Small Group Facilitation for Young Married Women and First-time Parents in West Africa

A Supplemental Training Module for

Facilitators

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Acronyms and Abbreviations

DHS	Demographic and Health Survey
FTP	First-time parent
GREAT	Gender Roles, Equality, and Transformation project
HTSP	Healthy timing and spacing of pregnancy
SRH	Sexual and reproductive health

Notes for Organizers and Trainers

Background

In much of francophone West Africa, a significant proportion of adolescent girls aged 15–19 and young women aged 20–24 are married or living in union. For most young women, sexual debut and childbearing occur within the context of marriage (defined here as a formal or informal union in which a man and a woman are living together). Use of modern contraceptives is low among young married women and adolescents, and childbearing usually begins soon after marriage. See the table below for a selection of data on marriage, childbearing, and contraceptive use in several countries.

	Minimum age of marriage for girls	% adolescent girls aged 15-19 who are married/in union	% women aged 20-24 who are married/in union	% women 20-24 who gave birth by 18	% women 20-24 who gave birth by 20	% married adolescents 15-19 using a modern method
Burkina Faso (DHS 2010)	15	31.5%	81%	28%	57%	6%
Guinea (DHS 2012)	17	35%	76%	40%	59..6%	2.6%
Cameroon (DHS 2011)	15	24.2%	61.8%	29.9%	49.4%	12.2%
Niger (DHS 2012)	15	70%	90.5%	48.2%	73.9%	5.9%
DRC (DHS 2007)	15	22.5%	65.3%	23.3%	48.3%	16.1%
Côte d'Ivoire (DHS 2011-12)	18	20.7%	56%	31%	50.2%	6.9%
Senegal (DHS 2012-13)	16	22.6%	56.7%	17.7%	34.3%	2.8%
Mali (DHS 2012-13)	16	43.1%	84.5%	46.2%	68.2%	6.5%
Benin (DHS 2011-12)	18	13.8%	61.4%	23.3%	41.6%	4.2%
Burundi (DHS 2010)	18	8.6%	60.3%	6.6%	60.4%	8.1%

First-time parents (FTPs) may be married or unmarried, are either pregnant with or have had their first child, and are 10–24 years of age (although the male partner may be much older in certain contexts). The map below gives an overview of birth rates among adolescent girls aged 15–19 in a number of francophone West African countries.[1]

[1] Map source: Ouagadougou Partnership, *Family Planning: Francophone West Africa on the Move – A Call to Action* (2012). Accessed Dec. 3, 2014 at: http://www.prb.org/Publications/Reports/2012/ouagadougou-partnership-en.aspx.

Young married women and first-time parents face a unique set of challenges to living healthy sexual and reproductive lives—challenges that are different to those faced by unmarried and childless adolescents or older married women. When they get married, young women quickly become isolated, with household responsibilities and limitations on their mobility keeping them at home without supportive social networks or access to health information and services. Furthermore, the choice of whether or not to use contraception to plan when and if they want to have children is rarely their own. Their husbands, co-wives, community and family elders, in-laws, and religious leaders have most of the decision-making power (or influence) related to sexual and reproductive health (SRH) and they also often decide how resources within the household are used.[2] These unequal power dynamics and gender inequalities place young married women and first-time parents at particular risk of gender-based violence, gender-based household maltreatment, pressure to bear children before they are ready, and prevention of pregnancy spacing. As a result of these dynamics and other factors (including sociocultural preferences around fertility and provider bias), many young in-union or married women become parents during their youth and young mothers have closely spaced pregnancies, compromising their health and that of their newborns. Significant evidence posits that both mother and baby are healthier if at least 24 months passes between pregnancies.[3,4,5,6]

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[2] S. Engebretsen and G. Kabore, *Addressing the needs of girls at risk of early marriage and married adolescent girls in Burkina Faso* (Population Council, May 2011). Accessed June 25, 2013 at: http://www.popcouncil.org/pdfs/TABriefs/09_BurkinaFaso.pdf.

[3] WHO, *Report of a technical consultation on birth spacing* (Geneva: WHO, 2005). Accessed Dec. 3, 2014 at: http://www.who.int/maternal_child_adolescent/documents/birth_spacing.pdf?ua=1.

[4] UNFPA, *How Universal is Access to Reproductive Health? A Review of the Evidence* (UNFPA, 2010). Accessed Dec. 3, 2014 at: http://www.unfpa.org/sites/default/files/pub-pdf/universal_rh.pdf.

[5] A. Conde-Agudelo and A. Rosas-Bermudez, "Effects of Birth Spacing on Maternal, Perinatal, Infant and child Health: A Systematic Review of Causal Mechanisms" *Studies in Family Planning* (2012) 43[2]: 93–114.

Despite the need for health services and community-based programming to address gender and other social norms, few programmatic efforts intentionally address the needs and rights of young married women and first-time parents. Forming and supporting regular meetings of small groups of young married women (including first-time mothers) has been shown to reduce social isolation of young married women, while increasing their self-efficacy, self-esteem, social capital, and knowledge of SRH.[7]

Purpose

This training curriculum is designed for peers who will facilitate small groups of young married women and/or first-time parents. The curriculum is designed to be added to existing in-country training curricula that cover broader SRH topics and interpersonal communication skills.

The goal of the supplemental training module is twofold:

1. Improve facilitators' capacity to facilitate small group activities and discussions with young married women and/or first-time mothers, using tools such as the GREAT Activity Cards.[8]
2. Improve facilitators' knowledge of healthy timing and spacing of pregnancy (HTSP) and contraception.

Intended audience

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 counseling skills. Facilitators should be able to read and write. (If not, additional adaptation of the modules 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 receiving this training and leading small groups should be peers of the group members. They should be married young women and/or first-time mothers.

For the purposes of this training, **married young women** refers to young women (aged 10–24) in formal and informal unions, in which they are cohabitating (living) with a partner. This group includes both those with and those without children. **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

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[6] J. Cleland, et al. "Contraception and health" *The Lancet* (2012) 380: 149-156.

[7] K.G. Santhya and Annabel Erulkar, "Supporting married girls: Calling attention to a neglected group" (Population Council, Feb. 2011), accessed 1 Dec. 2015 at: http://www.popcouncil.org/uploads/pdfs/TABriefs/03_MarriedGirls.pdf.

[8] 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 cards designed 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.

marital status. This training module covers the use of small groups for young women who are married and/or first-time mothers (not fathers); however, small groups will discuss issues related to partners.

Learning objectives

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

1. Describe the specific challenges young married women and 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 married women and first-time mothers, and the logistics of how the small groups will be implemented.
4. Describe their role as small group facilitators.
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

Sessions	**Duration**	**Supporting resources**
Session 1: Introduction to the Supplemental Training Module for Small Group Facilitators	15 minutes	Slide 1-1 Participant Handout 1
Session 2: Exploring the Needs, Rights, and Challenges of Young Married Women and First-time Parents	3 hours 30 minutes	Name tags, tape, paper, and paper statements Slide 2-1 and 2-2 Participant Handout 2
Session 3: Orientation on Small Groups for Young Married Women and First-time Mothers	1 hour and 15 minutes	Participant Handout 3
Session 4: How to be a Good Small Group Facilitator	2 hours	Participant Handout 4 Participant Handout 5 Slide 4-1, 4-2, 4-3
Session 5: How to Use the Activity Cards with your Small Group	4 hours	Activity Cards
Session 6: Summary and Conclusion	45 minutes	–
Total time	**11 hours 45 minutes**	

Adapting this training

This training was originally developed for working in Burkina Faso, Guinea, and Niger. However, it can be relatively easily adapted to fit contexts in other francophone West African countries, or—with a little more effort—countries outside that region. There are several specific places where adaptation may be needed, depending on the country and context:

Country-specific information: When introducing the training, you can share statistics from your specific country or setting. You can draw on the information in the table in the Background section, which shares relevant statistics on early marriage, childbearing, and contraceptive use in various countries.

