

Fada Group Facilitator Manual

IMAGINE: Inspiring Married Adolescent Girls to Imagine New Empowered Futures





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Introduction

Inspiring Married Adolescent Girls to Imagine New Empowered Futures (IMAGINE) Project

90% of adolescent pregnancies in the developing world occur among married girls, yet few programs exist for this population.¹ The Inspiring Married Adolescent Girls to Imagine New Empowered Futures (IMAGINE) Project aims to begin to address the needs of this population by supporting girls and their families in Niger and Bangladesh to delay their first birth and envision, value and pursue alternative life trajectories. The intervention aims to strengthen:

- Individual assets and agency among married and unmarried adolescent girls
- Relations and community support
- Health systems and alternative futures opportunity structures

Background

In Niger and Bangladesh, the majority of girls are married before they turn 18. While Niger has the highest overall prevalence in the world, Bangladesh follows closely behind, ranking fourth on UNICEF's list of countries with the highest rates of child marriage.² In both countries, early marriage is a strong predictor of early childbearing and its associated risks.

Notably, in both Niger and Bangladesh, a constellation of structural, community and individual level factors often make it difficult for girls to plan for healthy timing and spacing of pregnancies, which in turn jeopardizes the educational and economic opportunities available to adolescent brides and

puts their health and the health of their children at risk.^{3,4,5}

Incentives for early childbearing can include the social or personal value placed on being a mother, pressure to prove one's fertility or produce a male heir, and enhancement of status within a household. Compounding these factors is the fact that young couples face many barriers to delaying first birth, including the limited availability of youth-friendly health services; a policy landscape that prevents girls under 18 from accessing services without parental or spousal consent; misconceptions that contraceptive use causes infertility; and a lack of alternative life options such as continued education or employment, among other issues.^{6,7,8} In both countries, early childbirth is associated with lower levels of wealth and education.^{9,10}

Despite their many needs, health and development initiatives often neglect or fail to reach this key population, instead focusing on either preventing child marriage or ensuring access to services among adult women.¹¹ This project aims to address this gap by, firstly, empowering adolescents and their communities to support delayed first birth and, secondly, equipping girls with the knowledge and skills they need to lead healthy and productive lives.

How to Use this Manual

This manual is designed to help Fada facilitators share information and facilitate discussions on a range of topics related to planning for the future, staying healthy and making good decisions. The open and reflective questions listed for each session help orient facilitators toward their role in facilitating critical reflection among participants.

This manual has 16 sessions, each of which outlines the intended session objectives, materials needed, advanced preparation required and estimated time to complete the session. The manual further provides step-by-step instructions for facilitating the participatory learning activities that make up the given session. Some sessions also include facilitator notes, which provide some additional background information to inform the delivery of the session.

Before beginning the training, facilitators should read through the entirety of the manual in order to understand the progression of messaging and information conveyed throughout the training. This will not only deepen their understanding of the topics they are exploring with participants, but it will also help them address any concerns by either participants or community members about what the training covers.

Structure of the Sessions

The activities in this handbook are designed for use with groups of 20-25 participants but, if necessary, can easily be adapted for smaller or larger groups. Sessions are intended to last between one and two hours, with most sessions lasting 1.5 hours. However, there will likely be variation in duration based on factors such as the literacy level of participants, their pre-existing knowledge of the topics covered and their familiarity with group-based learning.

The activities are designed to be highly participatory, enabling participants to, firstly, share, analyze and enhance their knowledge of their lives and social environment, and, secondly, to plan, act, monitor, evaluate and reflect.

The curriculum presents information for each activity in a standardized fashion, with each session including some, if not all, of the following:

- **Objectives**: The objectives outline key learning goals or concepts for each session.
- **Materials**: The facilitator should collect and/or prepare all of the items listed *before* the start of the session. For the most part, only basic materials are required, such as flipchart paper and markers. If the materials cannot be accessed easily, facilitators are encouraged to improvise. For example, flipchart and markers can be substituted with chalkboard and chalk.
- **Preparation**: These are the activities or prep work that need to be done before the start of the session.
- **Time**: This indicates how long the activity should take based on past experience. However, length of time can vary depending on the number of participants, the level of engagement of participants and other factors.
- **Session Guide**: This provides step-by-step instructions for facilitating the session. The instructions give guidance on what the facilitator should 'DO', 'SAY' and 'ASK'. Where it says 'DO', the facilitator should take the actions indicated. Where it says 'SAY', the facilitator should read out what is written. Where it says 'ASK', the facilitator should ask the questions listed. The instructions should be followed in order to ensure that the logical progression of ideas and information is maintained.
- **Check What You Know**: These questions test participants' understanding of the content at the end of each session.
- **Session Evaluation**: At the end of each session, participants should complete a Smiley Face Evaluation activity. Alongside the "Check What You Know" questions, this information will be used to help determine comprehension and allow facilitators to fill out the Session Evaluation Scrip and Session Evaluation Form (Annexes 1 and 2).

Facilitation Skills: Building Trust and Safe Space for Reflection

Facilitating can be very difficult – especially when the topic relates to sexuality. The following pages provide some general and specific guidance to help you, a facilitator, make the most of each session. Time for open reflection and discussion is an essential element of each session. Sexual and reproductive health and rights are often taboo, and many people struggle to talk about this subject, especially when in a group setting. Participants may show embarrassment by talking quietly, refusing to respond to questions, giggling or laughing nervously. Similarly, when sessions invite reflection on deeply engrained norms, participants might display resistance through open hostility, annoyance or displeasure. While these are all normal reactions to taboo topics, there are ways for facilitators to help group members feel comfortable talking about these issues. For example:

1. **Create an environment that encourages the sharing of ideas and experiences:** When people feel supported and safe, they are more likely to talk about sensitive topics. It is important to interact with young people in a helpful and non-judgmental way in order to build a trusting relationship and good rapport. The more comfortable people feel, the more likely they will be to speak openly about their concerns and ask questions of importance to them. When people feel safe, they speak more freely, give honest answers, ask questions and learn more. The following tips can help create a sense of comfort and safety:

- **Respect**: When talking with participants, show and tell them that you think they are capable of making good decisions. Avoid sarcasm because it can easily be interpreted as a put down, acknowledge positive steps participants take, and draw on examples from their own lives as evidence of what they are capable.
- Acceptance: Show that you accept their views, beliefs, values and experiences even if they are different from your own. Try to use the same words and expressions participants use. Say things like, 'I can appreciate that you feel very strongly about this,' or 'I understand that this information might be surprising to you.'
- **Privacy**: When talking with participants, it is important to do so in a place where they cannot be overheard and that is free from interruptions.
- **Confidentiality**: It is important for participants to know that their discussions with you will not be shared with others. If, in some circumstances, you believe it is necessary to share information with others (for example, to prevent the participant from experiencing further violence from a spouse or family member), you should explain why it is important and with whom, when, and how you plan to share the information.

2. Reflect on your own discomfort: We all have our own taboos and discomfort. However, if you are clearly uncomfortable talking about these topics, the members of your group will be so as well. If you show confidence, comfort, and ease talking about men and women's bodies, fertility, and family planning, it will help your participants break through their own embarrassment and be more comfortable with you.

3. Be mindful of language: The language we use can also contribute to making participants feel more or less discomfort. You can also help people use language that helps them get more comfortable. Let them – or even encourage them – to talk about "someone I know" rather than telling a personal story. Ask about what they have heard, rather than what they know. Talk to them about the fact that many people feel uncomfortable talking about sexual and reproductive health topics, which is why we hear so many things and never know what is true. Reassure them that this is normal.

4. Don't be afraid of discomfort: Above all, remember that it's okay for people to be uncomfortable! Make it clear that this is normal and participants are welcome to sit out an activity or observe if they are not comfortable participating. Maybe if they observe first, they will feel more comfortable participating the next time.

Specific Tips for Facilitating

- Use people's names as often as possible, including by greeting each participant individually when they first arrive.
- Thank participants when they contribute to the discussion or share their views or experiences. People need to feel that their comments and questions are valued.
- Try to have as many different people participate in the discussion as possible. To encourage participation, say, "Is there anyone else who has something to share?"
- Listen closely when people are talking. Demonstrating to people that you are listening by looking at them when they are speaking can help them feel more confident and

comfortable speaking in front of the group.

- Use open and follow-up questions to encourage participation. If a participant gives a short answer, try to encourage her to give more information by saying, "Can you tell us more about that?"
- If there are any objections to any of the activities or questions, allow the participants to state them respectfully. Acknowledge their point of view. Don't allow the discussion to go beyond the issue raised. If the discussion becomes challenging or difficult to control, you can say:
 - "I hear you. I understand that you may have different beliefs. Let us continue working through today's activities and see if you might develop a new way of looking at the situation."
 - "Why don't we discuss this one-on-one after the activity?"
- If the conversation goes off topic, refocus the group by asking them if they agree to save this discussion for a later time. Consider writing the issue down on flipchart paper for the whole group to see and revisit it at a later time.
- Avoid interrupting people when they are speaking. However, if someone is talking for too long and you must interrupt them, be sure to apologize.
- Be honest. Admit if you do not know the answer to a particular question. Give them or yourself the task of researching the question and share the findings next meeting.
- Show participants that you are really interested in, listening to, and respect what they are saying. To do this, you can:
 - Use the same words and phrases the group uses rather than use technical words.
 - Look at participants (but do not stare) when you present information. Even if you have to read it, be sure to look up from time to time so that people do not feel they are being ignored.
 - After you make an important point, wait for a moment to let participants think about it.
 - When a participant asks a question, repeat the question to be sure you have understood and that the group heard it.
 - Never embarrass someone for asking a question.
 - Smile and use other expressions and movements to show that you are open and interested.

- *Chaaban, J., W. Cunningham. 2011. Measuring the Economic Gain of Investing in Girls; The Girl Effect Dividend. World Bank.
- ⁵ Girls Not Brides. What is the Impact of Child Marriage. Girls Not Brides.

¹⁰Ibid.

¹ Girls Not Brides. What is the Impact of Child Marriage. Girls Not Brides.

² UNICEF. 2017. State of the World's Children 2017: Children in a Digital World. New York: UNICEF.

³ Tsimpo, C., and Q. Wodon. 2015. Child Marriage as a Reason to Drop Out of School. Washington D.C.: ICRW-World Bank Economic Impacts of Child Marriage Project.

⁶ MacQuarrie, K., Q. Nahar, R. Khan, and M. Sultana. 2016. *Why So Young? The Social Context of Early Childbearing and Contraception among Young Women in Khulna, Bangladesh*. DHS Further Analysis Reports No. 99. Dhaka, Bangladesh and Rockville, Maryland, USA: National Institute of Population Research and Training (NIPORT), International Center for Diarrhoeal Disease Research, Bangladesh (icddr,b), and ICF International.

⁷Gipson, J. D., and Hindin, M. J. 2007. Marriage Means Having Children and Forming Your Family, So what is the Need of *Discussion?* Communication and Negotiation of Childbearing Preferences among Bangladeshi Couples. Culture, Health & Sexuality, 9 (2):185-198.

⁸United Nations Population Fund. *Motherhood in childhood, facing the challenge*. State of the World Population 2013.

⁹Malé,C. and Wodon, Q. 2016. *Basic profile of early childbirth in Bangladesh*. Health, Nutrition and Population Knowledge Brief: Child Marriage Series. Washington, D.C.: World Bank Group.

¹¹ Chandra-Mouli, V., Lane, C. and Wong, S. 2015. What Does Not Work in Adolescent Sexual and Reproductive Health: A Review of Evidence on Interventions Commonly Accepted as Best Practices. Global Health: Science and Practice 3(3): 333-340.



Introduction and Group Formation

Objectives

- To allow participants to become comfortable and familiar with one another
- To agree as a group on rules that will guide the sessions to ensure all participants feel valued, respected and safe
- To reflect on how fairly or unfairly society is structured and how that structure might be harmful or beneficial to an individual

Materials:

- Roll of toilet paper (or bag of rocks, sticks, pencils, matches, etc.)
- Flipchart paper
- Marker

Time:

• 1 hour 30 minutes

Session Guide

Welcome (15 minutes)

Note to facilitators: this activity does not need to be done with toilet paper – although it can make it a fun way to break the ice. Facilitators can use anything, including rocks, sticks, pencils, paper, matches, etc.

SAY: Hello. My name is [*Name*] and I am so glad to see you all here today. I am really looking forward to getting to know each and every one of you as we go through this training together.

DO:

- Invite the group to sit or stand in a circle.
- Hold up a roll of toilet paper and remove a few sheets. Tell the participants that you are going to pass the roll around the circle and that they are free to take off as many or as few sheets as they would like.
- After the roll has gone all the way around the circle, share with them the 'twist' to the game: for each sheet that they took, they have to tell the group something about themselves.

Introduction to the Fada for the IMAGINE Project (10-15 minutes)

SAY: You might be wondering why I am here and why we are meeting. In this day and age, we understand that we can take charge of more of our choices. From education, chats with friends and family, and stories we hear in the media, we know that there are more choices available to us than there were for previous generations. That will be the focus of our training: making the most of the choices we make for ourselves, our families and communities. Specifically, we will talk about the dreams we have for our ourselves, our families and our communities, and the choices we need to make to realize those dreams.

In short, my goal here is to support you in making choices that promote the health and wellbeing of your families while also giving you the skills you need to take responsibility for those choices.

To achieve this goal, over the next few weeks, I'm going to offer you some exercises that I hope will be helpful. At the end of the cycle, I will turn the leadership of this group back over to you. You will get a copy of the curriculum and all the materials. And as leaders, I hope you will continue to share your learning with others and to support each other in thinking through the issues we discuss here.

We will learn about the following topics and more:

- Men and women's bodies, how they change during puberty and their periods of fertility
- The messages we receive and rules we have about how men and women should behave
- The messages we receive surrounding pregnancy, childbirth and raising children
- The healthy timing of pregnancy
- Healthy and respectful relationships
- Planning our futures
- Managing our finances
- Starting a business
- Being a leader

We will meet on a weekly basis for four months, at which point we will break for the dry season. While we won't be formally meeting during the dry season, that is not to say that you can't plan and implement activities of your own – in fact, if you are still around, I encourage you to do so. After the dry season is over, one of you will then take over the facilitation of this group – although I'll be there for support. We will continue for another four months together.

ASK:

- Do the things I mention interest you?
- Does this make sense to you?
- Do you have any concerns?
- What questions do you have?

DO:

- Invite participants to decide on a convenient time and place for their meeting.
- Ask participants if they want to choose a name for their Fada that they can use for the duration of the training. If they do, facilitate a discussion to choose a name.
- Conclude the discussion by announcing the name, if applicable, and the time and place that the group has decided upon.

Full Value Contract (20-25 minutes)

SAY: As we move through the training, it's important that we agree on a set of rules to define how we will operate and how we will ensure that we are working towards our goals.

