct information or incorrect information?
  - Where can you and other young people go to find out more about LAM and other contraceptive methods?

- 11. Closing.** Read this out loud: *Sexually transmitted infections (STIs), including HIV, are serious health problems for young women. Many young women may have an STI without noticing any symptoms for a long time. Therefore, if you recognize any symptoms that might indicate an STI (including: sores, blisters, warts, itching, rashes or irritation in the genital area; pain when urinating or needing to urinate more frequently; pain during sexual intercourse; pelvic or lower abdominal pain; yellow discharge from the vagina/penis with an unusual smell), the best thing to do is to go to a health facility to speak to health professional and ask for a test. It is also a good idea to inform your partner, since if you have an STI, it is likely that he is also infected.*

*HIV is transmitted by sexual contact, through contaminated blood products, by sharing infected needles for injection among e.g. drug users and through Mother-to-Child Transmission. When someone first becomes infected with HIV, they generally do not feel any symptoms for up to 3 to 6 months. However, they can still transmit the virus to others during this period. Only a health professional can confirm whether a person has HIV or not. Even if a person may look and feel healthy, all HIV positive people (even those on combination therapy) are able to infect others with HIV. The best ways to prevent HIV infection are to: always use condoms when having sex; if you decide to have sex without condoms (for example to try to get pregnant), both partners should have an HIV test; do not share needles or other sharp instruments; seek treatment to prevent transmission of HIV to your baby if you are HIV-positive.*

- 12. Commitment.** Go around the circle and ask each participant to name one place or one person where they can go to seek more information about STIs, including HIV.

# **Annex 3: Pathfinder International Cue Cards for Counselling Adolescents on Contraception**

Please see <http://www.pathfinder.org/publications-tools/cue-cards-for-counseling-adolescents-on-contraception.html>



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