Case studies and role plays: You may want to change the names that are used in the case studies and role plays ("Augustine" and "Harouna" in Session 2, Activity 2-1) and ("Fatimata" 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: You will likely need to adapt content in Sessions 1 and 3, depending on your project design and your specific plans for implementing the small groups (e.g., frequency of meetings, size of small groups, recruitment of members, supervision, reporting).

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 counseling skills. This two-day module can 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

Day 1	
Time	**Sessions**
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 married women and first-time parents Activity 2-1: Circles of influence around young married women and their husbands/partners
10:45-11:15	Break
11:15-12:00	Session 2

	Activity 2-2: Discuss challenges young married women and first-time mothers face in seeking reproductive health services
12:00-12:45	Session 2 Activity 2-3: The basics of healthy timing and spacing of pregnancy (HTSP)
12:45-1:45	Lunch
1:45-3:15	Session 2 Activity 2-4: Reflect on views and beliefs related to fertility and contraception for young married women and FTPs
3:15-3:30	Break
3:30-4:45	Session 3: Orientation on Small Groups for Young Married Women and First-time Mothers
4:45-5:00	Daily wrap-up
Day 2	
Time	**Session and activities**
9:00-9:15	Welcome and summary of the previous day, overview of 2nd day
9:15-10:45	Session 4: How to be a good small group facilitator
10:45-11:15	Break
11:15-12:00	Session 5: How to use the Activity Cards with your small group Activity 5-1: Overview of how to use the Activity Cards
12:00-1:00	Session 5 Activity 5-2: Practice using the Activity Cards (continued after lunch)
1:00-2:00	Lunch
2:00-4:15	Session 5 Activity 5-2: Practice using the activity cards (continued)
4:15-5:00	Session 6: Summary and Conclusion

Session 1: Introduction to the Supplemental Training Module for Small Group Facilitators

Objective of the session:

1. 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 1: Training Schedule** for all participants.

Total session time: 15 minutes

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

Time: 15 minutes

Methodology: Trainer presentation

The trainer should:

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

There are many young women who marry very early and have children early. Are any of you married or pregnant or do any of you 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 24? This project was designed for you and young women like you—young women who are married and who are facing many pressures to have children or to have additional children quickly. Your role as a small group facilitator will be to form small support groups of young married women and first-time mothers. You will facilitate group meetings of these young women at least once a month. Through the groups, young married women can have friends, 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 married women and first-time mothers do this. This training will help prepare you for that.

2. **Display slide 1-1 (Session 1, Slide 1) and explain the training objectives using the content below:**

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

1. Describe the specific challenges young married women and first-time parents face in living healthy sexual and reproductive lives.
2. Explain the three main messages of healthy timing and spacing of pregnancy (HTSP).
3. Explain the objectives of the small groups for young married 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 1: Training Schedule.**

Session 2: Exploring the Needs, Rights, and Challenges of Young Married Women and 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 married women, and their husbands.
2. Reflect on attitudes and values related to fertility, contraception, and decision making among young married women and their husbands, and first-time mothers.
3. Describe the three key messages of health timing and spacing of pregnancy.

Before the training, the trainer should:

- Review the training content.
- Bring masking tape, chalk, or something else that you can use to mark/draw on the floor.
- Photocopy and cut out the 25 character name tags from **Activity 2-1 Tool A: Circles of Influence Name Tags.**
- Prepare 25 pieces of tape in advance.
- Photocopy and cut out the character statements from **Activity 2-1 Tool B: Circles of Influence – Character Statements.**
- Fold the character statements in half so no one can read them, and clip or pair each one with the corresponding name tag. Create 25 small piles for participants to choose from alongside the 25 pieces of tape.
- Make enough copies of **Participant Handout 2: Case Study – Fatimata** for all participants.
- 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 around young married women and their husbands/partners, and first-time parents?[9]

Time: 1 hour

Methodology: Participatory activity

The trainer should:

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

Young married women and FTPs experience pressure from many different people about when to have their first child or additional children. As you are young married women or 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.[10]

3. Lay out the character nametags and the corresponding character descriptions that you prepared before the session began. Give each participant the following:

a. A Character Nametag
b. The corresponding Character Statement. This should have the same number as the Character Nametag they received. For example, the participant who receives "1. Augustine (young married woman)," should receive the piece of paper numbered "1" with the description of Augustine's character.
c. A piece of tape.

[9] Adapted from the SASA! Methodology Training Prep Module. Available from: http://raisingvoices.org/sasa/
[10] Illustration from SASA! Training Prep Module. Available from: http://raisingvoices.org/sasa/

4. **Once each participant has a Character Nametag and the description of their character, have them tape their nametag to their chest. Tell them they can read their character descriptions on their corresponding pieces of paper, but only to themselves.**

   ***Note to the facilitator*:** If you have a group that is smaller than 25, it is okay if not all the name tags are used, but be sure that some participants are given higher numbers (21-25) in order to complete the exercise.

5. **Ask the participants who have the nametags that say "1. Augustine (young married woman)" and "Harouna (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 Augustine. She is 16 years old and recently married Harouna who is 40 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 Augustine and Harouna, 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 Augustine and Harouna to introduce themselves by reading out loud what is written on their character description papers.

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

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 facilitators 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 behaviors 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 Augustine to make reproductive health decisions?
- Who are the most powerful influencers of young married women and first-time mothers in your community? Who pressures them to have children soon after marriage and to have many children before they grow older?
- How do you think forming young women's support groups might help young married 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 married women like you. As a small group facilitator, it is your role to understand the different pressures young married women and first-time parents might feel, 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.

Activity 2-1 Tool A: Circle of Influence Nametags

1. Augustine
(young married woman)

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2. Harouna
(husband)

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3. Harouna's mother
(Augustine's mother-in-law)

---

4. Harouna's friend

---

5. Augustine's father

6. Harouna's sister (Augustine's sister-in-law)

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7. Harouna's father (Augustine's father-in-law)

---

8. Augustine's mother

---

9. First wife of Harouna

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10. Imam

11. Health care provider

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12. Leader of the community women's group

---

13. Police officer

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14. Neighbor

---

15. Market seller

16. Teacher

---

17. Traditional leader

---

18. Small group leader / peer educator

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19. Augustine's former friend when she was in school

---

20. Friend of Augustine's mother-in-law

21. Judge

---

22. NGO staff

---

23. Radio announcer

---

24. Parliamentarian

---

25. District Health Official

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

1. My name is Augustine and I am 16 years old. I am married to Harouna. Harouna 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 Harouna and I am 40 years old. I am married to Augustine. She is my third wife. I'm very happy to have married her so I can become a father again soon.

3. I am Harouna's mother (Augustine's mother-in-law). Augustine, 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 Harouna's friend. He is a good man and well-respected in our community. Augustine, you must honor him and produce a male child for him so that he continues to be well-respected.