We are going to prepare a 'Full Value Contract' – which is a set of rules that will allow each and every one of us to feel comfortable, respected and fully valued. For example, this group should be a space where you all feel comfortable talking about your lives, sharing experiences and discussing the challenges you might be facing. That doesn't mean you need to share personal information, but that you should feel comfortable doing so if you want. For that to work, I think it is important for us to agree to keep personal stories shared here private. This is called respecting confidentiality.

ASK:

- Do you agree?
- Why is confidentiality important?
- What harm might be done if we repeat personal stories we hear in this group to people outside of this group?
- What are some other rules that you think would help us build trust and work together as a group? Can anyone suggest an example?

DO:

- Facilitate a discussion wherein participants outline their expectations for how the Fada will operate.
- For highly literate groups:
 - As participants volunteer ideas, validate the ideas with the rest of the group. If the rest of the group supports the 'rule', write it down on flipchart paper.
- For groups with low levels of literacy:
 - As participants volunteer ideas, validate the ideas with the rest of the group. If

the rest of the group supports the 'rule', note it on a sheet of paper for your personal reference. Do not lose this document, as you will need it in future sessions.

- After each new rule has been agreed upon, read the rule out loud and invite the group to repeat it out loud a few times.
- For all groups:
 - Examples of rules include:
 - We agree to respect each other.
 - We agree to listen when someone else is speaking.
 - We agree to keep what we learn about others in this group private.
 - We agree to arrive on time.
 - We agree to ask questions when we don't understand something.
 - We agree to come with an open mind.
 - We agree to come ready to learn.
- Conclude the discussion by reminding participants that sharing information is voluntary. As confidentiality cannot be guaranteed, no one is required to share personal information. Participants have the 'right to pass' – in other words, they are allowed to skip any question or activity that they are not comfortable with.

DO:

- For highly literate groups:
 - Invite all participants to sign the completed Full Value Contract.
 - If meetings are conducted in a dedicated space, display the contract for the rest of the meeting and all future meetings. If meetings are not conducted in a dedicated space, keep the contract so that it can be referenced at future sessions.
- For groups with low levels of literacy:
 - Invite participants to embed their fingerprints into the completed Full Value Contract. To do this, use a marker to draw on a participant's thumb then ask them to embed it onto the paper.
 - Ask for volunteers to each remember one rule from the Full Value Contract. Inform these volunteers that they will be called on in future sessions to share their rule with the rest of the group.

Privilege Walk¹² (30 minutes)

SAY: One of the themes we will be exploring throughout this training is decision-making. We will look at how people make decisions, the factors that affect the decisions people make and what we can do to help people make better and healthier choices – for themselves and their families. To start things off, we are going to do an exercise that makes us think about what impacts our decision-making abilities.

I am going to assign each of you a character. I will then ask you to line up side by side. I will read out a statement, for example, 'If you can read, take 2 steps forward. If you control the money you earn, take 2 steps forward.' Keep in mind, when I say "you," I mean your character. I want you to think carefully about your character and how he or she might experience the situation that I will read out loud and move according to my directions. Do you have any questions before we begin?

DO:

- Assign each person a different character from the list that follows by reading out their character descriptions out loud so that everyone can hear.
 - Facilitator note: Give each an identity that is relevant to the local context (i.e. A sixteen-year- old woman named Fatima who works in a shop selling coffee). You may need to make up more characters if there is not enough for everyone in the group.

Characters:

- Young wife of a rich business owner
- Rich business owner (Male)
- Housewife from a middle-income family
- 16-year-old working woman
- 20-year-old boy studying at university
- A male construction worker
- 14-year-old girl living in a refugee camp
- A young Muslim man living in the city
- A female doctor
- Young drug user
- A young TV actress
- Young person with intellectual disabilities
- Young girl in wheelchair
- A HIV-positive 18-year-old woman
- Street child
- A 16-year-old married girl
- A 17-year-old new mother
- Wait for participants to line up side-by-side then read out the statements from the list below:
 - If you are sick, can you decide to go to the health center? if so take two steps forward,
 - If your child is sick, can you decide to bring him to the health center? if so take two steps forward,
 - Do you have money in case of illness to pay for medicine? if yes, take two steps forward
 - Can you prevent the marriage of teenage girls in your family? if yes, take two steps forward,
 - Can you prevent parents from excluding girls at school for marriage data? if so take two steps forward,
 - Are you fit to do a paid job that requires physical strength? if yes take a step forward,
 - If you give advice or reproductive health care take two steps forward,
 - If you can decide when to have sex take a step forward,
 - If you can decide when to have a child take two steps forward,
 - If you have access to a regular diet and quality take two steps forward

- Are you unemployed? If so, go back 3 times.
- If we consult you for religious advice take a step forward,
- If you can make decisions within the family, take two steps forward,
- If you are working together on decisions about family matters, take a step forward;
- If you can travel at any time, take a step forward.
- Do your parents have enough money to support you as a child? If yes, take two steps forward.
- Do you have a stable monthly income? If you do, go ahead three times.
- Do you have access to health care, including sexual and reproductive health care, where you feel welcome and not judged? If you do, take three steps forward.
- Have you married or can you marry according to your choice? If yes, go ahead twice.
- If needed do you have a property to sell? if yes take a step forward
- If you can make a decision that commits the village take two steps forward,
- If you practice an activity that earns you a regular income, take a step forward (small business, donut sale, crafts, market gardening).
- Do you usually save money? if yes take a step forward.

DO: After all the statements, ask everyone to look around and see where the different people are now standing. Some will have taken many steps forward; some will have remained in the same spot.

DO: Bring the group back into circle.

ASK:

- What does it mean if your character took many steps forward?
 - Facilitator note: Ensure participants realize that these characters likely have more power, privilege and status.
- What does it mean if your character did not take many steps?
 - Facilitator note: Ensure participants realize that these characters likely have less power, privilege and status.
- How did you feel about your position compared to other characters? How did you feel about the people in front of you and behind you?
- Did you look back when you stepped forward? Why or why not?
- Who is the most powerful here? Who has the most access to opportunities?
- Who is the least powerful? Who has the least access to opportunities?

DO:

• Repeat the exercise, but this time, call out a list of skills and attributes from the list on the following page. Ask participants, still in character, to take a step forward if they believe that their character would have that skill.

Planning	Reading
Cooking	Resourcefulness
Writing	Local knowledge
Organizing events	Persuasive powers
Teaching	Making connections with people outside
Physical strength	of your family
Childcare	Listening
Comforting	Public speaking
Healing	Negotiation
Planning how and when to use your money most effectively	Sewing
	Organizing groups of people

ASK: Did people with less power move further in this second activity compared with the first? Does this surprise you? Why?

SAY: The activity reveals different levels of power, status, access and disadvantage, as well as diverse skills, expertise and knowledge. While we all may have very useful skills, the most powerful may have the greatest influence and status in society. Sometimes, people may judge us based on which groups we belong to – groups based on the religion we practice, our profession, our ethnicity, our gender, etc. As a result, people may interact with us in more or less respectful way. These are social norms that govern how one group or person interacts with another. Social norms are unwritten rules that govern our communities, and sometimes they can be harmful, both to those with less status and power but also to those with more status and power – although in different ways. Finally, it's important to realize that social norms are not fixed; they can and do change.

ASK:

- How do you think social norms might impact people's ability to make decisions? Do you think it is easier to make decisions if you have more power or less? Why?
- Do you think you have more or fewer choices available to you if you are powerful compared with someone who has less power? How does this make you feel?
- Some people think that people with more privilege have a greater responsibility to use their power for the good of the community. Do you agree? Why or why not?
- I mentioned that social norms are not fixed; they can and do change. Can you think of any social norms that were different when your parents were young as compared to now? Or, for those of you who have travelled for work or pleasure, maybe you have seen different social norms at play in the communities you have visited. If so, please share.

SAY: As we go through this training, we will explore how power interacts with our decision-making abilities. We will consider in detail how power affects our health, the health of our wives, families,

children and entire communities. We will ask difficult questions about how power helps and hinders us as men, and ultimately, we will reflect on how we can use our power to improve ourselves, our families and our communities.

Conclusion, Session Evaluation and Dismissal (10 minutes)

DO: Read out the following core messages for this session:

- Social norms are rules that govern how we act and behave and how others act and behave towards us.
- Social norms can impact how people are treated. Those with more power are often treated with more respect than those with less power.
- Social norms can and do change.

If there is time, ASK:

- Before we end for the session, would anyone like to share with the group one thing they found interesting or exciting about today's session?
- Were there any ideas or activities that challenged you? If yes, how so?
- Does anyone have any questions?

DO:

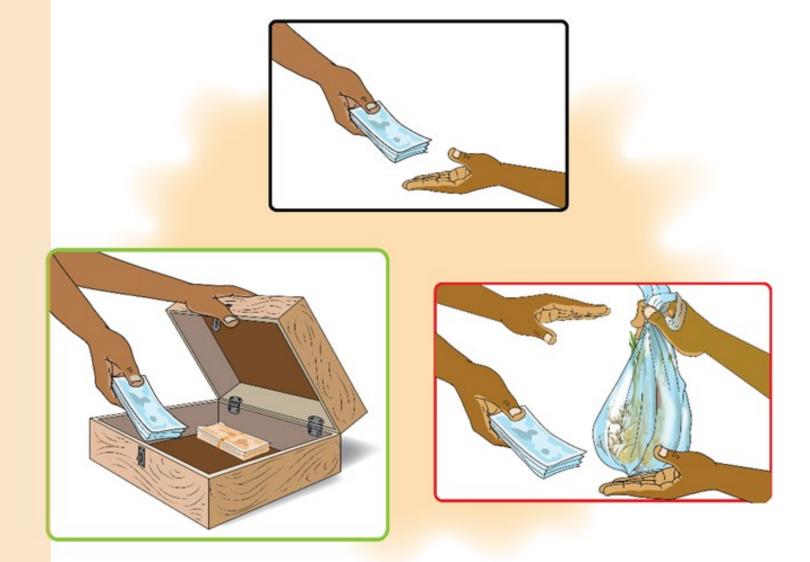
- Conduct the "Check What You Know!" questions, followed by the Smiley Face Evaluation. After the session is complete and participants have left, record your answers in the session evaluation form, which can be found in Annex 2.
- Inform participants of the topics for the next session.
- Remind them of the date, time and location of the next session.
- Thank participants for their active participation.
- Dismiss the group.

Check What You Know!

SAY: I will read out a question or statement. When you hear an answer you agree with, please raise your hand.

- 1. Social norms are unwritten rules for how people in a society should behave: true or false? **TRUE**
- 2. Power does not affect whether we are usually treated with respect and dignity: true or false? **FALSE**

¹² Adapted from 'Sexual and Reproductive Rights of Young People' in IPPF European Network. 2008. Your Sexual Rights – And What You Can Do About Them. Brussels: IPPF European Network



Household Budgeting¹³

Objective:

- To learn budgeting skills that will be valuable in planning for a healthy family
- To learn the concepts of 'expenses', 'income' and 'savings'.
- To learn how to predict future costs

Materials:

- Flipchart and tape
- Markers (minimum 2 colors) and Writing Utensils
- Image Cards 1-12

Preparation:

- Conduct research on the cost of some current expenses for a middle-income household in the participant community. This will help you to help participants prepare a specific budget. Household current expenditures include costs related to food, transportation, rent, communication (mobile phone, data, etc.), water, schooling, health care, etc.
- Copy the Template for Group Budgeting (Annex 3) on flipchart paper
- For highly literate groups: Copy the Template for Individual Budgeting (Annex 3)

Time:

• 1 hour 40 minutes

Session Guide

Welcome (10 minutes)

DO:

- Welcome participants back to the training and thank them for their continued commitment. Take attendance.
- For highly literate groups:
 - Invite a volunteer to read out the Full Value Contract. Thank the volunteer.
- For groups with low levels of literacy:
 - Invite each participant who was asked to remember a rule from the Full Value Contract to share that rule with the rest of the group. Thank participants for sharing.

ASK: Would anyone like to remind the group what we discussed in our last session?

DO: Remind the group of the core messages from the previous session.

- Social norms are rules that govern the way we act and behave and the others act and behave towards us.
- Social norms can affect how people are treated. People with more power are often treated with greater respect than those with less power.
- Social norms can and must change.

ASK: Does anyone have any questions or thoughts to share about what we learned in our last session?

Introduction (5 minutes)

SAY: In Business School, we will think about how we make money, how we use money, and how we manage money. Hopefully, what you learn in this training will allow you to get the most out of your money! To start, we will think about how to manage money.

Group Budgeting Activity – Understanding Expenses (20 minutes)

SAY: Financial success requires some planning. In order to have a good, healthy life for yourself and your family, learning how to manage money by budgeting is important.

DO: Show the group the table for expenses you prepared on the flipchart paper before class (See Annex 3. Template for Group Budgeting).

SAY: When you pay for items or services, they are called expenses. Let's start by thinking through some of the expenses we have in our lives.

ASK:

- What are some things that you *need* to spend money on or that are needed by your household this week?
 - Facilitator Note: Examples might include staple food items, water, medication, transportation, school fees, electricity, etc.
- What are some things that you *might* spend money on this week for your household?

• Facilitator Note: Examples might include 'luxury' food items, medication, clothing, transportation, school fees, toiletries, etc. As a note, participants might disagree about the items they will need as opposed to might need. That is okay. Acknowledge their disagreements, choose a way forward and move on.

DO: Use the 'Money Category' cards (image cards 1-12) to help the participants visualize the expenses. Write all the answers down on the flipchart in the 'Weekly Expenses' column. If participants are struggling to come up with answers, use the following prompts:

- **Food (Card 1)**: What are some foods that families eat? What are some ingredients needed to cook the food you eat?
- **Communication (Card 2):** Do you or someone in the house have a mobile phone? How much does it cost for credit?
- **Transportation (Card 3)**: Do you pay to go somewhere like the market using a bus or other transport?
- Education (Card 4): Do you need to pay school fees? Do you need to buy school supplies, such as notebooks or pencils?
- Water (Card 5): Do you need to pay for the upkeep of a well? Or pay to purchase water?
- **Clothes (Card 6):** Does someone in the house need clothing?
- Housing (Card 7): Do you need to pay rent? Do you need to pay for repairs to your home?
- Health (Card 8): Do you need to pay for doctor visits or medication?
- Loan payments (Card 9): Do you need to pay back loans?
- Seeds and other farming products (Card 10): Do you need to purchase seeds, fertilizer or other farming related products like tools?
- **Cost for animals (Card 11)**: Do you need to purchase food or medication for your animals?
- Savings (Card 12): Do you put away money for the future?

ASK: This is a good list! How much does a typical household spend on these items each week?

Introduction (5 minutes)

SAY: In Business School, we will think about how we make money, how we use money, and how we manage money. Hopefully, what you learn in this training will allow you to get the most out of your money! To start, we will think about how to manage money.

Group Budgeting Activity – Understanding Expenses (20 minutes)

SAY: Financial success requires some planning. In order to have a good, healthy life for yourself and your family, learning how to manage money by budgeting is important.

DO: Show the group the table for expenses you prepared on the flipchart paper before class (See Annex 3. Template for Group Budgeting).

SAY: When you pay for items or services, they are called expenses. Let's start by thinking through some of the expenses we have in our lives.

ASK:

• What are some things that you *need* to spend money on or that are needed by your household this week?

- Facilitator Note: Examples might include staple food items, water, medication, transportation, school fees, electricity, etc.
- What are some things that you *might* spend money on this week for your household?
 - Facilitator Note: Examples might include 'luxury' food items, medication, clothing, transportation, school fees, toiletries, etc. As a note, participants might disagree about the items they will need as opposed to might need. That is okay. Acknowledge their disagreements, choose a way forward and move on.

DO: Use the 'Money Category' cards (image cards 1-12) to help the participants visualize the expenses. Write all the answers down on the flipchart in the 'Weekly Expenses' column. If participants are struggling to come up with answers, use the following prompts:

- **Food (Card 1)**: What are some foods that families eat? What are some ingredients needed to cook the food you eat?
- **Communication (Card 2):** Do you or someone in the house have a mobile phone? How much does it cost for credit?
- **Transportation (Card 3)**: Do you pay to go somewhere like the market using a bus or other transport?
- Education (Card 4): Do you need to pay school fees? Do you need to buy school supplies, such as notebooks or pencils?
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- Seeds and other farming products (Card 10): Do you need to purchase seeds, fertilizer or other farming related products like tools?
- **Cost for animals (Card 11)**: Do you need to purchase food or medication for your animals?
- Savings (Card 12): Do you put away money for the future?

ASK: This is a good list! How much does a typical household spend on these items each week?

DO: With the answers provided by the participants, write down the price of each item on the list. Add up the prices of all of the items in the 'Weekly Expenses' column. Explain that the total represents the amount of money the average person might spend in a week.

ASK: How much would a person spend in a month? Recall that there are 4 weeks in a month.

DO: With input from the participants, multiply the weekly expenses by 4 (the number of weeks in a month). This will give the cost for each item on a monthly basis. Enter the monthly cost of each item in the column labeled 'Monthly Expenses'.

ASK: Are there any big expenses that we might need to pay in a month? What are they and how much would they cost? *If yes, add the extra items expenses to the 'Monthly Expenses' column.*

DO: Add up the monthly cost and share the total with the group. Circle this amount using a marker of a different color.

SAY: The amount shown is the amount of money that someone in this community might need for a month. This total is an estimate of all the monthly expenses that a household might have. This can help you plan for the future and also manage your current finances.

Income (10 minutes)

SAY: If you make money or are given money, it's called income.

ASK: What are some of the sources of income?

• Facilitator's note: Possible answers are: work (salary, salary), gifts / donations, savings

DO:

- Use the "money category" cards (Maps 1-12) to allow participants to visualize possible sources of income. For example, show Card 1 (food) and ASK participants if their household has never received money for crops or animals? Write all the answers on the income table in the "Weekly income" column.
 - Facilitator note: DO NOT ASK QUESTIONS about income or money earned by individuals or their household.
- With the help of participants, assign a value to each source of income. If participants give a weekly income, enter this value in the column marked "Weekly income". Then multiply this value by four to get the monthly income. If participants report monthly income, enter this value in the "monthly income" column.
- Sum the monthly income values to calculate the total income for the month.
- Circulate this value.

SAY: Ideally, your income must be greater than or equal to your expenses.

ASK: What can a household do if their income does not cover their expenses?

- Facilitator's note:
 - Responses can be grouped into : expenditure reduction and income increase.
 - Survey participants to reflect on ways to reduce their expenses. Ideas include buying only the products they need as opposed to the products they want, taking less expensive means of transportation, shopping in different shops, and so on.
 - Survey participants to reflect on ways to increase income. Make sure they realize that this can be done by allowing their wives to work. Saving is another possibility.

Savings (20 minutes)

SAY: Savings is money you put away to spend later. Savings can be used to buy something specific or for a rainy day. Let me tell you a quick story: One summer's day, a grasshopper was hopping about, relaxing in the sun. An ant passed carrying a big leaf on its back. It came back a few minutes later carrying another big leaf. This happened again and again, all day long. Finally, the grasshopper asked the ant to take a break and join him in enjoying the summer weather. The ant replied that he could not, as he needed to collect food for the winter months. Shocked, the grasshopper pointed out that winter was many months away; therefore, the ant should just enjoy himself. Plus, there was plenty of food to eat at that moment. When winter did come, the grasshopper had no food and got very hungry. The ant, on the other hand, had plenty to eat all winter long.

ASK: What is the message of this story?

• Facilitator Note: The answer is that it is good to prepare for times of need.

SAY: Savings can be useful when our income goes down or our expenses go up. This is because, like the ant, we can use what we have saved in times of need. Sometimes, but not always, we can predict these times of need long before they happen. Having a budget can help us do this.

ASK:

- For example, are there periods during the year when household expenses increase? When?
 - Facilitator Note: Examples include holidays, planting season, when school fees are due, etc. Add more examples to fit the local context
- Are there periods when household income tends to go down? If yes, what are they?
 - Facilitator Note: One example is the pre-harvest period. Add more examples to fit the local context

SAY:

- By identifying these times of need, we can plan for them.
- The first step is to figure out how much money we will need in order to balance our income and expenses during this time of need. For example, let's think about Eid-al-Fitr.
 - Facilitator Note: Can adapt this to fit the local context. Include a big holiday or event celebrated by many people in the country.

ASK: What expenses might an average household in this community have during this holiday?

DO:

- Enter the suggested expenses into the 'Savings Table' you prepared on flipchart paper before class.
- Sum the expenses to calculate the total. Circle this value.

Pointing to the total, SAY: We will need this amount of money to cover our expenses during Eid-al-Fitr. Now let's think about the strategies we can use to save.

Counting with Pebbles

DO:

- Place a sheet of flipchart paper on the ground. Draw two circles.
- Gather the group around the flipchart paper.

SAY: Let's pretend that our expenses for Eid-al-Fitr will cost 12 pebbles. Let's also pretend that it is only **two months** away. Each of these circles represents one month.

ASK: How much money should I save in each of the next two months?

DO:

- Hand a volunteer 12 pebbles.
- Instruct the volunteer to place the pebbles in the two circles so that there are an equal number of pebbles in each circle.

SAY: We can see that we would need to save 6 pebbles each month for the next two months.

ASK: What if we started saving **three** months in advance?

DO:

- Draw a third circle.
- Give a different volunteer the 12 pebbles and repeat the steps from above.
- Repeat this exercise for four months and six months.

SAY: As you can see, the earlier we start saving, the less we need to save each month. We can even write this down in our budget to figure out how much money we can save each month.

Saving for a Business

SAY: You can also use this method to help you plan for other special or uncommon events like weddings, doctor's or hospital visits, the birth of a child, funerals, etc. You can also use this method when starting a business or income-generating activity. Say you want to start selling mobile phones. You need to buy some phones first before you can start selling them! Maybe you also need to buy some other products to sell with the phones, like charging cables and headphones, and spend money advertising your products. All of these items are considered 'start-up costs', because they are expenses that must be made before your business can start and you can make money.

ASK: What steps would you need to take to save in order to start a business?

- Facilitator Note: A good strategy is to do the following:
 - List all start-up costs
 - State the cost for each start-up cost
 - Add up all the start-up costs
 - Decide on a saving schedule and start saving!

SAY: Savings are also important for dealing with unexpected events, like weather events (e.g. droughts, floods) or illnesses and disease. It is impossible to predict these events; therefore, it can be useful to have savings set aside for these emergency situations.

The Costs of Marriage and Children (20 minutes)

ASK: Now I want each of you to *silently* think to yourself about how much money your household brings in on a monthly basis.

- Is it enough to cover all of your expenses?
- Do you have any savings? If you do not, are you *able* to put money aside when you do make some money?

SAY: When you have a wife and a child, the amount of money you will need in order to support yourself and your family will increase.

ASK: What are some additional expenses you will have if you and your wife decide to have a child?

- Facilitator note: Possible answers include:
 - Clothes

- Nutritional food
- Milk
- Health care (medicine, hospital fees, transportation costs for health care services)
- Transportation
- School fees
- Savings

DO: With input from participants, complete the 'Expenses Table'. In other words, fill in the column called 'Monthly with Baby'. Add up the total and circle the total with a marker of a different color.

SAY: As you can see, the arrival of a child comes with an increase in expenses.

ASK: What are some decisions you can make that might increase your income so that it can cover your expenses before you decide to have a child?

- Facilitator note: ensure that participants are aware of the following:
 - Allow my wife to work and make an income
 - Wait until we save enough money to have a child
 - Wait until my wife is healthy and is 18 years old in order to have a child

ASK: Did you know that waiting until your wife is 18 before you and she decide to get pregnant will save you a lot of expenses? Can you tell me some ways this might happen?

- Facilitator Note: Be sure that participants provide the following answers:
 - If both you and your wife work for a few years and save up as much money as possible, it will help lessen the financial shock when you do finally have a child. It will create a stronger bond between husband and wife, and you will have the opportunity to develop better financial habits.
 - It will save you money in hospital costs because an adolescent girl is more likely than an adult woman to have complications requiring medical attention as a result of pregnancy and childbirth.
 - It will save you money in hospital costs because a child from an underage mother is more likely to be sickly and require frequent visits to the hospital

SAY: While it is difficult to think about future costs, this will enable you to make decisions that will help your family.

Individual Budgeting Homework Assignment (Highly Literate Groups) – 10 minutes D0:

- Display the individual budget template (Annex 5. Template for Individual Budgeting) that you prepared before class.
- Give each participant paper and a writing utensil.
- Instruct them to copy the blank table.

SAY: We did a group budget. It would love for you to do an individual budget after the session to help you think further about how to save money and prepare for the future. Please complete the budget this week and be prepared to discuss it at our next meeting. We will not be sharing our budgets with the group but we will talk about how you found the exercise. I will be available to help answer your

questions. I encourage you to complete this activity with your wife. If your wife is in a Girls' Collective, she will be familiar with this budgeting exercise. If your wife is not in a Girls' Collective, explain the meaning and show her how to calculate both income and expenditure.

Conclusion, Session Evaluation and Dismissal (10 minutes)

DO: Read out the following core messages for this session:

- An expense is an item or service you pay for.
- Income is when you earn money or money is given to you.
- Our income may change seasonally, so it is important to prepare.
- A budget can help us track our spending and plan for our expenses.
- Having a child increases the expenses of a family.
- Waiting until a woman is at least 18 years old to have a child can reduce hospital costs associated with health complications for young mothers and their infants. It can also give families time to save for the arrival of their child.

If there is time, ASK:

- Before we end the session, would anyone like to share with the group one thing they found interesting or exciting about today's session?
- Were there any ideas or activities that challenged you? If yes, how so?
- Does anyone have any questions?

DO:

- Conduct the Smiley Face Evaluation (Annex 1) using the 'Check What You Know!' questions found at the end of this session guide. After the session is complete and participants have left, record your answers in the session evaluation form (Annex 2).
- Inform participants of the topics for the next session.
- Remind them of the date, time and location of the next session.
- Thank participants for their active participation.
- Dismiss the group

Check What You Know!

SAY: I will read out a question or statement. When you hear an answer you agree with, please raise your hand.

- 1. Waiting to have a child can improve your family's finances because you can save more money, which can help lessen the financial shock when you do finally have a child: True or False? **TRUE**
- 2. An expense is an item or service you pay for. True or False? TRUE
- 3. If you sell flour at the market, this is a source of income. True or false? **TRUE.**

¹³ Adapted from CARE. (2018) *Healthy, Wealthy and Wise Facilitator Guide*. Atlanta, US: CARE



Sex and Gender

Objectives:

- To enable participants to define 'gender' and to identify which characteristics attributed to males and females are biological and which are socially determined
- To explore gender roles and attributes and understand expressions of masculinity and femininity within the family, community and society;
- To understand how gender roles affect our choices in life and our health and well-being;
- To think about whether we would like to see some changes in gender roles.

Materials:

- Marker
- Flipchart Paper
- Tape
- Scrap paper
- Pencils or other writing tool
- Gendered Tasks and Decisions Cards (Annex 5)

Preparation:

- On a flipchart, write the below definitions for the words sex and gender.
 - **Sex**: The physical features that identify a person as male or female. This includes the type of genital organs (i.e. penis or vagina), the hormones they have in their bodies, whether they produce sperms or eggs, and whether they can give birth and breastfeed children.

• **Gender:** The widely shared ideas and rules that tell men and women how they should act. It includes the expectations we have about what roles, responsibilities, behaviors and emotions are 'appropriate' for males and females. Gender is learned; older people teach boys and girls how they should behave to become an 'ideal' woman or man according to their culture.

Time:

• 2 hours

Session Guide

Welcome (10 minutes)

DO:

- Welcome participants back to the training and thank them for their continued commitment.
- Take attendance.
- For highly literate groups:
 - Invite a volunteer to read out the Full Value Contract. Thank the volunteer.
- For groups with low levels of literacy:
 - Invite each participant who was asked to remember a rule from the Full Value Contract to share that rule with the rest of the group. Thank participants for sharing.

ASK: Would anyone like to remind the group what we discussed in our last session?

DO: If necessary, remind the group of the core messages from the previous session.

ASK:

- Does anyone have any questions or thoughts to share about what we learned in our last session?
- Did anyone prepare an individual budget? If yes, did you find it challenging? Did you find it useful? Why or why not? Do you have any questions about how to complete the budget?
- Do you think you will you change the way you spend money, save money or generate money now that you have completed a budget? Why or why not?

Gender Game (15 minutes)

ASK: Have you heard of the terms 'sex' and 'gender'? Can anyone tell me what these words mean?

DO: Display the flipchart you prepared with the definitions of 'sex' and 'gender'. Invite a participant to read the definitions or read them out yourself.

- Sex refers to the physical features that identify a person as male or female. This includes the type of genital organs (i.e. penis or vagina), the hormones they have in their bodies, whether they produce sperms or eggs, and whether they can give birth and breastfeed children.
- Gender refers to the widely shared ideas and rules that influence how males and females act. It includes the expectations we have about what roles, responsibilities, which

behaviors and emotions are 'appropriate' for males and females. Gender is learned; older people teach boys and girls how they should behave to become an 'ideal' woman or man according to their culture.

SAY: This might seem confusing. To help us understand the difference between sex and gender, we are going to play a game.