5. I am Augustine'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 honor to our home by proving you are a woman soon.

6. I am Harouna's sister. You look nice, but not good enough for my brother. I hope you will prove to me that you are good for my family.

7. I am Harouna'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 Augustine's mother. I wish you good luck in your new home. May Allah 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 the first wife of Harouna. I am already blessed with many children with Harouna. My son is almost a man now. No woman can be better than me for Harouna.

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10. I am the Imam in Augustine and Harouna's community. May Allah bring many children to bless you very soon.

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11. I am the health care provider. You know it is very risky to have a birth so young. It can lead to an unhealthy baby and can put you at risk of death or problems like fistula. It is recommended to wait until you are at least 18 to have a baby. If you can come to the clinic I can tell you about many family planning options.

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12. I am the leader of the local women's group. Only real women with many children are welcome in our group.

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13. 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.

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14. I am a neighbor of Harouna. I am wondering why you refuse to become pregnant.

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15. I am a seller in the market nearby. I believe that women and men are not equal. When I see a woman trying to tell her husband what to do, I tell everyone that she is a bad wife who is not to be respected.

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16. 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.

---

17. I am a traditional leader. It brings honor to our tribe when young women bring babies into the world.

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18. I am a small group facilitator. I am here to support Augustine and other young married women. Through our small group, Augustine, 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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19. I am an old friend of Augustine 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 Binta had when she gave birth.

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20. I'm friends with Augustine's mother-in-law. Augustine, your mother-in-law is telling everyone that you don't want a baby right away and that you aren't good for her son.

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21. 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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22. I am an NGO worker. We tell people they should practice healthy timing and spacing of pregnancies and consider using family planning. I don't understand why it isn't easy for young married women to just use contraception to delay the pregnancy and prevent health problems.

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23. I am a radio announcer. You hear my messages every day. We joke about women who don't produce children right away. What is the harm in joking?

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24. I'm a parliamentarian. We put a law in place to prevent child marriage. The judges should respect and apply the law. I don't know what else we can do.

---

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

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

Time: 45 minutes

Methodology: Case study and discussion

The trainer should:

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

   Now that we have explored the kind of pressure married young women face to bear a child quickly, let's talk more about the barriers that young married women, including first-time mothers, face when trying to seek health services. I will read a case study about a young woman named Fatimata to you. As I read the case study, please write down or think about each of the barriers that Fatimata 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: Fatimata Case Study and read the case study about Fatimata (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 sound like something you or other young married women and first-time mothers in your community could have experienced? Why or why not?
   - What do you think Fatimata is thinking and feeling during this experience?
   - Who might be pressuring Fatimata or influencing her decisions?
   - Who might be influencing Fatimata's husband's decisions about when and if to have a baby?
   - What might be some of the health needs of Fatimata and other young married women in your community?
   - What do you think the community health worker in Fatimata's community could have done differently to prevent Fatimata from having this negative experience?
   - How do you think a small support group of other young married women might have helped Fatimata?

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

As many of you have experienced, when a young woman begins a marriage or has a child, her life and the life of the man 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. As we demonstrated with the first exercise and as we discussed in this case study, young women and their husbands/partners and young mothers often experience

different pressures and influences from unmarried young people or older married women, particularly around childbearing. A small support group can help young married women navigate these many challenges. In a small group, a young married 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 married woman or 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: Fatimata (also Participant Handout 2)

My name is Fatimata. I am 17 years old. I have a baby girl who is 1 year old. I have been married to my husband for two years. I am the youngest of my husband's three wives. I love my baby girl, but I worry about her a lot because it seems like she is always sick. My husband's mother is always asking when we will have our next child. She says that the baby will start running everywhere soon, so it is time.

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 get a shot to avoid having a baby for three months, but I don't know anything about it. There are some community health workers working in my community, but they are older women who are friends with my mother-in-law, and I know my husband and mother-in-law would disapprove if they knew I wanted to learn more about the medicine to prevent pregnancy. I don't have any friends to talk to about this. I hardly even leave the compound. All my friends from school are also married and live far away.

I was scared, but I decided to try to go to the nearest health center. I hoped that I wouldn't see people I knew there. I told my husband and mother-in-law that the baby was sick and walked the 10 km to the nearest health center.

I went to the health center 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 center staff was late to arrive. I waited for an 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 two hours 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 my mother-in-law and asked me why I was there since the family planning services are for older women who are ready to stop having children, not a young woman like myself who should have another child while I'm still young.

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 hadn't told him why I was coming. The nurse told me that I had better not use family planning since my husband was

certain to find another wife if I didn't have another baby soon, especially since my first baby was a girl. She said I should have all my babies now while I'm young.

I explained that my baby was sickly and it wouldn't be good for us to have another child so soon. The nurse finally said that it is ok for me to use a method and said I should use the three-month injectable, she didn't mention any other method options. I waited for another hour before she gave me the injection, and then the nurse called me in a very loud voice "Fatimata, your injection is ready." I could feel the eyes of the other women in the waiting room staring at me, including that friend of my mother-in-law. 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

The trainer should:

1. Present Content: Healthy timing and spacing of pregnancy, using slide S2-1 and slide S2-2.

One of the main topics to be discussed among the small groups of young married women and first time mothers is healthy timing and spacing of pregnancies (HTSP). As a 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 an informed decision about delaying the first pregnancy, and timing (delaying or limiting) subsequent pregnancies to ensure 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 two 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 six 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.
    - Consider using a contraceptive method of your choice during that time.

There are several benefits of HTSP for women, newborns, and families. They are:

- For women:
    - Lower risk of maternal death
    - Lower risk of pre-eclampsia
    - Lower risk of miscarriage
- For newborns:
    - Lower risk of perinatal death
    - Lower risk of pre-term birth
    - Lower risk of low birth weight
    - Lower risk of small for gestational age

- For families:
    - More financial security
    - Potential for women to continue education or work

In your small group, you can facilitate discussions with young married women or young mothers about these three important messages and the benefits of HTSP. 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.

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

- Ask participants: How long a couple should wait before trying to become pregnant again after a live birth?
  (Answer: Two years)
- Ask participants: After what age is it healthiest 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.)
- Ask participants: 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 below:

Waiting until you are 18 to become pregnant and waiting two 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 training as peer educators. If you have any questions about contraceptive methods we can discuss them now.

4. Ask participants if they have any questions.

Activity 2-4: Reflect on views and beliefs related to fertility and contraception for young married 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

The trainer should:

1. **Explain to the participants that this activity is designed to help them think more about how they feel about reproductive health issues facing young married women and first-time mothers. This activity is about sharing our opinions and discussing them. Remind the participants that this is a safe space for open discussion and that everyone has a right to his or her own opinion, 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? *Remind them that they should move based on their own personal opinions and not based on where others are moving.***

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:
   - It is healthier for the woman and her baby to wait at least two years after having a baby before getting pregnant again.
   - A young woman should not use contraception until she has had a child.
   - Husbands should make the decision about whether or not the couple should use contraception.
   - If a married young woman does not have a child in two years after marriage, it is acceptable for her husband to leave her or seek an additional wife.
   - Young people should not use contraception until they have completed their family size.
   - Adolescents and youth can use any method of contraception.

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 married women?

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 two years.