DO:

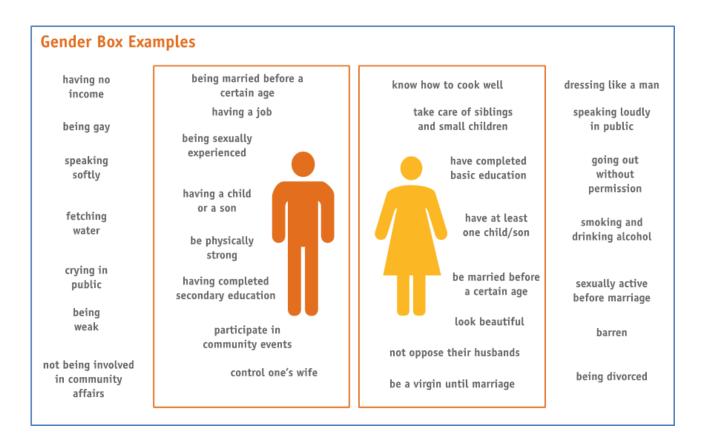
- Divide the group up into two teams. Invite each team to choose a name.
- Ask each team to choose a representative to come to the front.
- Choose 5-10 statements (see list that follows)
- Explain to the group that you will read out a statement. The representatives from each team will have to raise a hand and tell you whether the statement refers to sex or gender. The person to raise a hand first gets to answer first. If he answers correctly, his team will get a point. If he answers incorrectly, his team will lose a point. Note that participants are allowed to talk with the rest of their team.
- After each round, discuss the correct answer with the group, clarifying why the statement refers to either gender or sex. Then, invite new representatives up to the front.
- Invite one player from each team to keep score.
- After the game is over, congratulate the winning team and bring the group back together

Statements:

- 1. Women give birth to children; men do not. SEX
- 2. Girls are gentle; boys are tough. **GENDER**
- 3. Truck driving is a job for men. **GENDER**
- 4. Babies may be dressed and spoken to differently if they are girls or boys. **GENDER**
- 5. Girl children may be made to wear dresses, take care of younger siblings, be quiet or eat less than boys. **GENDER**
- 6. Women should do household chores like laundry, cleaning and cooking; men should make money. **GENDER**
- 7. Many women do not make decisions independently and freely, especially regarding sex and relationships. **GENDER**
- 8. Men's voices change with puberty; women's voices do not. SEX
- 9. Women can breastfeed babies; men can only bottle-feed babies. SEX
- 10. Men should be the wage earners of a family not women. **GENDER**
- 11. Women can get pregnant; men cannot. SEX
- 12. A woman's duty is to have sex with her husband. GENDER
- 13. Real men don't cry. GENDER
- 14. Men have a greater sex drive than women. **GENDER**

Act Like Man, Act Like a Woman¹⁴ (40 minutes)

SAY: We are going to explore this idea of gender a little bit more by discussing the expectations that we have, our friends have, our families have and our communities have for men and women.



DO:

- Divide the group in two. Explain to one group that they will be exploring the expectations for women, while the other group will do the same but for men.
- Hand out flip chart paper and markers to each group.
- Instruct each group to draw the outline of a man or woman depending on which gender they have been assigned.
- Invite each group to discuss their own experience of the roles, behaviors and norms society expects of the 'typical' man or woman, and to capture these ideas by drawing symbols or writing key points inside the box.
 - Examples for women include: knowing how to cook well, taking care of siblings and other small children, have completed a basic education, be married before a certain age, have many children, look beautiful, be a virgin until marriage, not oppose their husbands.
 - Examples for men include: having a job, having completed secondary education, being married before a certain age, having a child or son, being physically strong, controlling one's wife, participating in community events, etc.
- Next, give groups a few minutes to think specifically about the roles and behaviors society expects of 'typical' men and women to adopt related to each of the following topics:
 - Marriage
 - Contraceptive use
 - Sex

ASK:

• Do most men and women you know live up to or fulfill every one of these expectations?

- Do you think these expectations are helpful? If so, who do they help and how?
- Are any of these expectations not helpful? If so, who do they harm and how?
 - Facilitator Note: In addition to listing the ways in which these expectations can harm women, ensure that participants think about the ways in which these expectations can be harmful to men, as not doing so can deter men from engaging in discussions around the need to change gender norms. Examples from across the world of how such norms can be harmful include the fact that norms of masculinity:
 - Encourage risky behavior (alcohol and drug use, unprotected sex, multiple sexual partnerships, settling arguments using violence, etc.)
 - Discourage health-seeking behavior (i.e. accessing health services, testing for HIV and STIs, seeking treatment for HIV and STIs, seeking support for emotional or mental health issues, etc.)
 - Discourage the expression of negative emotions other than anger. This includes sadness, guilt, shame, depression, anxiety.
 - Promote the use of violence and aggression. As a result, men are more likely to be the victims of suicide and homicide than women.
 - Influence career choice. Men often pursue careers that are seen as being 'manly', in that they involve physical labor or aggression. Examples include carpentry, construction, mechanics, military, police, etc. Men are discouraged from pursuing career paths seen as feminine, such as teaching, nursing, social work, etc.
 - Emphasize that the gender norms that privilege men over women burden women but they also burden men. In other words, by addressing these norms, both women and men stand to benefit.
- Where do these expectations come from? From whom are they learned? In other words, who teaches us that these are the 'right' roles, responsibilities and behaviors?
 - Facilitator note: Ensure that participants realize that social norms are ultimately, though not exclusively, taught to us by previous generations. In other words, social norms get passed along from generation to generation.

DO:

• Instruct participants to write the sources of expectations around the outside of their boxes. Ask them to circle each source.

ASK:

- What are the roles, behaviors and norms society attributes to a 'non-typical' man or woman?
 - Facilitator note: Examples include dressing up like a man, being sexually active before marriage, having more than one sexual partner, speaking in public, smoking, drinking, going out without permission, going out alone, doing a job that is typically seen as for men only, not having kids or delaying childbirth, waiting to get married, etc.
 - For men, examples include not having an income or money, crying, being weak, speaking softly, cooking, fetching water, performing chores, helping with child-rearing, etc.

DO:

• Instruct groups to write their ideas for non-typical roles and behaviors outside the box.

- ASK:
- What are the consequences, both positive and negative, of practicing behaviors that are outside of the box? These are the behaviors that might be different from what society expects for a man or woman.
- We have mentioned some negative consequences people face if they 'step outside of the box' in other words, they behave differently than what is expected of them. Do these consequences affect women and men's ability to have a healthy and safe relationship with their spouse?
 - Facilitator note: Probe participants to think about how these consequences affect many aspects of their relationships, including their ability to communicate with their spouse about their hopes, dreams and desires; their insecurities but also points of pride; their financial position; their ability to discuss their sexual likes and dislikes; their fears; their reproductive desires, including the timing, frequency and spacing of pregnancies, etc.
- Do you think these expectations we have for women and men affect their ability to seek reproductive healthcare?

Gendered Tasks¹⁵ (45 minutes)

SAY: In every household, there are many tasks that need to be completed and decisions that need to be made each and every day. Together, we will explore these tasks and decisions, paying attention to who does what, and who makes the decisions and why, and how these decisions are made.

DO: Display the image cards showing the man, woman and both man and woman.

SAY: I am going to hold up a card. The image on the card will represent a common task, chore or decision. *Hold up a card as an example.* Your task is to tell me who *usually* performs this task or makes this decision, not who is able to perform this task or make this decision. Men, women or both? If you tell me it is men, I will place this card in the 'man' pile. If you tell me it is women, I will place it in the 'woman' pile, and finally, if it is both, I will place it in the 'both' pile.

DO:

- Conduct the activity, seeking input from the group when deciding where to put each task/ decision image card. A summary of these appear on the following page.
- If the group decides to put a card in either the 'man' or 'woman' pile, ask the following questions:
 - Why can only one group do this task or make this decision? Is the other group able to do that task or make that decision? Why or why not?
 - What would happen if *both* men and women did this task or made this decision?
 - What is preventing both men and women from doing so?
 - Are there steps we could take so that men and women share more of these tasks and decisions? If yes, what are they?
- If a group decides to put a *decision* card in the 'both' pile, ask the following questions:
 - How are these joint decisions made? Who has the final say?
 - Has it always been this way?
 - Do both parties have equal say in the decision-making process? If not, who has the greater say?

Gendered Tasks and Decisions		
Tasks	Decisions	
Caring for sick people/children Earning money Preparing children for school Cooking meals Selling food at the market Disciplining children Bathing children Attending community meetings Fetching water Fetching firewood Cleaning the house Farming cash crops Farming consumable crops (ex. Cow peas) Taking care of goats	When to have children How many children to have Children's schooling Children's marriage Daily household purchases Use of family planning When to go to the health clinic When to have sex With whom to socialize Selling major goods Large household purchases	

Discussion

ASK:

- Who does more tasks? Why?
- If one group does more, what are the consequences of that on them?
- Who makes more decisions? Why?
- If one group makes more decisions, how does that affect them? How does that affect the other group?

If you have time, SAY: With the person beside you, I would like you to identify the three most important tasks and decisions.

ASK:

- What did you select as the most important tasks? And who does these tasks? Why?
- What did you select as the most important decisions? Who makes these decisions? Why?
- What would happen if both men and women shared in these tasks and decisions?

Conclusion, Session Evaluation and Dismissal (10 minutes)

DO: Read out the following core messages for this session:

- Sex refers to the physical features that identify a person as male or female
- Gender is ideas and rules that tell men and women how they should act
- Gender can affect tasks and decision-making within families; these are generally based on our beliefs as individuals and as a society and not related to our biological sex.

If there is time, ASK:

- Before we end for the session, would anyone like to share with the group one thing they found interesting or exciting about today's session?
- Were there any ideas or activities that challenged you? If yes, how so?

• Does anyone have any questions?

DO:

- Conduct the Smiley Face Evaluation (Annex 1) using the 'Check What You Know!' questions found at the end of this session guide. After the session is complete and participants have left, record your answers in the session evaluation form (Annex 2).
- Inform participants of the topics for the next session.
- Remind them of the date, time and location of the next session.
- Thank participants for their active participation.
- Dismiss the group

Check What You Know!

SAY: I will read out a question or statement. When you hear an answer you agree with, please raise your hand.

- 1. Gender is a word for the physical differences between males and females. FALSE
- 2. Gender can affect tasks and decision making within families; these are generally based on our beliefs as individuals and as a society and not related to our biological sex: true or false? **TRUE**

¹⁴ Adapted from 'Gender Box' in Cowan, E., F. Mekuria, A. Sprinkel. 2016. Social Analysis and Action: Global implementation manual. Atlanta: CARE USA. ¹⁵ Adapted from 'Pile Sorting' in Cowan, E., F. Mekuria, A. Sprinkel. 2016. Social Analysis and Action: Global implementation manual. Atlanta: CARE USA.



Early First Birth - Health Perspective

Objective:

- To make participants aware of the health benefits to mother and child from the healthy timing and spacing of pregnancy
- To make participants aware of the health risks posed by early pregnancy to the pregnant woman and baby

Materials:

- Markers
- Flipchart paper

Time:

• 1 hour 40 minutes

Session Guide

Welcome (10 minutes)

DO:

- Welcome participants back to the training and thank them for their continued commitment.
- Take attendance.
- For highly literate groups:
 - Invite a volunteer to read out the Full Value Contract. Thank the volunteer.
- For groups with low levels of literacy:
 - Invite each participant who was asked to remember a rule from the Full Value Contract to share that rule with the rest of the group. Thank participants for sharing.

ASK: Would anyone like to remind the group what we discussed in our last session?

DO: If necessary, remind the group of the core messages from the previous session.

ASK: Does anyone have any questions or thoughts to share about what we learned last session?

The Story of Fatima^{16,17} (20-25 minutes)

SAY: Today, we are going to think about decisions related to pregnancy, children, family and health. We are going to start by exploring the dangers married girls face in pregnancy, labor, delivery and beyond.

ASK: How often do you think a woman or girl dies somewhere in the world from pregnancy-related causes? One every week? Every ten minutes? Every day?

SAY: The answer is every minute, a woman or girls dies from a pregnancy-related cause. Moreover, a far greater number of women and girls do not die but suffer other pregnancy-related problems.

ASK: How many of these deaths or pregnancy-related problems do you think are preventable? A small proportion? More than half?

SAY: Experts say that they are almost all preventable. To learn more about this, we are now going to hear about the story of Fatima, a married girl.

DO: Read Fatima's Story on the following page out loud.

• Facilitator Note: Change Fatima and Ali's names to common local names. You may also need to adjust the story to fit a local context, consider challenges that young married girls in your community face during their pregnancies.

Fatima's Story

When Fatima was 13, her mother died in childbirth. Her father explained to her that she would have to stop going to school so that she could cook and help care for her younger siblings. At 16, Fatima married Ali and went to live with him and his parents. Ali's family, who valued Fatima's knowledge of childcare, wanted her to have children right away. As a result, she and Ali did not use contraception. Fatima soon became pregnant.

When her labor pains began, a local midwife came to see her. The midwife told her to stay strong and that the baby would come out on its own. However, after many hours of labor, it was clear that the baby had become stuck in the birth canal. The midwife referred her to the nearest hospital, 100 kilometers away. Because of the late hour, no one could arrange for transportation to take Fatima until the early morning. When Fatima finally arrived at the hospital, she was able to deliver the baby but it was stillborn, meaning the baby was born dead.

Discussion:

ASK:

- How did this story make you feel? What in the story made you feel that way?
- As we heard in the story, Fatima's experience of labor and delivery had many problems and, ultimately, ended in a stillbirth. Do you think Fatima experienced any persistent medical consequences as a result of her long and obstructed labor?
 - Facilitator Note: After inviting answers, explain to participants that Fatima has probably experienced an obstetric fistula a common consequence of prolonged obstructed labor. An obstetric fistula is an abnormal passage or opening between either the genital tract and the urinary tract or the genital tract and the intestinal tract that can result from the baby getting stuck in the birth canal. In other words, it creates an opening that allows substances in the bladder (where urine is stored) or the rectum (where stool is stored) to flow to the vagina. Urine or stool leak out of the vagina. Girls are particularly at risk because, as they are not yet fully mature, their pelvises may be too small to withstand complicated childbirth.
- How do you think this story ends for Fatima?
 - Facilitator Note: Probe participants to think of the many potential impacts on Fatima's life, including health, financial, social and financial consequences. Emphasize that women with obstetric fistula experience constant incontinence, shame, social segregation and health problems.
- What were the main factors that contributed to her difficult labor and delivery?
 - Facilitator note: Ensure that participants are aware of the following causes:
 - **Delay in reaching the hospital:** Fatima was unable to leave for the hospital until the morning, which likely increased the risk of complications to her and her baby.
 - **Poor access to emergency medical care and health services:** Fatima was very far away from emergency medical services.
 - **Poor access to emergency medical care and health services:** Fatima was very far away from emergency medical services.
 - Fatima's age: As a married girl, Fatima's body was still growing and

developing. Ultimately, it was not ready to support a pregnancy.

- **Fatima's marital status:** Child marriage is a predictor of adolescent pregnancy. Married girls are expected to prove their fertility very soon after marriage, even if they aren't yet physically, emotionally or financially prepared for childbearing.
- **Gender discrimination:** Because of women's low social status in many communities, Fatima probably lacked the power to choose for herself when to start having children or where to give birth. This is not unusual: women often lack decision-making and economic power, even in decisions pertaining to their own health.
- To what extent could these difficulties have been avoided?
 - Note to Facilitator: Ensure that participants recognize that there are two approaches that would have avoided these difficulties. First, Fatima and Ali could have delayed the pregnancy by waiting before getting married or using contraception just after marriage. This could have allowed the body of Fatima to fully develop before her pregnancy. Or, after she is pregnant, Fatima and Ali should have made arrangements to reduce the risks of labor and delivery by, for example, making arrangements for Fatima to give birth at the hospital. Unfortunately, no matter where she delivers, she is more likely to have complications during pregnancy, labor, and delivery than women over 18 years of age.

Vote with Your Feet for Reproductive Choices¹⁸ (45-50 minutes)

SAY: Now we are going to explore some of the decisions that people make related to pregnancy, children, family and health.

DO: Select two locations (for example, two trees or two ends of a room). Explain to the group that one location is called 'AGREE", while the other is called 'DISAGREE'.

SAY: I am going to read a statement. If you agree with it, I would like you to run to the 'AGREE' location as quickly as possible. If you disagree with it, run to the 'DISAGREE' location as fast as you can. You must choose a side; you cannot stand in the middle. The purpose of the exercise is to think about our own opinions. Don't worry about the right or wrong answer or where everyone else is going. We will discuss our thoughts and everyone can have their own opinion.

DO:

- Read from the statements in the box on the next page.
- Once everyone has run to their locations, ask at least two people from each side to explain why they agree or disagree. Try to pick every person at least once. Encourage debate and discussion about the answers, using the discussion guide found below to structure the discussion.
- Then, re-read the statement and give participants the opportunity to move to a different location.
- Ask participants who have changed opinion to explain their new perspective.

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 until the woman is at least 18 years old before getting preg- nant.
Statement 4	If a woman does not have a child within the first year of marriage, there is some- thing wrong with her.
Statement 5	Only the man should decide when to use contraception and when to try to get pregnant.
Statement 6	It is only the woman's responsibility to prevent pregnancy.

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.

ASK:

- Why do some people believe that you must have a child to be a real man or woman, or be worthy of respect?
 - Facilitator note: Participants are likely to respond with answers such as:
 - "Having children is our destiny."
 - "Having children shows you are an adult and makes you responsible because you have other people to care for."
 - "There is no reason for marriage without children. Family is the most important thing in life."
- Explain to participants that many societies place great importance on having children. Probe participants to think of the consequences of this. If necessary, explain that when people prioritize fertility above all else, other important things like education, health and financial stability might not receive the attention they deserve, even though they contribute to happy, healthy, and financially stable families. This can have negative effects on families and communities. As well, people might rush to prove their fertility even if doing so would be harmful. For example, pregnancy during adolescence increases a girl's risk of death or injury during pregnancy and labor. Men, on the other hand, might rush to impregnate their wives even when they do not have the money to support a child.

Statement 3: It is healthy to wait until the woman is at least 18 years old before getting pregnant.

DO: After inviting participants to share their reflections on this statement, review the following points to make participants aware of the health risks of early first birth:

- Early Pregnancy puts mothers at risk:
 - When couples have a child before the wife is 18, there is a greater chance that her body is not physically mature, even if she is menstruating. Girls under 18 have a higher risk of high blood pressure, anemia (iron deficiency) and prolonged or complicated labor because their bodies are not yet fully grown.
 - The small size and physical weakness of many young pregnant girls makes it extremely difficult for them to give birth to a child. Delivery can therefore be prolonged and lead to obstetric fistula, which is caused by several days of obstructed labor, without timely medical intervention or cesarean section. 65% of fistula cases occur among adolescent girls^{, 19, 20}
 - Adolescents age 15 through 19 are twice as likely to die during pregnancy or childbirth as those over age 20, while girls under age 15 are five times more likely to die^{21, 22}
 - The increased health risks pregnant girls face often result in higher medical costs during pregnancy and delivery because of the need for expensive emergency medical care.
- Early pregnancy puts children at risk:
 - Infants face health risks if their mother is not physically mature –which adolescent girls are not. Their bodies, especially their pelvises, are still growing and developing.
 - Newborns are at risk of being born too soon, too small or with a low birth weight.^{23,24}
 - The infants of adolescent mothers are more likely to die before their first birthday than are the infants of older mothers.²⁵
 - In terms of delaying pregnancy, pills, injectables, IUDs and implants are safe for women before their first birth and do not cause infertility. They can be stopped at any time and a woman can then get pregnant.

Statement 4: If a woman does not have a child within the first year of marriage, there is something wrong with her.

ASK: How do people view couples that wait longer than one year after marriage to have a child?

- Facilitator notes:
 - Participants are likely to say that people will probably gossip about and judge the couple. Similarly, members of the community might think that the couple is infertile, that one partner is unfaithful, etc. Acknowledge these answers and probe participants to think about how it would feel to be judged/gossiped about.
 - Then, invite participants to reflect on how they would feel being gossiped about knowing that waiting until one's wife is physically, emotionally and financially ready to have a child is good for the health and wellbeing of the entire family. Does this knowledge it easier to face judgment from people in the community?
 - If participants do not raise this on their own, remind participants that some members of the community might view the couple as acting responsibly by waiting until they are financially, emotionally and the wife physically ready to have a child. This is a responsible decision because it promotes the welfare of the entire family, including the wife and child.

• Remind participants that delaying pregnancy by using contraception does not impact one's fertility. A woman can get pregnant immediately or almost immediately after stopping contraception.

Statement 5: Only the man should decide when to use contraception and when to try to get pregnant.

Statement 6: It is only the woman's responsibility to prevent pregnancy.

DO:

- Explain to participants that the norms that operate in our society prioritize men's opinions and preferences about family planning over women's. Invite participants to consider why that is the case (ex: Do we believe men are wiser? Do we believe that men have more information than women?). Explain how our beliefs are based in our understanding of gender and social norms, which means that they can be changed.
- Invite a few answers and then explain to the group that, contrary to what is practiced in our communities, women have the same rights as men to decide on matters related to their own health. Men must remember that, as much as they make decisions on their health, women are mature enough to make decisions about their own health. Men and women should discuss pregnancy and should respect their partner's opinions.

After the discussion, SAY:

- Both men and women play a role in starting a pregnancy and both will be affected by a decision to have and raise a child. Therefore, both men and women should play a role in preventing pregnancy.
- When it comes to decisions about when to get pregnant, women bear the greater burden and all of the physical risks in pregnancy and childbirth. Therefore, it is incredibly important that women have opportunities to make decisions about taking those risks.

Discussion

ASK: How easy or hard is it for young couples to talk to one another about if and when to have children? Why?

SAY: Talking about sex and related topics like family planning is very difficult for most people. This is partly because most of us do not have a lot of practice discussing these things. We have grown up in families and communities where we rarely discussed the realities of sex and family planning in an open and honest way. Therefore, because we have not seen it done, we don't really know how to do it. Some of us might also believe that we do not need to discuss these things with our wives because, simply put, it is for men to decide. As we have seen today, there are many reasons why involving our wives in decisions related to reproduction is important for the overall wellbeing of our wives, children, families and communities. All of these things make it very hard to have a discussion with our spouses about sex in a way where both people feel like they can speak and be heard. These conversations become easier the more you practice, though.

ASK: When is the right time for couples to start talking about having children?

SAY: Ideally, couples should start talking about family planning as early as possible so that they are both aware of the other's desires and expectations. By talking, couples can also make a decision together based on their health and finances, as well as their plans for the future.

Barriers to Delaying First Birth (10-15 minutes)

SAY: Talking as a couple about family planning is an important first step in promoting the healthy timing of pregnancy. However, it is also important to be aware of factors that might make it difficult for newly married couples to control the timing of pregnancy.

DO: Briefly discuss the barriers that young, married couples face in trying to delay childbearing.

- Facilitator Note: Examples of barriers include the following:
 - Financial barriers:
 - Cost of transport to health clinic
 - Cost of contraception
 - Social barriers:
 - Pressure from family to prove fertility
 - Pressure from community to prove fertility
 - Being the target of gossip and judgment
 - Stigma surrounding use of contraception
 - Health barriers:
 - Providers who refuse to provide contraception to married girls without children

DO: Brainstorm some of the ways these barriers can be addressed.

- Facilitator note: Possible answers include the following:
 - To address financial barriers:
 - Set aside money regularly to cover transportation and contraception costs.
 - To address social barriers:
 - Seek support from other members of the Fada to cope with and/or face judgment from peers, family and the community.
 - Discuss with your partner how you will both respond to pressure from the family or community about getting pregnant.
 - To address health system barriers:
 - Visit a health service provider. I am always happy to help recommend a health center or provider as well.

Conclusion, Session Evaluation and Dismissal (10 minutes)

DO: Read out the core messages for this session.

- Adolescents are still growing. Some parts of their bodies, like the pelvis, are not yet the right size and shape for a healthy pregnancy and delivery. If pregnancy occurs before adolescents are fully developed, they face severe health risks, including damage to the reproductive tract, delayed or obstructed labor, tears or ruptures in the birth canal and elevated risks of death and injury.
- Babies born to adolescents may experience more injuries at birth, have low birth weight or be stillborn. In fact, infant mortality is highest in countries with the highest rate of adolescent births.

• Decisions about when to have children and how many children to have are very important and, ideally, should be made by a couple together.

If there is time, ASK:

- Before we end for the session, would anyone like to share with the group one thing they found interesting or exciting about today's session?
- Were there any ideas or activities that challenged you? If yes, how so?
- Does anyone have any questions?

DO:

- Conduct the Smiley Face Evaluation (Annex 1) using the 'Check What You Know!' questions found at the end of this session guide. After the session is complete and participants have left, record your answers in the session evaluation form (Annex 2).
- Inform participants of the topics for the next session.
- Remind them of the date, time and location of the next session.
- Thank participants for their active participation.
- Dismiss the group.

Check What You Know!

SAY: I will read out a question or statement. When you hear an answer you agree with, please raise your hand.

- 1. It is healthier for the mother and child if a woman waits until she is at least 18 before getting pregnant: true or false? **TRUE**
- 2. Beliefs and values do not influence when couples decide to have a baby: true or false? **FALSE**
- 3. Babies born to adolescent mothers are more likely to experience injuries at birth than babies born to mothers that are at least 19 years old: true or false? **TRUE**

¹⁶ Adapted from 'Reproductive health choices agree or disagree' in Pathfinder International. 2013. Great Project Scalable Toolkit: I Am Great! GREAT Activity Cards for married and/or parenting adolescents. Kampala: Pathfinder International, GREAT, USAID.

¹⁹ Williamson, N. 2013. Motherhood in Childhood: Facing the Challenge of Adolescent Pregnancy. New York: UNFPA.

²⁰ World Health Organization, UNFPA. 2006. Pregnant Adolescents. Geneva: WHO

²¹ de Vienne, C.M., Čreveuil, C. and Dreyfus, M., 2009. Does young maternal age increase the risk of adverse obstetric, fetal and neonatal outcomes: a cohort study. European Journal of Obstetrics & Gynecology and Reproductive Biology, 147(2), pp.151-156.

²² Haldre, K., Rahu, K., Karro, H. and Rahu, M., 2007. Is a poor pregnancy outcome related to young maternal age? A study of teenagers in Estonia during the period of major socio-economic changes (from 1992 to 2002). European Journal of Obstetrics & Gynecology and Reproductive Biology, 131(1), pp.45-51.

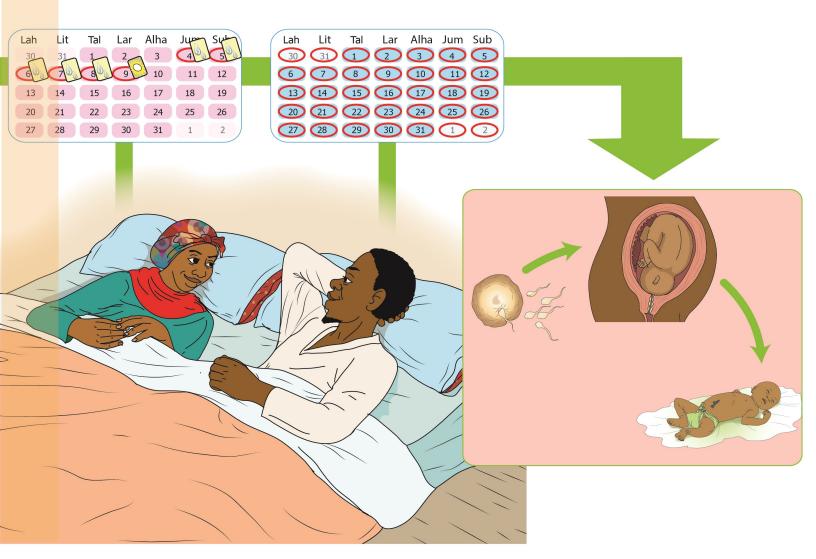
²³ World Health Organization. 2012. Early Marriages, Adolescent and Young Pregnancies: Report by the Secretariat. Geneva: World Health Organization.

²⁴ Adapted from Fistula Care. 2012. Counseling the Obstetric Fistula Client: A Training Curriculum. New York: EngenderHealth.

²⁵ Adapted from 'Every Minute of Every Hour: Stories of Pregnancy-related Death' in International Sexuality and HIV Curriculum Working Group. 2009. It's All One: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education. New York: Population Council.

¹⁷ de Vienne, C.M., Creveuil, C. and Dreyfus, M., 2009. *Does young maternal age increase the risk of adverse obstetric, fetal and neonatal outcomes: a cohort study*. European Journal of Obstetrics & Gynecology and Reproductive Biology, 147(2), pp.151-156.

¹⁸ Haldre, K., Rahu, K., Karro, H. and Rahu, M., 2007. Is a poor pregnancy outcome related to young maternal age? A study of tee nagers in Estonia during the period of major socio-economic changes (from 1992 to 2002). European Journal of Obstetrics & Gynecology and Reproductive Biology, 131(1), pp.45-51.