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

Objectives of the session:

1. Explain how the small groups will be implemented under your project.
2. Explain the role of the small group facilitators.

Note to trainer:

If your project is implementing the small groups as part of a larger project targeting young married 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 counseling), 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.

Depending on your project design, you may need to adapt parts of this session.

Before the training, the trainer should:

- Review the material.
- Add and/or adapt information based on your specific project design.
- Make enough copies of **Participant Handout 3** for all participants (after adapting it based on project design).

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 probably need to adapt the content in this section so that it reflects your project's specific plans and implementation.

The trainer should:

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

   We have discussed some of the challenges that young married 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 married women and first-time mothers, your role as a facilitator, and how these small groups are linked with other program components.

2. **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 married 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

3. **Now, discuss with the participants exactly how they will implement the small groups for young married 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.**

   The small group facilitators will work in pairs (two facilitators per group). Each group of two facilitators is responsible for facilitating two small groups of approximately 10–15 young women. One facilitator can take the lead of one of the groups and the other facilitator can take the lead on the other group. But the pair of facilitators should work together to facilitate both groups. For example, facilitator 1 may take the lead in facilitating small group A while facilitator 2 may

take the lead on facilitating small group B; however, they work together to support one another in supporting both small groups.

Recruitment

- Each facilitator will be responsible for inviting young married women and first-time mothers to join a small group.
- Small groups should preferably be formed near where the young married 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 six meetings, preferably with the same group of participants, but this should be adapted based on your project design.

Meeting location: Small groups should determine a safe place to meet each month. It should be a place that helps protect the privacy of the young women and that allows participants to maintain confidentiality.

Topic of the meetings: During each meeting you should use one of the Activity Cards to generate discussion and thinking about HTSP, couples communication, decision making, and contraception. 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:

- Bring the group together to have regular meetings. 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 discussion, the use of 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 animateurs and community-based distribution of contraceptives by community health workers, and make referrals to the health centers.
- Accompany young women to the health centers if they ask you to.

Supervision: Explain how supervision of small group facilitators will work in your project. Explain who facilitators should report to, how often, and who they should go to if participants in their groups are experiencing challenges they do not know how to handle.

Monitoring: According to your project's design and needs, you may use or adapt the data collection report form (see **Participant Handout 3**). Explain how facilitators should collect data on their meetings.

Example monitoring requirements: Each time your small group meets, you should fill in the data collection report form. The form includes the number of meeting participants, key topics discussed, and any challenges you experienced in the meeting. At the end of the training we will review the data collection form that you will use.

Session 4: How to be a Good Small Group Facilitator

Objectives of the session:

1. Describe the qualities of a good facilitator of small groups.
2. Practice good facilitation skills.

Before the training, the trainer should:

- Review the training content.
- Make enough copies of **Participant Handouts 4 and 5** for all participants.
- Make sure you have a flipchart for Activity 4-1.

Total session time: 2 hours

Activity 4-1: Describe good qualities of a facilitator

Time: 1 hour

Methodology: Game and brainstorm[11]

The trainer should:

1. **Ask participants to sit in a circle. Remove all the chairs that are 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:**

Today 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 (good qualities of 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 color blue" or "Everybody who likes to dance" or "Everybody who speaks Moré." 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 facilitator 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.**

[11] This activity is adapted from the SASA! Basic Facilitation Skills Module from the Training and Mentoring Skills Series. Staff Skill Building Library. Raising Voices. Kamapala, Uganda. 2009. Available at: http://raisingvoices.org/sasa/.

Supplemental list – Things that a good small group facilitator does (This list is included in **slides S4-1, S4-2, and S4-3** for you to use as needed)

- Reminds small group members about the meeting before the 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?"
- 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 more quiet 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—lets 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.
- Does not have a judgmental attitude.

7. Conclude the session by reading the following aloud:

You are responsible for facilitating the small groups of young married women/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 a list of presence will be asked, but ensure that this 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

The trainer should:

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

Now we will have some fun. Each group will perform a skit/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 skit. 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: 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 5: 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/skit.**

5. **Bring the participants back together and invite the group demonstrating poor facilitation skills to perform their skit. The skit should not be longer than five 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 skit should not be longer than five 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 good?
    - 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 married 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 six Activity Cards (Annex 2) 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.
- Some of the Activity Cards are not appropriate for every country setting – make sure to select cards whose topics are relevant to the target group of your project.

Total session time: 4 hours

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

Time: 45 minutes

Methodology: Trainer presentation

The trainer should:

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

Each small group of married young women and 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 16 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.

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.
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 married 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

The trainer should:

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. **Split the participants into two groups (approximately 10 participants 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 3: Advice on solving problems
    - Activity 4: Getting to know you interviews
    - Activity 5: Injectable contraception: True or False
    - Activity 7: IUD: True or False
    - Activity 13: Male and female roles game
    - Activity 16: Healthy Relationships: agree or disagree
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 married 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:

1. 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

The trainer should:

1. **Ask participants to form a circle.**
2. **Ask participants to spend five 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 1: Participant Handouts

Participant Handout 1: Illustrative Training Schedule

Supplemental training for facilitators of young married women and first-time mothers groups

Day 1	
Time	**Session and activities**
9:00-9:15	Welcome and introductions
9:15-9:45	Session 1: Introduction to the supplemental training module for small group facilitators
9:45-10:45	Session 2: Exploration of the needs, rights, and challenges of young married women and first-time mothers Activity 2-1: Circles of Influence around FTPs, young married women and their husbands/partners;
10:45-11:15	Break
11:15-12:00	Session 2 Activity 2-2: Discuss challenges young married women and first-time mothers may face in seeking reproductive health services
12:00-12:45	Session 2 Activity 2-3: The basics of healthy timing and spacing of pregnancy
12:45-1:45	Lunch
1:45-3:15	Session 2 Activity 2-4: Reflect on views and beliefs related to fertility and contraception for young married women and first time mothers
3:15-3:30	Break
3:30-4:45	Session 3: Overview of project and the small groups for young married women
4:45-5:00	Daily wrap-up
Day 2	
Time	**Session and activities**
9:00-9:15	Welcome and summary of the previous day, review of 2nd day
9:15-10:45	Session 4: How to be a good small group facilitator
10:45-11:15	Break
11:15-12:00	Session 5: How to use the activity cards with your small group Activity 5-1: Overview of how to use the activity cards
12:00-1:00	Session 5 Activity 5-2: Practice using the activity cards (continued after lunch)
1:00-2:00	Lunch
2:00-4:15	Session 5 Activity 5-2: Practice using the activity cards (continued)
4:15-5:00	Session 6: Wrap-up and conclusion

Participant Handout 2: Case Study Fatimata

My name is Fatimata. I am 17 years old. I have a baby girl who is one year old. I have been married to my husband for two years. I am the youngest of my husband's three wives. I love my baby girl, but I worry about her a lot because it seems like she is always sick. My husband's mother is always asking when we will have our next child. She says that the baby will start running everywhere soon, so it is time.

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 stretched even further.

I heard you could get a shot to avoid having a baby for three months, but I don't know anything about it. There are some community health workers working in my community, but they are older women who are friends with my mother-in-law, and I know my husband and mother-in-law would disapprove if they knew I wanted to learn more about the medicine to prevent pregnancy. I don't have any friends to talk to about this. I hardly even leave the compound. All my friends from school are also married and live far away.

I was scared, but I decided to try to go to the nearest health center. I hoped that I wouldn't see people I knew there. I told my husband and mother-in-law that the baby was sick and walked the 10 km to the nearest health center.

I went to the health center 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 center staff was late to arrive. I waited for an 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 two hours 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 my mother-in-law and asked me why I was there since the family planning services are for older women who are ready to stop having children, not a young woman like myself who should have another child while I'm still young.

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 hadn't told him why I was coming. The nurse told me that I had better not use family planning since my husband was certain to find another wife if I didn't have another baby soon, especially since my first baby was a girl. She said I should have all my babies now while I'm young.

I explained that my baby was sickly and it wouldn't be good for us to have another child so soon. The nurse finally said that it is ok for me to use a method and said I should use the three-month injectable, she didn't mention any other method options. I waited for another hour before she gave me the injection, and then the nurse called me in a very loud voice "Fatimata, your injection is ready." I could feel the eyes of the other women in the waiting room staring at me, including that friend of my mother-in-law. I got my injection and left the clinic very embarrassed and worried.

Participant Handout 3: Small Group Monitoring Checklist

Name of Small Group Facilitator: _____

Location of Small 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 community health worker.)
7. Submit all forms you completed during the month to your supervisor.

1) Number of participants: New _____ Returning _____ TOTAL _____

2) Age range of participants : 10-14 ☐ 15-19 ☐ 20-24 ☐

3) Activity card that you used (ex. Activity #1) ☐

4) Other topics discussed:

☐ Pressure from family to have children
☐ Relationships
☐ How to obtain or use contraceptive methods
☐ Gender-based violence
☐ Maternal or child health issues
☐ Other (specify): _____

5) Challenges :

_____

_____

_____

6) Follow-up:

_____

_____

_____

Participant Handout 4: 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 young married women and first time mothers and you are having a discussion about how your husbands 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 do those things. Hopefully you can make the other group laugh. 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 bad things that facilitator could do. There are many things you can do, here are some ideas:

- You could only ask questions that can be answered with "yes" or "no." For example: Does your husband pressure you? Do you like it?
- You could talk a lot about yourself and not let participants talk.
- You can demonstrate some bad ways to manage challenging people, like yelling at them or kicking them out of the group.
- You can tell participants they are wrong or tell them they are right instead of letting them discuss.
- You can call on the same person to speak over and over again instead of letting other people have a turn.

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 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.

Good luck!

Participant Handout 5: 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 young married women and first-time mothers and you are having a discussion about how your husbands 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 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 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?

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

Activity cards
married and/or parenting

(15 –19 years old)

USAID
FROM THE AMERICAN PEOPLE

GREAT

This activity card set includes:

Healthy timing and spacing of pregnancy story

Great fathers drama

How alcohol feels game

Disciplining children story

Advice on solving problems

A long-lasting love song

Getting to know you interviews

Injectable contraception true or false

Combined oral contraceptive pills true or false

IUD true or false

Condom true or false

Implant true or false

Emergency contraceptive pills true or false

LAM true or false

Choosing our future community interviews

Advice for my children

Male and female roles game

Advice about loving our children

Drinking responsibly drama

Advice about making decisions

Reproductive health choices agree or disagree

Healthy relationships agree or disagree

Illustration & Design: Mango Tree
www.mangotreeuganda.org

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?

Any small group of adolescents can use the cards. There are three different sets of cards:

- 1 set of cards for very young adolescents (10-14)
- 1 set of cards for older adolescents (15-19)
- 1 set of cards for newly married and/or parenting adolescents

All the cards can be used by groups with all males, groups with all females, or groups with both males and females. Some cards suggest separating the group into a group of males and a group of females. If there are just males or just females in the group then simply create two teams and proceed with the activity.

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!

Health

30 minutes

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:

Omara and Akulu are new parents with a four-month old baby. Akulu 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. Akulu 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 Akulu 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. Akulu and Omara were using exclusive breastfeeding (also called LAM) as a way to prevent a second pregnancy, but the village health worker tells Akulu 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 Akulu's monthly bleeding hasn't started again. She suggests that since the baby is already 4 months old, Akulu and Omara should plan to start using another contraceptive option such as condoms, the pill, injectable contraception, implants, or an IUD. Akulu and Omara 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. Make sure to call on males and females to share their responses with the group.

- What are some reasons for a woman to wait to have children until she is 18 or older?
- What are some reasons for couples to wait 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.*

Be great

45 minutes

Great fathers drama

1 **Introduction.** Ask the group to form a circle and read this out loud: T*oday we are going to talk about ways that fathers can help with child care responsibilities and household chores.*

2 Separate the group into small groups of 3-4 people. Men and women can be mixed.

3 Read these instructions out loud: *In your groups, I want you to imagine that you are a family made up of husband, wife and children. You are going to make up a drama that shows the husband helping the wife look after the children and help with household chores. This gives you both more time to rest and to spend time with your children. There is one rule. Men have to play the role of the wife and women have to play the role of the husband! Others in the group can play the role of the children.*

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

5 Give the groups 15 minutes to come up with their dramas.

6 After 15 minutes, ask the groups to form a circle once again.

7 Ask the first group to perform their drama.

8 When they are finished, ask the next group and then the next group to perform.

9 **Discussion.** Once all of the groups have performed, ask these questions. Allow time for participants to think about and discuss their responses. Make sure to call on both males and females to respond.

- How did it feel to play the role of someone from the opposite sex?
- Do you think it is possible for men to share household chores in the families in your community?
- Do you know any men that share childcare and other household chores with their wives?
- Do you think that men helping women take care of the children would be a good change or a bad change in your community? Explain your answer.
- Why might it be important for fathers to spend time with their children?

10 **Closing.** Read this out loud: *A GREAT father is one that helps take care of the children, provides support for his wife, and serves as a role model in the family. When fathers help with household chores and childcare, children grow up happier, stronger, and ready to be leaders in their community.*

11 **Commitment.** Read this out loud: *Go around the circle and make a commitment. If you are a man, name one chore or responsibility that you can help your wife, or your future wife with. If you are a woman, name one thing that you will be able to do more of, such as join a community group, if you have help with your household chores.*

Safety

45 minutes

How alcohol feels game

1 **Introduction.** Ask the group to form a circle and read this out loud: *Today we are going to play a game that teaches us about what happens when people drink too much alcohol.*

2 Draw a line, about 3 metres long, in the dirt using a stick or your hand.

3 Ask participants to stand in a straight line, at one end of the line in the dirt.

4 Read these instructions*: I want everybody to think about a goal that you have for the future. This can be something for the near future, such as "I want to find a job tomorrow." Or it can be something for the distant future, such as "I want to own my own business one day". Imagine that your goal is sitting at the end of this line, and that you are trying to reach it. One by one, you are going to state your goal out loud so that everybody can hear you, and walk along the line to the other end. Pretend this line is a beam, high up in the air. You must walk one foot in front of the other, keeping your feet on the line. I will count every time your feet fall off the line. When the first person reaches the other end, the next person in line will begin.*

5 Read the instructions from Step 4 again to make sure everybody understands.

6 Begin the game. Make sure that each participant says his or her goal out loud and walks across the line carefully, keeping the whole foot on the line. Count out loud each time a participant's foot lands outside the line instead of on top of it.