Fertility and Introduction to Contraception

Objectives:

- To learn about when someone can get pregnant and how pregnancy occurs
- To become familiar with the different forms of contraception
- To correct misconceptions and address myths related to contraception
- To learn how to use a condom
- To develop positive attitudes towards the use of protection

Materials:

- Menstrual Cycle set of cards (Annex 6):
 - Numbered cycle cards (1-28)
 - Bleeding cards (5)
 - Secretion cards (12)
 - Sperm card
 - Egg card
- Five sets of the 'Steps for Using Condoms' Cards (Annex 7)
- Sample condoms (Enough for one per person and then five extra)
- Dildos (bananas, broom sticks, etc.)
- Illustration of the female reproductive system

Time:

• 1 hour 30 minutes

Session Guide

Welcome (10 minutes)

DO:

- Welcome participants back to the training and thank them for their continued commitment.
- Take attendance.
- For highly literate groups:
 - Invite a volunteer to read out the Full Value Contract. Thank the volunteer.
- For groups with low levels of literacy:
 - Invite each participant who was asked to remember a rule from the Full Value Contract to share that rule with the rest of the group. Thank participants for sharing.

ASK: Would anyone like to remind the group what we discussed in our last session?

DO: If necessary, remind the group of the core messages from the previous session.

- Teenagers are still growing. Some parts of the body, such as the pelvis, are not yet the size and shape for pregnancy and safe delivery. If pregnancy occurs before adolescent girls have completed their development, they have several serious health risks, including genital lesions, risk of dystocia or prolonged labor, risk of tears or ruptures of the vagina and the high risk of death and uterine lesions.
- Babies born to teenage mothers may experience more injuries at birth, low birth weight, or stillbirths. In fact, the infant mortality rate is highest in the countries with the highest teen birth rates.
- Decisions about when and how many children are important are important, and ideally they should be taken together by the couple.

ASK: Does anyone have any questions or thoughts to share about what we learned?

Introduction to Fertility and the Menstrual Cycle²⁶ (20 minutes)

SAY: Today we are going to explore how pregnancy occurs. To begin, we will learn about fertility, women's bodies and the menstrual cycle.

ASK: As a starting point, can anyone tell me what fertility means?

SAY: In women, fertility is the ability to become pregnant and give birth. In men, fertility is the ability to produce sperm capable of starting a healthy pregnancy.

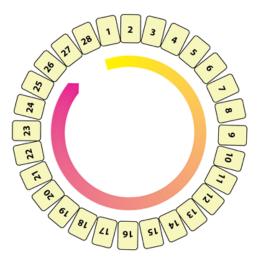
ASK: When are men fertile?

SAY: Men are fertile from puberty onwards. Women, on the other hand, are only fertile for a few days each month. Now, we know that most women who are not pregnant menstruate (or bleed) each

and every month. While the bleeding might be the part you know about, it is actually only one of many parts of a cycle that helps prepare a woman's body for pregnancy.

The Menstrual Cycle

DO: Spread out the menstrual cycle cards 1-28 on the ground in a large circle. Invite participants to stand outside the circle.



SAY: These cards represent the menstrual cycle. A menstrual cycle is normally about four weeks or 28 days – just like the cycle of the moon. Some women might have a menstrual cycle that is slightly longer or slightly shorter than 28 days, but for most women, it's around this long. However, when girls are just starting to menstruate, their cycles are rarely regular. Sometimes their cycles can be very short, sometimes very long. It often takes a few years for their cycles to become consistent and predictable. Some women experience irregular cycles for their entire life.

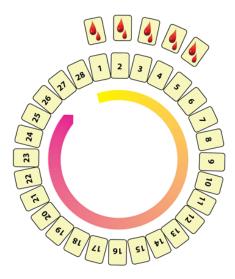
For this activity, we are going to use a 28-day cycle. As you can see, there is one card for every day of the cycle.

Menstrual Bleeding (Menstruation)

ASK: How many days each month do most women bleed?

DO:

- Invite a few answers. Note that there will be some disagreement as it varies.
- Suggest that the group agrees on five days as that is the average but explain to them that every woman is different and that is normal.
- Explain that when girls begin to menstruate, the number of days they bleed can change from cycle to cycle. This is normal. Eventually it will become consistent and predictable.
- Take the five menstruation cards and place them next to the cards numbered 1-5.
- Explain that for this exercise we are assuming that this woman experienced her bleeding on the first give days of the month. Of course, some women experience this during the middle or the end of the month, not always during the first five days.

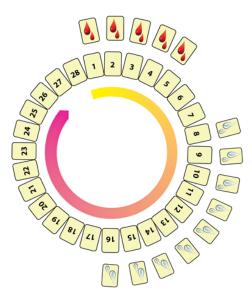


ASK: Why do women bleed every month?

SAY: Every month, a woman's womb prepares to receive a fertilized egg, meaning an egg that has joined with a sperm. Throughout the month, the womb grows a lining. However, if a fertilized egg does not arrive, this lining is shed. This shedding is what we call menstrual bleeding. This cycle happens over and over again, from puberty to old age, unless a woman gets pregnant. Right after the bleeding ends, the vagina will feel very dry because very little mucus is being produced.

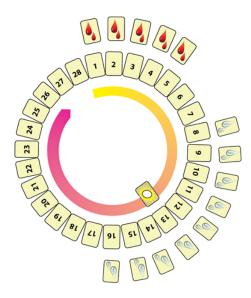
Fertile and Unfertile Periods

DO: Place the secretion cards (clear drops) by the cards 8-19.



SAY: After a few days, the dryness goes away and most women notice that they begin to produce a discharge of mucus from their vagina (*Point to the secretion cards*). So long as the woman is healthy, the discharge will not smell, cause itchiness or cause pain. At first, the discharge or mucus is cloudy-white or yellowish. It may feel sticky. As time goes on, the mucus changes and becomes clearer, resembling a raw egg white. All of this is normal.

DO: Hold up the card with the egg and place it on Card 12.



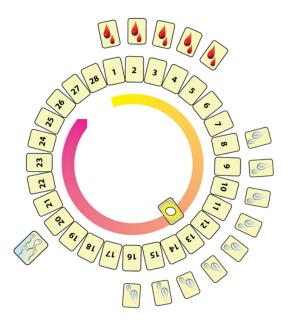
SAY: Every woman's body releases one egg into her womb each month. It is not possible to know the exact day an egg comes out, but it is some time mid-cycle.

DO: Hold up the card with the sperm.

SAY: Here we have sperm. Just to remind you, sperm is a male's seed. It is released in semen when a man ejaculates during sexual intercourse. Sperm can live inside a woman for three to five days.

If the egg and the sperm meet, the woman will get pregnant. During the time a woman has secretions and her egg is released, this is what we will call her fertile period. This is when it is possible for her to get pregnant.

DO: Place the sperm card on day 20.



ASK: If a woman has a regular menstrual cycle and has stopped producing the discharge that tells us she is fertile, can the woman get pregnant on this day?

DO:

- Invite guesses from the group and, if necessary, explain that the woman CANNOT get pregnant because there is NO egg present.
- Reinforce to participants the idea that this will only work for women whose menstrual cycles are regular.
- Place the sperm on day 11.

ASK: Can the woman get pregnant on this day?

DO: Again, invite guesses from the group. Explain that, **YES**, the woman can get pregnant because she has discharge that tells us she is fertile. Remind participants that sperm can live inside a woman for three to five days. Point to the egg card on day 12 and explain that the sperm would still be alive when the egg is released. Therefore, it would be able to meet the egg.

Keep in mind that this is just an activity to understand menstrual cycles better. It can be hard or impossible to tell what stage of a menstrual cycle you are in, and many women have irregular periods, which results in a different menstrual cycle. That means that we often can't predict whether a person will become pregnant on any given day. This is especially true for younger women like you all whose cycles are not yet regular. This is why some couples may use a family planning method to avoid pregnancy.

Hormonal Family Planning

SAY: If a woman is using a hormonal method of contraception such as the birth control pill, the implant or the injection, she does not release an egg. We will learn about this in greater detail later. For now, I want you to understand that using a hormonal method of contraception means that she cannot get pregnant because the egg and sperm cannot meet!

ASK: What if a man was to use a condom? Could the woman get pregnant?

DO: Invite answers from participants and if necessary, explain that **NO, if she and her partner use a condom correctly,** she cannot get pregnant because condoms trap semen. Therefore, the egg and sperm cannot meet.

ASK: What options does the woman have for avoiding pregnancy when she is fertile, such as on day 15?

DO: Invite answers from participants and then explain that the woman can:

- Avoid having sexual intercourse
- Use a condom so that the sperm is trapped and cannot meet the egg
- Use hormonal contraception

SAY: I mentioned already that it often takes a few years for a woman's menstrual cycle to become regular and predictable. *All* parts of her cycle can vary, from the number of days she bleeds to the

number of days between bleeding. It is also impossible to know when a woman will release an egg and become fertile.

ASK: With this in mind, do you think it is possible for young girls like yourselves whose menstrual cycles are not yet predictable to know when they are fertile?

• Facilitator note: Ensure that participants understand that it is not possible.

Introduction and Discussion About Men and Family Planning (15 minutes)

SAY: We have just learned that contraception allows couples to delay pregnancy while being sexually active. Let's learn more about this.

Contraception refers to the tools and strategies available to us to prevent pregnancy. Some – but not all – of these contraceptive methods also protect us from illnesses that are spread through sexual activity, otherwise known as sexually transmitted infections or STIs.

ASK:

- In your community, are men interested in family planning and contraception? Do they talk to their partner about whether or not to use family planning and contraception? Why do you think this is?
- Why do you think some men are opposed to contraception? Is their opposition justified?
- What role do you think that men can play in promoting the use of contraception?
 - Facilitator note: Ensure that participants are aware of the following:
 - Men can use male methods such as condoms.
 - Support their wives in using other methods. For example, a husband can remind his wife to take her pill every day, return to the clinic for regular injections, organize transportation to the health clinic, pay for family planning methods and services, etc.
 - Accompany their wives to visit the health care provider to learn more about contraception and obtain contraception
 - Ensure their wives have transportation to and from the health clinic
 - Discuss desires and intentions around family size and contraceptive use.

SAY: I understand that some of you might not agree that men can or should play a role in family planning. However, I would like to remind you of the classic story that says, 'Tie your camel, then rely upon Allah.' This story reminds us that we have a responsibility to work with Allah *and each other* to create the conditions of our life, including our family life. We should use our own reason and resources to take good care of ourselves. When it comes to our families, it is important to make sure that we understand what Allah wants for our children's wellbeing. Sometimes the answers are surprising. Sometimes these answers take us to new ideas and practices, such as around the use of contraception.

To that end, men can play a critical role in creating the conditions of their families. As we have seen in today's session, men can work with their wives to plan their family by:

- Using contraception designed for men, such as condoms
- Supporting their wives to use contraception

Through these actions, men can play a key role in not only the healthy timing and spacing of pregnancies, but also the promotion of healthy families more generally.

Learning About Contraception (25 minutes)

ASK: Can anyone name any contraceptive methods?

DO:

- Brainstorm different forms of contraception with the group.
 - Answers include:
 - Condoms
 - Oral contraceptive pill
 - Intrauterine device (IUD)
 - Implant
 - Injection
 - Lactational Amenorrhea Method
 - Withdrawal
 - Sterilization (vasectomy and tubal ligation)
- After the brainstorming session, add any methods that are missing and, if necessary, indicate which of the identified methods are 'false methods' (e.g. washing out the vagina with water after sex, having a shower, having sex with a virgin, lying upside down).

SAY: We are going to start by going over the male condom, a form of contraceptive that all men can use. After that, we will talk about some modern and traditional forms of contraception that you can use or practice or that you can support your wives to use or practice.

Here is the situation: Mia and Mohammed, a newly married couple, are very much in love. They can barely keep their hands off of one another. Neither Mia nor Mohammed wants a child in the next few years, though, because Mia wants to finish school and Mohammed wants to save some money. Your task is to lay out the steps that Mia and Mohammed must follow in order to use condoms to prevent pregnancy.

• Facilitator Note: Contextualize names to fit the local context.

DO:

- Divide the class into teams of 5 people.
- Give each team a full set of the illustrated 'Steps for Using Condoms' cards. Be sure that you have shuffled these cards so that they are not in the proper order.
- Explain to participants that you would like them to organize the cards in order.
- Give groups 10 minutes to complete the activity.
- Afterwards, take the group through the correct order. As you go through the steps, invite the different teams to guess at the correct order.
- Be sure to highlight the following points:
 - Talking with your partner about condom use: This is important because it gives both partners the chance to express some of their emotions related to condom use. People often have misconceptions about condoms that need to be corrected before they feel comfortable using them. For example, some people believe that women who use condoms are unfaithful or do not like their husbands, especially

if they do not have a child yet.

- There may be several reasons why a condom should be used, the least important of which is that it can be used to promote healthy pregnancy planning. You may be interested to know that it allows men to take more time during sex.
- Having open communication before using the condom can help both partners remove any doubts, address any concerns or misunderstandings they have about condom use. It can also open up dialogue about expectations around sexual activity and family planning.
- Engage in foreplay: Foreplay is the term for the sexual activities couples can engage in before sexual intercourse. It includes kissing, petting, touching, etc. Foreplay helps men and women's bodies get ready for sexual intercourse. For example, during foreplay, a woman's vagina lubricates, making it easier and more pleasurable when a man inserts his penis.
- Only one condom should be used at a time. Using more than one condom can lead to breakage.
- Condoms prevent pregnancy because they trap semen, the liquid that contains sperm that is ejaculated from the penis. By trapping sperm, it is unable to meet and fertilize an egg.

Condoms: Steps for Use

- Talk about condom use with your partner
- Buy condoms at store or find a clinic or community center that gives them away for free
- Keep condoms in a cool, dry place (not a wallet)
- Check the expiration date and be sure the date has not passed.
- Establish consent and readiness for sex. Engage in foreplay.
- Open the condom package with your fingers not teeth
- When the penis is erect, squeeze the tip of the condom and place it on the head of the penis.
- Roll the condom down to the base of the penis as you hold the tip of the condom.
- The man inserts his penis for intercourse
- The man ejaculates
- After ejaculation, hold the condom at the base of the penis and gently pull out the penis.
- Tie the condom to prevent spills.
- Throw the condom away in the trash.

ASK:

- Do you know of any benefits to condom use?
 - If necessary, explain the following to participants:
 - A condom is the only way to protect against HIV and other STIs during penetrative sex. It can also be used in addition to other family planning methods, such as an implant.
 - Condoms can also prevent pregnancy when used correctly
 - They are easily available
 - There are no hormonal side effects
 - They are inexpensive or even free

- They may prevent premature ejaculation in men. Premature ejaculation occurs when a man ejaculates sooner during sex than he or his partner would like. Men who always or almost always ejaculate within one minute of penetration or men who are unable to delay ejaculation may have premature ejaculation. It is a very common and treatable condition.
- Do you know of any disadvantages to condom use?
 - Note to Facilitator: If applicable, explain to participants:
 - The condom breaks sometimes. When it breaks, make sure you wear another one.
 - Putting a condom can briefly interrupt sexual activity, but it can also be a form of foreplay because both partners know they are being protected
 - Putting a condom can cause a decrease in sensitivity during intercourse. Many men think that it allows them to make the reports last.

DO: Address any myths and misconceptions participants have about condoms. Common myths and misconceptions to address include, but are not limited to, the following:

- A condom CANNOT get lost in a woman's body.
- Two condoms is NOT better than one. This can actually cause the condom to break, resulting in the possibility of pregnancy.

Condom Races (10 minutes)

SAY: We are now going to practice these steps by putting a condom on a banana (or another object that can serve as a dildo). To complicate things, we are going to race one another.

• Note to Facilitator: This activity can be skipped if not appropriate to the local context.

DO:

- Arrange each of the teams of five people in a line side-by-side.
- Place a dildo about 10 feet in front of each team. Place five condoms (or more in case they break) beside each dildo.
- Tell participants that their task is, one at a time, to run across to the dildo, take a condom, follow the correct steps for condom use and then run back to their team, at which point the next person from their team will go. Note that if they complete a step wrong, they will have to put on the condom again using the correct steps before they can run back to their team.
- Conduct the activity, drawing attention to the following points:
- The location of the expiry date.
- Make sure that participants remember to squeeze the tip of the condom to create a reservoir.
- The difference between the inside and outside of the condom. Explain to participants that there is a right way to roll a condom onto a penis and a wrong way.
- If a condom breaks during sex, sexual partners should stop immediately and put on another condom.

Conclusion, Session Evaluation and Dismissal (10 minutes)

DO: Read out the following core messages for this session:

- Married girls are still developing and, therefore, their periods of fertility are unpredictable. As a result, couples trying to prevent pregnancy should use contraception each time they have sexual intercourse.
- Using family planning methods can prevent pregnancy.
- Condoms can prevent pregnancies and STIs when used correctly and consistently.
- Men can play an active role in promoting contraception use by using contraception designed for men, such as condoms, and by supporting their wives to use contraception

If there is time, ASK:

- Before we end for the session, would anyone like to share with the group one thing they found interesting or exciting about today's session?
- Were there any ideas or activities that challenged you? If yes, how so?
- Does anyone have any questions?

DO:

- Conduct the Smiley Face Evaluation (Annex 1) using the 'Check What You Know!' questions found at the end of this session guide. After the session is complete and participants have left, record your answers in the session evaluation form (Annex 2).
- Inform participants of the topics for the next session.
- Remind them of the date, time and location of the next session.
- Thank participants for their active participation.
- Dismiss the group.

Check What You Know!

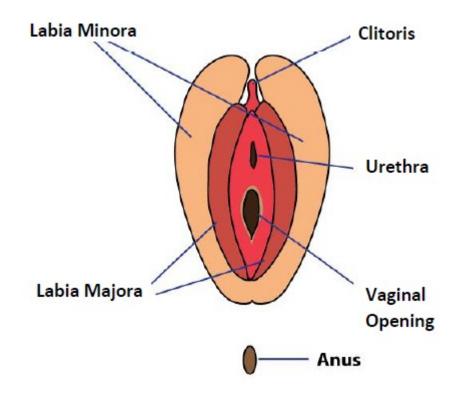
SAY: I will read out a question or statement. When you hear an answer you agree with, please raise your hand.

- 1. Pregnancy begins when a sperm and egg meet. TRUE
- 2. Condoms can prevent pregnancy but cannot prevent STIs. FALSE.
- 3. Men do not play an important role in supporting their wife to have healthy timing and spacing of pregnancies. **FALSE**.

²⁶ Adapted from 'Game A: Menstrual Cycle Game' in Institute for Reproductive Health, Georgetown University, Save the Children 2018. Implementing Pragati: Community games to increase fertility awareness and family planning use. Washington, D.C: Institute for Reproductive Health, Georgetown University, Save the Children, USAID.

Reference Sheets for Male and Female Anatomy

External Sexual and Reproductive System – Female

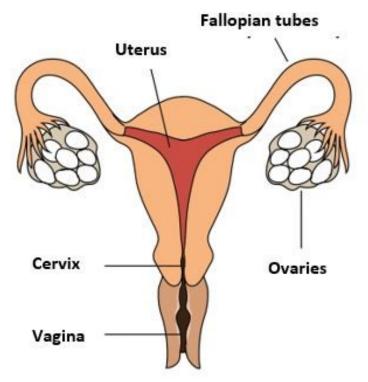


- Inner and outer labia: Folds of skin that cover and protect the genitals.
- **Urethra**: This is where urine leaves the body. It is a short tube that carries urine from the bladder (the place where urine is collected in the body) to outside of the body.
- **Clitoris**: This is a small pea-shaped organ that is sensitive to touch. Its only purpose is to provide sexual pleasure.
- **Vaginal opening**: The opening from which menstrual blood leaves the body. The vagina itself is a passageway from the uterus to the outside of the body.
- Anus: This is where stool (also known as fecal matter or poo) leaves the body.

Additional Points to Highlight:

- It is important for boys and girls to wash the outside of their genital area every day before they go to bed. Proper cleaning of genitals prevents infections and inflammations of reproductive organs.
- However, douching, which is the cleansing of the inside of the vagina, is not recommended since it washes away the natural bacteria that keep the vagina clean and free of infection.

Internal Sexual and Reproductive System - Female



Ovaries: A pair of glands that store thousands of eggs. Each month, one ovary will release an egg down the fallopian tubes. This is called ovulation. If an egg from a woman meets a sperm from a man, this is called fertilization.

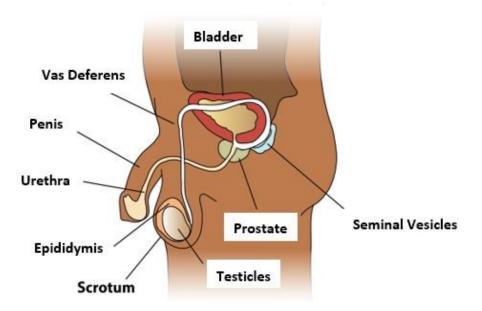
Fallopian tubes: Tubes that carry the egg form the ovaries to the uterus. This is also where fertilization occurs – the joining of the woman's egg with the man's sperm.

Vagina: The canal that forms the passageway from the uterus to the outside of the body. Fluids, called secretions, sometimes come out of the vagina. White or clear secretions are perfectly normal and actually help keep the vagina clean. However, if a woman has an infection, the color and smell of the fluid can change. A woman might find that she is very itchy or in pain. If this happens, medical treatment might be required.

Cervix: An opening between the vagina and the uterus. This opening expands when a woman is in labor.

Uterus: The uterus is small, hollow, muscular female organ. If an egg has been fertilized in the fallopian tubes, it will travel here, to the uterus. Once in the uterus, it will implant itself into the lining or wall of the uterus. This is when pregnancy begins. A fetus, what eventually becomes a baby, will develop in the uterus until birth. Throughout a woman's menstrual cycle, the lining of the uterus grows and thickens. If a woman does not get pregnant, this lining is shed and leaves the body out of the vagina. This is called menstrual bleeding.

Reproductive System - Male



Testicles: These are two balls that sit inside the scrotum. They make sperm – a man's seed. In order to make a baby, the first thing that must happen is that one sperm from a man must meet a woman's seed, known as an egg. Sperm are produced in a man's testicles from puberty onwards.

Penis: This is the outer sex organ in males. It is made of a spongy tissue with many blood vessels. Inside the penis, there is a tube called the urethra. It does two things: it allows urine to pass and it carries sperm out in a liquid called semen when a man is sexually excited.

Scrotum: It is a sac that hangs between a man's thighs. It holds the testicles and regulates temperature to make sure sperm are comfortable. It keeps sperm cool when it is hot outside by dropping further away from the body and does the opposite when it is cold outside.

Additional Points :

- **Hygiene:** It is important for boys and girls to wash the outside of their genital area every day before they go to bed. Proper cleaning of genitals prevents infections and inflammation.
- What is an erection? An erection occurs when the penis becomes hard and straight because it has filled with blood. Erections happen when boys get sexually excited or for no reason. Boys often do not have any control over when this will happen. It is common for boys to wake up with an erection in the morning. While asleep, a boy's penis can become erect five to seven times. This is normal and healthy. Having erections is not a sign that a boy needs must have sex.
- What is ejaculation? Ejaculation is when semen, which contains sperm, comes out of a male's erect penis due to sexual excitement. A man does not have to ejaculate every time he has an erection. If he waits, the erection will go down on its own without causing harm. Boys are not born with sperm; they begin to produce them during puberty. A boy begins to produce sperm and continues to produce them throughout his entire life. If the sperm is ejaculated into the woman's vagina, she may become pregnant. The ejaculate can also carry diseases that could infect and harm a woman.



Contraception

Objectives:

- To become familiar with the different forms of contraception
- To correct misconceptions and address myths related to contraception
- To develop positive attitudes towards the use of protection

Materials:

- Sample contraceptive methods, if available
- Diagram of female reproductive system

Time:

• 1 hour 15 minutes

Welcome (10 minutes)

DO:

- Welcome participants back to the training and thank them for their continued commitment.
- Take attendance.
- For highly literate groups:
 - Invite a volunteer to read out the Full Value Contract. Thank the volunteer.
- For groups with low levels of literacy:
 - Invite each participant who was asked to remember a rule from the Full Value Contract to share that rule with the rest of the group. Thank participants for sharing.

ASK: Would anyone like to remind the group what we discussed in our last session?

DO: If necessary, remind the group of the core messages from the previous session.

- Married girls continue to grow, and as a result, their fertility period is unpredictable. As a result, couples trying to avoid pregnancy must use a contraceptive method every time they have sex.
- The use of family planning methods can help prevent pregnancy.
- Condoms can help prevent pregnancy and STIs if used correctly and consistently.
- Men can play an active role in promoting the use of contraceptive methods by using methods designed for them, such as condoms, and encouraging their wives to use contraceptive methods.

ASK: Does anyone have any questions or thoughts to share about what we learned in our last session?

Introduction (2 minutes)

SAY: Today, we are very lucky as we have with us a special guest. This is [*name of health worker*] and he is here to talk to us about the different family planning methods that are available to us in our community. So that you know, [*health worker*] is a professional who understands and respects the need for confidentiality. That means that he will not share anything that is said or discussed today with people outside of this room. You are free to make any comments or ask any questions.

Overview of Contraceptive Methods (30-40 minutes)

Instructions for health worker: **DO**:

- Provide a general overview of all the methods available in your community using the reference sheets that follow.
- When available, pass around samples for participants to handle.
- Use the anatomical aids to help explain how the contraceptive methods function.
- Address myths and misconceptions participants have about contraception. Emphasize that all of the methods presented are safe for adolescents, none of them will cause deformities in future children, and with the exception of sterilization, none of the methods cause infertility. Also address any false methods, such as washing out the vagina after sex, having sex with a virgin, lying upside down, etc.

- After having presented the different methods of contraception, review the information on abortion.
- Encourage participants to ask questions during the presentation.

Instructions for facilitator:

DO: After the health worker has explained all of the methods, thank him for sharing his expertise.

Discussion (5-10 minutes)

ASK:

- Would anyone like to share one thing that they learned about contraception?
- Would you be willing to support your wife to access/use contraception? Why or why not?
 - Facilitator note: Some participants may say no. After exploring their answers, encourage participants to have an open mind. Ask them to answer the following questions as if they were willing to support their wives to access contraception.
- How can you support your wife to access and then use contraception? Remember, there are many effective methods, so it is important that your wife is able to use the method of her choice.
 - Facilitator Note: Ensure that participants are aware of the following:
 - Men can use male methods such as condoms
 - Support their wives in using other methods. For example, a husband can remind his wife to take her pill every day, return to the clinic for regular injections, organize transportation to the health clinic, pay for family planning methods and services, etc.
 - Accompany their wives to visit the health care provider to learn more about contraception and obtain contraception
 - Ensure their wives have transportation to and from the health clinic
 - Discuss desires/intentions around family size and contraceptive use.

Contraceptive Myths and Misconceptions (20 minutes)

SAY: Before going home today, we are going to do a quick review to see who was paying attention!

DO: Select two locations, such as two trees or two ends of a room. Explain to the group that one location is 'TRUE', the other location is "FALSE'.

SAY: I am going to read out a statement about contraceptive methods. 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 don't know, stay in the middle.

DO:

- Read the first statement from the reference document that follows.
- Allow participants time to run to their locations, then give at least one person from each side the chance to explain why they think the statement is true or false.
- Read the correct answer.
- *Repeat this process for as many statements as time allows.* Be sure to draw questions from all the different methods, though.
- Once the activity is complete, bring the group back together for dismissal.

SAY: I know that you received lots of information today, some of which might be confusing. Please feel free to bring any questions you might have to our session next week.

DO: Remind participants of the location of the nearest health clinic and/or health worker where they can get more information, highlighting details such as the hours of operation and contact information.

Conclusion, Session Evaluation and Dismissal (10 minutes)

DO: Read out the following core messages for this session:

- There are many effective family planning methods including implants, IUDs, injectables, oral contraceptive pills. They are all safe for adolescents. For people looking to permanently avoid having children, sterilization is also available.
- With the exception of sterilization, none of the methods will cause infertility. A woman can become pregnant immediately or almost immediately after stopping the pill and the injectables or removing the IUD or implant.
- Condoms are the only method that protect against STIs. None of the other methods offer protection from STIs.

If there is time, ASK:

- Before we end for the session, would anyone like to share with the group one thing they found interesting or exciting about today's session?
- Were there any ideas or activities that challenged you? If yes, how so? Does anyone have any questions?

DO:

- Conduct the Smiley Face Evaluation (Annex 1) using the 'Check What You Know!' questions found at the end of this session guide. After the session is complete and participants have left, record your answers in the session evaluation form (Annex 2).
- Inform participants of the topics for the next session.
- Remind them of the date, time and location of the next session.
- Thank participants for their active participation.
- Dismiss the group.

Check What You Know!

SAY: I will read out a question or statement. When you hear an answer you agree with, please raise your hand.

- 1. Implants and IUDS are safe for adolescents to use, regardless of whether they have had a child or not: true or false? **TRUE**
- 2. In order to prevent an STI, it is important to use a condom every time you have sex, even if you are using other methods of family planning: true or false? **TRUE**.
- 3. Withdrawal is a highly effective method of contraception: true or false? FALSE

Facilitator Reference Sheet: Myths and Misconceptions About Contraception²⁷

The Oral Contraceptive Pill (The Pill): True or False

A woman only needs to take the pill when she has sex.

False. A woman must take the pill every day at the same time in order to prevent pregnancy.

When taking the pill, changes to monthly bleeding are common.

True. When you start on the pill, it is normal to have irregular bleeding for the first few months. Then you will start to have regular, lighter monthly bleeding later on.

The pill will cause deformities in children.

False. If a woman continues to use the pill when she is pregnant, it will not cause harm to the baby or pregnant woman. The pill will also not harm future babies either.