7 Once the whole group has made it to the other end of the line, read this: *Now we are going to play the game again. This time, however, you must close your eyes and spin around in a circle four times very quickly, before you state your goal and walk across the line.*

8 Begin the game. Right before he or she walks on the line, make sure that the participant spins around four times, states his or her goal again and then walks across the line. Count the number of times each person's feet land outside the line instead of on top of it.

9 **Discussion.** Once everyone has made it to the other end, ask these questions.

- Did spinning around make the game harder?
- How do you think this activity might relate to drinking alcohol?
- How do you think drinking alcohol makes it harder to reach your goals?
- How do you think drinking alcohol affects the families in your community?
- What do you think it means to drink alcohol responsibly?

10 **Closing.** Read this out loud: *Drinking a lot of alcohol can lead to many problems such as poor performance in school and sports and making bad decisions. It also can make you feel sick and do things that are hurtful toward yourself or others, like having unprotected sex or being violent. When you drink too much alcohol, it can be harder to achieve your goals. There are so many things to do without alcohol that will keep you happy and safe.*

11 **Commitment.** Read this out loud: *Go around the circle and name one thing that you can do to make sure that you and your friends drink responsibly.*

* Adolescents with epilepsy, sickness or another physical challenge should not play the game but should take part in the discussion.

Be great

30 minutes

Disciplining children story

1 **Introduction.** Ask the group to form a circle and read this out loud: *Today we are going to talk about ways to discipline children that do not include hitting and other forms of violence.*

2 Read this story to the group:

Amongi and Omara are raising their two sons and their niece Kipwola whose mother died when she was young. As with most brothers, the nine year old follows the twelve year old around everywhere and the twelve year old is always teasing the younger one. At times, they fight. Amongi, who is so busy with her farming, VSLA, and community activities, gets very frustrated when the boys fight. She often wants to scream and hit them. However, she doesn't hit them because of a promise she made a long time ago.

Amongi knows what it is like to be hit as a child. Her own parents hit her and her siblings. She remembers so much screaming and crying in her home. However, she cannot remember why she was hit. Nobody explained to her what her wrong behavior was; they just hit her. She remembers fearing her mother and trying to avoid her mother so that she would not be screamed and yelled at. When Amongi had her own children, she asked herself the question, "Did being hit make me behave any better?" She realized that the hitting did not stop her from misbehaving.

Omara's parents did not hit him. They would solve problems by talking to their children and helping their children understand the difference between right and wrong. They taught their children about honesty, trustworthiness, respect, and responsibility. And because they themselves did not hit one another, their children saw that problems could be solved through talking. Just yesterday, when the boys were fighting, Omara took a few minutes to sit them down and ask them to talk about why they were fighting. After talking, he told each of them to sit quietly for ten minutes and think about all the reasons they like to play with one another. When they were finished sitting, they smiled at each other and went off to play.

3 Read the story again to the group.

4 **Discussion.** Ask the group these questions. Make sure that participants have time to think about and discuss their responses to each question before moving onto the next question.

- Why do you think people use violence to discipline their children in your community?
- What are some ways to discipline your children without using violence?
- What will you do to discipline your children that is similar to the way your parents disciplined you?
- What will you do to discipline your children that is different from how your parents disciplined you?
- What are the ways that you are going to show love and care for your children?

5 **Closing.** Read this out loud: *There are many ways to discipline children that are non-violent. Talking to your children about their behavior and explaining why what they have done is wrong, will help them learn to behave better. Giving them an extra chore or taking away their time to play, will help them learn that when they misbehave, they lose some freedom but they don't lose your love.*

6 **Commitment.** Read this out loud: *Go around the circle and name one thing that you will do to discipline your children that does not include hitting them or yelling at them.*

Safety

1 Hour

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 the group into two groups. Men and women should be mixed in 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: Okao and Kipwola have been married for two years and are saving money so they can have a baby. Lately, Okao has been going to the bar and drinking with his friends instead of going to work. He often comes home very drunk, without any money, and yells at Kipwola. She often yells back and they argue into the night about his drinking. Sometimes he hits her.

Story # 2: Achieng and Obita are married and have three children. Achieng is pregnant with her fourth child and lately has been feeling very weak. It is hard for her to do her chores, make dinner, and look after the children all at the same time. When Obita comes home from work, he beats her because his dinner is not ready and the house is not clean.

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.*

Be great

45 minutes

A long-lasting love song

1 **Introduction.** Ask the group to form a circle and read this out loud: *Many people believe that the most exciting part of a relationship is the time when a couple is courting and starting to fall in love. Today we are going to talk about how to keep that love and excitement alive once you have been married.*

2 Separate the group into small groups of 3-4 people. Men and women can be mixed but couples should be separated.

3 Read these instructions out loud: *Imagine a couple that has been married for five years. They work hard, are raising two children and are tired at the end of every day. They don't have much time for themselves. How would you advise them to keep their love alive? How should they talk to each other and treat each other? How do they show that they love each other and keep the excitement that they had at the beginning of their relationship? Talk about these things in your groups and then make up a song about keeping love between a couple alive.*

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

5 Give the groups 15 minutes to discuss and make up their songs.

6 After 15 minutes, ask the groups to return and form a circle.

7 Ask the groups to perform their songs one at a time. If there are other members of the community close by, invite them to come and listen but let them know they are only an audience. They are not to take part in the activity.

8 **Discussion.** Once everyone is finished, ask these questions. Allow time for participants to think about and discuss their responses, before moving onto the next question.

- What are some reasons that couples struggle to keep their love alive and strong?
- How do couples you know keep their love alive after they have been married for a long time?
- Why is it important to keep a relationship strong?
- How would the things you sang about today be accepted in the community?

9 **Closing.** Read this out loud: *Keeping a relationship alive and strong over a long period of time is hard for everybody. The stress of raising children, earning money, and dealing with major life changes like sickness can be really challenging for couples. It is important to make time for yourselves as a couple. This means showing each other love and respect and talking about your thoughts. Something as simple as taking a walk together and talking is great.*

10 **Commitment.** Read this out loud: *Go around the circle and name one thing that you are going to do in the future to make sure that you keep your relationship healthy over time.*

Be great

30 minutes

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 grow up.*

2 Separate the group into pairs; females paired with females, and males with males.

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.

Question 1: What do you want your relationship to be like as you get older?

Question 2: How many children do you wish to have?

Question 3: How do you plan to space your children? Will you have them one after the other or take breaks in between?

Question 4: Describe the type of mother or father you hope to be?

Question 5: 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.*

Health

45 minutes

Injectable contraception true or false

Note to facilitator: Please see the injectable contraception fact card in the GREAT toolkit bag for more information about this method. If possible, invite a health worker to help facilitate this card.

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. The pill; 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.

Statement: For injectable contraception to prevent pregnancy, a health worker gives it to a woman every 3 months.
Answer: *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.*

Statement: A woman using the injectable won't be able to get pregnant after she stops using the injectable.
Answer: *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.*

Statement: Injectable contraceptives are dangerous, especially for adolescents who haven't had children.
Answer: *The statement is false. Injectables are very safe for adolescents, including those who have and haven't had children.*

Statement: Injectable contraception might cause you to stop menstrual bleeding.
Answer: *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.*

Statement: Injectable contraception does not impact a woman's breast milk if she is breastfeeding.
Answer: *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.*

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.*

Health

45 minutes

Combined oral contraceptive pills true or false

Note to facilitator: Please see the oral contraception fact card in the GREAT toolkit bag for more information about this method. If possible, invite a health worker to help facilitate this card.

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. The pill; 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.

Statement: A woman only needs to take the pill when she has sex.
Answer: *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.*

Statement: When taking the pill, changes to monthly bleeding are common but not harmful.
Answer: *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.*

Statement: The pill will cause deformities in children.
Answer: *The statement is false. The pill does not cause any harm to the baby or to the mother.*

Statement: The pill will cause infertility.
Answer: *The statement is false. Once a woman stops taking the pill, she is able to become pregnant.*

Statement: The pill is safe for adolescents to take.
Answer: *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.*

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.*

Health

45 minutes

IUD true or false

Note to facilitator: Please see the IUD fact card in the GREAT toolkit bag for more information about this method. If possible, invite a health worker to help facilitate this card.

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 the intra-uterine device, or IUD. The IUD looks like a T and is placed inside the woman's uterus. Once it is in place, the woman cannot feel it and it prevents pregnancy for up to 12 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. The pill; IUD; injectables; male condom; female condom; implants; male/female sterilization; LAM (exclusive breastfeeding for 6 months after birth); emergency contraception; fertility awareness methods.

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

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

Statement: The IUD is a very effective method for preventing pregnancy.
Answer: *The statement is true. The IUD is very effective and a long-lasting method of preventing pregnancy. It is more effective than condoms, the pill, and injectables. Once inserted, it can remain in the uterus for up to 12 years. A health provider can remove the IUD whenever a woman likes. When the IUD is removed, a woman is able to become pregnant right away.*

Statement: The IUD should only be used by women who have already had babies.
Answer: *The statement is false. Any woman, young or old, with or without children, can safely use an IUD.*

Statement: The IUD might travel inside a young woman's body to her heart or her brain.
Answer: *The statement is false. There is no passageway from the uterus to the other organs of the body. The IUD is placed inside the uterus and unless it accidentally comes out, it stays there until a trained health worker removes it. If it does come out, it comes out of the vagina. It is rare for an IUD to come out.*

Statement: The IUD can prick the penis during sex.
Answer: *The statement is false. The IUD cannot be felt during sex.*

Statement: The IUD can fall out during physical activity.
Answer: *The statement is false. Once the IUD is in place, it will stay there and cannot come out until a health worker removes it.*

10 Discussion.

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

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

11 Closing.

Read this out loud: *Many women and couples like the IUD because it is very effective at preventing pregnancy, lasts a long time, and does not require the user to do anything once it is inserted. There is nothing to remember everyday like there is with pills and nobody but the woman knows that she is using contraception. 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 the IUD and other contraceptive methods.*

Health

45 minutes

Condom true or false

Note to facilitator: Please see the condom fact card in the GREAT toolkit bag for more information about this method. If possible, invite a health worker to help facilitate this card.

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. The pill; IUD; injectables; male condom; female condom; implants; male/female sterilization; LAM (exclusive breastfeeding for 6 months after birth); emergency contraception; fertility awareness methods.

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.

Statement: Both male and female condoms prevent against pregnancy and sexually transmitted infections, including HIV.
Answer: *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.*

Statement: A man can put on 2 or 3 condoms at once to increase protection.
Answer: *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.*

Statement: A male condom and female condom can be used together to increase protection.
Answer: *This statement is false. Male and female condoms should not be used together. This can cause friction that may lead to the condoms tearing.*

Statement: The female condom is comfortable.
Answer: *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.*

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

Health

45 minutes

Implant true or false

Note to facilitator: Please see the implant fact card in the GREAT toolkit bag for more information about this method. If possible, invite a health worker to help facilitate this card.

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. The pill; IUD; injectables; male condom; female condom; implants; male/female sterilization; LAM (exclusive breastfeeding for 6 months after birth); emergency contraception; fertility awareness methods.

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 implants. If you think the statement is true, run to the "TRUE" location. If you think the statement is false, run to the "FALSE" location. If you do not know, stay here in the middle. After you run to your places, I will ask you to tell the group why you think the statement is true or false. Then, I will read you the correct answer 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.

Statement: Adolescents should not use implants.
Answer: *This statement is false. Implants are very safe for adolescents, including those who have had children and those who have not had children.*

Statement: Implants are one of the most effective methods of preventing pregnancy.
Answer: *The statement is true. Implants are very effective. They are more effective than the pill, injectables, and condoms at preventing pregnancy*

Statement: Women that stop using implants can become pregnant right away.
Answer: *The statement is true. After the implant is removed, a woman can become pregnant right away.*

Statement: The implant causes birth defects in the baby.
Answer: *The statement is false. If the woman becomes pregnant while using the implant, there will be no harm to the baby.*

Statement: The implant can move around the inside of a woman's body or fall out of the arm.
Answer: *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.*

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.*

Health

45 minutes

Emergency contraceptive pills true or false

Note to facilitator: Please see the emergency contraception fact card in the GREAT toolkit bag for more information about this method. If possible, invite a health worker to help facilitate this card.

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. The pill; IUD; injectables; male condom; female condom; implants; male/female sterilization; LAM (exclusive breastfeeding for 6 months after birth); emergency contraception; fertility awareness methods.

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 emergency contraception. 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.

Statement: Emergency contraceptive pills will end a pregnancy if a woman takes them when she is already pregnant.

Answer: *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.*

Statement: Emergency contraceptive pills should be taken immediately after unprotected sex in order to be most effective.

Answer: *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.*

Statement: Taking emergency contraceptive pills might cause a woman to feel a little sick for a few days.

Answer: *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.*

Statement: Emergency contraceptive pills will make women behave in a risky way and have sex with many people.

Answer: *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.*

Statement: Emergency contraceptive pills are not appropriate for adolescents.

Answer: *The statement is false. Emergency contraceptive pills are safe for all women, including adolescents.*

Statement: Women should never use emergency contraceptives more than once a year.

Answer: *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 IUD that women use consistently over time work better to prevent pregnancy (if used correctly before sex happens).*

10 Discussion.

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

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

11 Closing.

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

12 Commitment.

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 emergency contraception and other contraceptive methods.*

Health

45 minutes

LAM true or false

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. The pill; IUD; injectables; male condom; female condom; implants; male/female sterilization; LAM (exclusive breastfeeding for 6 months after birth); emergency contraception; fertility awareness methods.

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 LAM. 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 two 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.

Statement: Exclusive breastfeeding means that no other food or liquids are offered to the baby.
Answer: *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.*

Statement: Exclusive breastfeeding a baby for up to two years will prevent another pregnancy.
Answer: *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.*

Statement: LAM will only work to prevent pregnancy if the mother's monthly bleeding has not returned after giving birth.
Answer: *The statement is true. If a mother's monthly bleeding returns, she must use another method, like an IUD, implant, injectable, or condoms to prevent another pregnancy.*

Statement: A woman should start breastfeeding as soon as possible after a baby is born in order to prevent another pregnancy.
Answer: *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.*

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.*

Equality

1 Hour

Choosing our future community interviews

1 **Introduction.** Ask participants to form a circle and read this out loud: *Today we are going to talk about the different types of work that both men and women can do.*

2 Separate the group into small groups of 3 to 4 people.

3 Read these instructions out loud: I*n the past, there were certain jobs that only men did and other jobs that only women did. For instance, you would never find a woman who ran a small business, or a man that took care of children. Now, things are different and this is becoming more acceptable. Today, I want you to go out into the village and find five people that believe that women can run small businesses and that men can look after children. See if you can find both men and women, young and old, who believe this. Ask them why they feel this way. Return in twenty minutes, even if you don't find all five people.*

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

5 Let the participants go into the village and remind them to return in 20 minutes.

6 Once they return, ask them to form a circle.

7 Ask the groups to talk about what they learned. Make sure that participants tell you about who they talked to and what the people said about men and women doing non-traditional jobs.

8 Discussion.

Once they have all finished, ask these questions. Give participants time to think about and discuss their responses. Make sure that both males and females respond to the questions.

- How do you feel about the responses that you got from people in the community about whether a woman can run a small business or a man can look after children?
- Was there a difference between what women said and what men said?
- Was there a difference between what younger people said and what older people said?
- Do you know people in your own community that do jobs that are not typical of being a man or being a woman?
- What do you think might be good about men and women being able to do any job they would like to do, even if the job might traditionally have been just for men or women?

9 Closing.

Read this out loud: *Times have changed. Now women do many of the jobs that men typically did and men can do many of the jobs that women typically did in the past. They still have good relationships and peaceful and healthy families. As you think about your own future, remember that you should never feel limited because you are a man or a woman.*

10 Commitment.

Read this out loud: *Go around the circle and say what job you would like to have in the future.*

Be great

30 minutes

Advice for my children

1 **Introduction.** Ask the group to form a circle and read this out loud: *Today we are going to talk about helping our children express their emotions.*

2 Read this letter to the group:

Dear Auntie,

I need your advice. Every time our son cries, my husband yells at him to stop crying. The yelling makes my son fearful, and he remains sad for the rest of the night. I am never able to speak to him about why he is crying and what is bothering him. I would like to be able to say to my son that it is okay to cry, and to talk to me about why he is crying. Then, I will be able to help him and make him happy once more. My husband, however, just does not believe boys should cry. What should I do?

Achieng

3 Read the letter again.

4 **Discussion.** Ask the group these questions. Allow the group time to discuss their responses to each question before moving onto the next question.

- Do you feel it is important for children to talk about their feelings with their parents? Explain your answer.
- Many people believe that boys should never cry or talk about their feelings. What do you think about this?
- Why might it be important for children to be able to express their emotions, even if it means crying?
- How would you advise Achieng, the woman who wrote the letter I read you, if you were her Auntie?

5 **Closing.** Read this out loud: *Whether you have children now or you are going to have them in the future, it is important to think about what you want to teach them and how you want them to grow up. Something really important that parents teach their children is how to express their emotions. Children – both boys and girls –need to learn that it is okay for them to talk about their feelings, like telling you when they are happy and sad. This will help them get rid of their bad feelings, and can help you discipline them without using violence like hitting.*

6 **Commitment.** Read this out loud: *Go around the circle and name a child, either your own or someone else's that you will offer to talk to and comfort when they are feeling different emotions.*

Equality

45 minutes

Male and female roles game

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
A 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.*

Be great

30 minutes

Advice about loving our children

1 **Introduction.** Ask the group to form a circle and read this out loud: *Today we are going to talk about showing children tenderness and kindness.*

2 Read this letter to the group:

Dear Uncle Ebong,

Since my father passed away, I have wanted to ask you this question. Did he really love me? My father did not treat me with very much tenderness or kindness. It made it difficult for us to have a relationship. I do believe that he loved me, but I just wish he had shown me that he did sometimes. Now that I have my own son, I want to make sure that I show him that I care about him and that I love him. But I am not quite sure how to do that, and still be a strong man.

Please help,

Atubo

3 Read the letter again.

4 **Discussion.** Ask the groups these questions. Allow time for them to think about and respond to each question. Encourage different participants to talk to make sure that everybody has a chance to respond.

?

- What advice do you have for Atubo so that he shows his son that he cares for him?
- How did your parents show you that they cared for you when you were growing up?
- How are parents expected to behave with their children? More like Atubo or Atubo's father?
- Why is it important to show your children tenderness and kindness?

5 **Closing.** Read this out loud: *There are so many ways to show your children that you care about them. Things like hugging, kissing, laughing and playing can make a very big difference in your child's life. It is also important to talk to them openly, tell them that you care about them and discipline them through talking rather than hitting. Mothers and fathers that show their children kindness are great parents.*

6 **Commitment.** Read this out loud: *Go around the circle and say one thing that you are going to do, either now or in the future, to show your children that you care for them.*

Safety

1 Hour

Drinking responsibly drama

1 **Introduction.** Ask the group to form a circle and read this out loud: *Today we are going to talk about how to avoid drinking alcohol and how to drink responsibly once you are over 18.*

2 Read this out loud: *What do you think it means to drink responsibly?*
Give participants a few minutes to discuss their responses.

3 Read this out loud: *Drinking responsibly means that if you do decide to drink alcohol, you make sure that you do not drink too much. It can be very dangerous to drink too much alcohol because it can cause you to make bad decisions such as having unprotected sex, fighting, or driving and possibly hurting yourself or others. You should not drink alcohol until you are over 18 years old.*

4 Separate the group into two teams, Team 1 and Team 2.

5 Read these instructions out loud: *Team 1, imagine that you are a drama group and your audience is adolescents under the age of 18. Make up a drama that teaches them about the problems that can occur when people drink too much alcohol, and why adolescents should not drink alcohol until they are over 18. Team 2, imagine that you are a choir and your audience is adults. Make up a song and dance that teaches people how to drink responsibly once they are over 18.*

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

7 Tell participants to begin. Give them 20 minutes to come up with their dramas and songs.

8 When they are ready to perform, ask the teams to form a circle once again.

9 Ask Team 1 to perform their drama.

10 When they finish, ask Team 2 to perform their song and dance.

11 Discussion. Ask the group these questions and make sure everyone participates.

- Some people say that "real men" drink alcohol. What do you think about this statement?
- What do you think about the idea that it is okay for men to drink alcohol but not for women to drink alcohol?
- What happens when people drink too much alcohol?
- How do you think alcohol might be related to violence and unsafe sex in your community?
- How can you help your friends drink responsibly or not drink at all?

12 Closing. Read this out loud: *Drinking too much alcohol can lead to poor health and violence and problems in relationships. It can also lead to unsafe sex. When men or women spend most of their income on alcohol, they do not spend enough on food, school fees and household items for the family. A great man is a man that does not drink too much alcohol, helps to provide for his family, and treats women with respect.*

13 Commitment. Read this out loud: *Go around the circle and tell us one activity that you can do to have fun and spend time with friends instead of drinking alcohol. Complete this sentence, "Instead of drinking alcohol, I am going to…" For instance, you might say, "Instead of drinking alcohol, I am going to play football!" Since I've given you that example, think of another activity.*

Equality

1 HOUR

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 how couples can make decisions together about spending money.*

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 everyday 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.*

Health

45 minutes

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.

Statement 1: A woman is not a real woman until she has given birth to a child.

Statement 2: A man will not be respected by his community until he is a father.

Statement 3: It is healthy to wait at least two years after having a first child before trying to become pregnant with a second child.

Statement 4: Only the man should decide when to use contraception and when to try to get pregnant.

Statement 5: If a woman does not have a child within the first year of marriage, there is something wrong with her.

Statement 6: 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.*

Equality

45 minutes

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.*

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