The pill will cause infertility.

False. Once a woman stops taking the pill, she is able to become pregnant.

The pill is safe for adolescents to take.

True. The pill has been used safely by millions of adolescent women for over 30 years and has been tested more than any other drug. In fact, studies show that the pill can protect women from some forms of cancer.

IUD: True or False

The IUD should only be used by women who have already had babies.

False. Any woman, young or old, with or without children, can safely use an IUD.

The IUD might travel inside a young woman's body to her heart or her brain.

False. There is no passageway from the uterus to the other organs of the body. The IUD is placed inside the uterus and stays there until a trained health worker removes it. When it does come out, it comes out of the vagina.

False. The IUD cannot be felt during sex.

The IUD can fall out during physical activity/exercise.

False. Once the IUD is in place, it will stay there and not come out until a health worker removes it.

Implant: True or False

Adolescents should not use implants.

False. Implants are very safe for adolescents, including those who have had children and those who have NOT had children.

The implant will cause infertility.

False. After the implant is removed, a woman can become pregnant right away.

The implant can cause birth defects in the baby.

False. If a woman becomes pregnant while using the implant or after using the implant, there will be no harm to the baby, but pregnancy is very unlikely to occur

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

False. The implant remains where it has been inserted until a health worker removes it. The only time an implant might come out is if it was not put in properly. If this happens, the woman should see a health worker right away and use another form of contraception in the meantime.

Women that stop using implants can become pregnant right away.

True. After the implant is removed, a woman can become pregnant right away.

Implants are one of the most effective methods for preventing pregnancy.

True. Implants are very effective. They are more effective than the pill, the injection and condoms at preventing pregnancy.

LAM: True or False

Exclusive breastfeeding means that no other food or liquids are offered to the baby.

True. In order to prevent another pregnancy, you cannot give the baby anything but breast milk. If you do, you must find another contraceptive method to use.

Exclusively breastfeeding a baby for up to two years will prevent another pregnancy.

False. Exclusively breastfeeding a baby only works for preventing pregnancy if the baby is less than six months old. It is also healthy to give some foods to the baby after six months of exclusive breastfeeding.

LAM will only work to prevent pregnancy is the mother's monthly bleeding has not returned after giving birth.

True. If a mother's monthly bleeding has returned, she must use another method to prevent pregnancy, like the implant, the injection, the pill or condoms.

A woman should start breastfeeding as soon as possible after a baby is born in order to prevent pregnancy.

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.

The Injectable: True or false

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

True. For the most common type of injectable, a woman must see a health worker for an injection every three months.

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

False. Sometimes it can take a woman 6-12 months to get pregnant after her last injection but women will NOT become permanently infertile because of the injection.

Injectables are dangerous, especially for adolescents who haven't had children.

False. Injectables are very safe for adolescents, including those who haven't had children.

Injectable contraceptives might cause you to stop menstrual bleeding.

True. Women using injectables do not release eggs and so they often stop monthly bleeding. This is not harmful to the woman's body or health.

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

True. Injectables do not decrease the amount of breast milk and they do not affect the breast milk itself or the health of the infant. Women can use the injection starting 6 weeks after childbirth.

²⁷ Adapted from 'Contraceptive True or False' in Pathfinder International. 2013. *Great Project Scalable Toolkit: I Am Great! GREAT Activity Cards for* married and/or parenting adolescents. Kampala: Pathfinder International, GREAT, USAID.

Contraception Reference Sheets²⁸ Injectable



What is it? The woman gets an injection in her arm or buttock.

How does it work? The injectable stops the egg from leaving the ovary every month. It also makes it difficult for sperm to enter the uterus. The injectable does this by thickening the mucus at the entrance of the uterus. The woman must get an injection of Depo-Provera every three months (every two months for Noristerat).

How effective is it? The injectable is very effective.

What are the advantages to using it?

- Does not disrupt sexual intercourse
- Can be used without the knowledge of others
- The woman does not have to remember to do something every day
- A woman can become pregnant after she stops receiving injections

What are the disadvantages to using it?

- It may take a while to get pregnant (6 to 12 months) after stopping injections.
- Causes changes in menstrual cycle, such as spotting or bleeding between periods, longer periods, or no periods at all
- Return visits required every three months (every two months for Noristerat)
- Does not provide protection from sexually transmitted infections

What are the possible side effects?

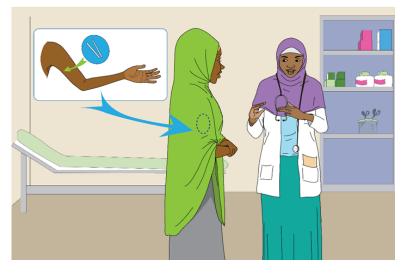
- Headache
- Weight gain
- Changes in menstrual periods

Where can you get this method?

• Facilitator note: Provide local information here.

²⁸ Sheets adapted from 'Handout 9: Family Planning Methods' in Levack, A., M. Mehta, T. Castillo, G. Hecker and J. Wickstrom. 2008. Working with Married Youth: A Curriculum for Peer Educators. New York: Engender Health, The Acquire Project, USAID.

Implants



What is it? Implants consist of matchstick-sized plastic capsules (the number varies depending on the type of implant). A trained doctor or nurse places implants under the skin of a woman's upper arm by making a very small cut. The capsules can stay in the arm for several years (again, depending on the type), but they can be taken out before if the woman wishes.

How do they work? Implants stop the egg from leaving the ovary. They also make it difficult for sperm to enter the uterus. They do this by thickening the mucus at the entrance of the uterus.

How effective is it? Implants are very effective.

What are the advantages to using it?

- Implants are a long acting method
- They do not disrupt sexual intercourse
- The woman does not have to remember to do something every day
- A woman can become pregnant immediately after the implant is removed

What are the disadvantages to using it?

- Causes changes in the menstrual cycle, such as spotting or bleeding between periods, longer periods, or no periods at all
- Requires a small cut in the arm that may leave a tiny scar
- Does not provide protection from sexually transmitted infections

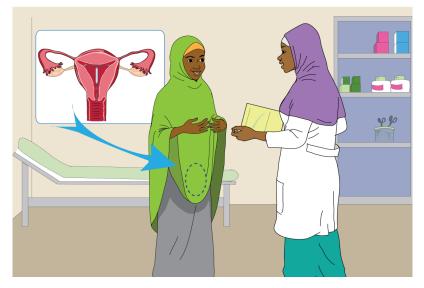
What are the possible side effects?

- Headache
- Weight gain
- Changes in menstrual periods

Where can you get this method?

• Facilitator note: Provide local information here.

IUD (Intrauterine Device)



What is it? An IUD is a small, t-shaped device that is made of either plastic or of plastic and copper (some also release hormones). A doctor or trained health worker places the IUD in the woman's uterus. The most commonly used copper IUD can be left in place for up to 10 years.

How does it work? The IUD stops the man's sperm from meeting the woman's egg.

How effective is it? The IUD is very effective

What are the advantages to using it?

- Prevents pregnancy for a long time
- A woman can get pregnant immediately after the IUD is removed
- Does not disrupt sexual intercourse
- The woman does not have to remember to do something every day or every three months.

What are the disadvantages to using it?

- There is a higher risk for pelvic inflammatory disease when using the IUD, so youth at risk for sexually transmitted infections should consider other methods, in addition to condoms.
- Does not provide protection from sexually transmitted infections

What are the possible side effects?

• May cause spotting, heavy bleeding or more menstrual cramping

Where can you get this method?

• Facilitator note: Provide local information here.

Sterilization²⁹



What is it? Sterilization is the ONLY permanent method we have and will discuss today. It is not appropriate for someone who wants to have children in the future. It is a simple surgical procedure that can be performed on either a man or a woman. For a man the procedure is called a vasectomy. For a woman, it is called a tubal ligation.

How does it work?

- For men, a doctor makes a small incision on either side of the scrotal area. The vas deferens is clamped and cut so that no sperm can pass from the testicles to the urethra. The man still produces sperm, his testes remain intact, and he still has ejaculations. There is just no sperm present in the ejaculation due to the procedure. The recovery period for this procedure tends to be quite short.
- For women, a doctor makes a small incision near the hips, below the waistline. The woman is given pain medicine, and in some cases, she becomes unconscious. The fallopian tube is clamped and cut so that the egg cannot pass and meet with any sperm. This is a more serious surgery than the one for men and recovery may take a few days or longer.

How effective is it? Sterilization is very effective.

What are the advantages to using it?

- Users do not need to use other methods to prevent pregnancy.
- It is a relatively simple procedure, especially vasectomy.

What are the disadvantages to using it?

- It is permanent, so a person must be sure that they do not want any more children.
- Does not provide protection from sexually transmitted infections

What are the possible side effects?

- Some men complain of slight pain shortly after the procedure (this subsides after a few days).
- It does not decrease sex drive, and in men, does not decrease erection or ejaculation. The man does not become weak. It does not affect his ability to do hard labor.
- Women need a few days to recover.

²⁹ Image courtesy of USAID/SPRING-UNICEF IYCF Digital Image Bank (iycf.spring-nutrition.org).

Lactational Amenorrhea Method (LAM)³⁰



What is it? By only feeding a new baby breast milk, a new mother can prevent pregnancy for up to six months as long as her period has not returned.

How does it work? LAM prevents the ovaries from releasing eggs. For LAM to work, the baby must be exclusively breastfed on demand. The baby does not need any foods other than breast milk until he or she is six months old, as long as (1) the baby is growing well and gaining weight, and (2) the mother is eating a balanced diet and resting in order to have a good milk supply.

How effective is it? For as long as the baby breastfeeds on demand (day and night), is less than six months old, and a woman's period has not returned, LAM is very effective when it is used correctly. LAM is less effective after the baby is six months old, after the baby begins taking other foods and drinks, or after the woman's period has returned—whichever comes first.

What are the advantages to using it?

- Men and women do not need to access a service from a health facility.
- This may be the only option for someone who does not have access to FP services.
- There are no side effects associated with it.

What are the disadvantages to using it?

- Does not protect against sexually transmitted infections
- Needs to be used correctly in order for it to be effective

³⁰ Image courtesy of USAID/SPRING-UNICEF IYCF Digital Image Bank (iycf.spring-nutrition.org).

Abortion³¹

What is it? Abortion is the voluntary ending of a pregnancy. People may decide to seek an abortion for many different personal and health reasons.

There are two main methods of abortion. In the first, a health care provider uses medical instruments to suction and remove the contents of the uterus, which contain the embryo or, in later stages, the fetus. The second method involves taking one or more pills that triggers menstrual bleeding. As a result, the woman sheds the lining of her uterus and with it, the embryo.

Is abortion safe? When performed by a trained health care provider using proper equipment, techniques and sanitary standards, abortion is a very safe medical procedure. Unfortunately, in many places across the world, abortions are performed by people who lack the necessary skills. Often they are performed in an environment that does not meet minimum medical standards. In these situations, abortion can be risky.

Why do people have abortions?

In every part of the world, women who have had an abortion give broadly similar seasons for their decision:

To stop childbearing

- I already have as many children as I want
- I do not want any children
- My contraceptive method failed

To postpone childbearing

- My most recent child is still very young
- I want to delay having another child

Socioeconomic issues

- I cannot afford a baby now
- I want to finish my education
- I need to work full-time to support myself/my children
- My children go to bed hungry almost every night.

Relationship problems

- I am having problems with my partner
- I do not want to raise a child alone
- I want my child to grow up with a father
- I should be married before I have a child

Age

- I think I am too young to be a good mother
- My parents do not want me to have a child
- I do not want my parents to know I am pregnant
- I am too old to have another child

Health

- The pregnancy will affect my health
- I have a chronic illness
- The foetus may be deformed

Coercion

- I have been raped
- My father/uncle/brother/cousin impregnated me
- My partner insists I have an abortion

³¹ Adapted from 'Reasons Why Women May Choose Abortion' in Irvin, A. 2004. *Positively Informed: Lesson Plans and Guidance for Sexuality Educators and Advocates*. New York: International Women's Health Coalition.

Other Methods



We've just covered some of the most effective methods of family planning, but there are additional methods that some couples use to prevent pregnancy that are less effective than the methods we've already discussed.

How do they work?

- Some couples may practice withdrawal, where the man pulls out from the woman's vagina before ejaculating.
- Other couples may use the standard days method, a way of tracking your fertility based on a woman's menstrual cycle and abstaining or using condoms during her fertile days. In some cases, women may use a special necklace from a health provider (called Cycle Beads) or a calendar to track her fertility.

What are the advantages to using them?

• Using one of these methods is more effective than using no method at all, especially for couples without access to other family planning methods.

How effective are they?

- Withdrawal is not a very effective method. Sometimes men fail to withdraw the penis from the vagina before ejaculation. Other times, a small amount of sperm is passed into the vagina before ejaculation from a man's pre-ejaculatory fluid.
- With the standard days method, many women do not have regular periods, so it can be difficult or impossible to tell when a woman's fertile period is. This means that it is not a very effective method.

What are the disadvantages of using them?

- Both of these methods require action from the couple every time they have intercourse (withdrawing from the vagina before ejaculation for the withdrawal method or tracking fertility and choosing whether or not to use condoms or engage in abstinence during fertile days for the standard days method).
- They are also subject to very high rates of error
- They do not prevent sexually transmitted infections

If you have questions about these methods and how to use them, talk to a health provider.



Benefits of Delaying First Birth-Economic Perspective

Objectives

• To make participants aware of the benefits to themselves, their families and communities that would arise from delaying first birth

Materials

- Game board (Annex 8)
- Game cards (Annex 8)
- Character pieces
- Dice

Preparation:

• Prepare the Prosperous Futures game on a table or flat surface with all of the components laid out. Carefully read the instructions beforehand so that it is easy to give explanations to the players.

Time:

• 1 hour 40 minutes

Session Guide

Welcome (10 minutes)

DO:

- Welcome participants back to the training and thank them for their continued commitment.
- Take attendance.
- For highly literate groups:
 - Invite a volunteer to read out the Full Value Contract. Thank the volunteer.
- For groups with low levels of literacy:
 - Invite each participant who was asked to remember a rule from the Full Value Contract to share that rule with the rest of the group. Thank participants for sharing.

ASK: Would anyone like to remind the group what we discussed in our last session?

DO: If necessary, remind the group of the core messages from the previous session.

ASK: Does anyone have any questions or thoughts to share about what we learned in our last session?

Prosperous Futures (60-75 minutes)

SAY: Today, we are going to play a game called 'Prosperous Futures'. In this game, you and a partner will play the parts of a newly married husband and wife. As a couple, you will be faced with a series of important decisions related to the future prosperity, wellbeing and strength of yourself, your family and your relationships.

DO:

- Invite participants to congregate around the game board that you set up before class.
- Point out all of the components of the game: the board, the money, the players, the dice, the orange cards, the blue cards, the working wife card, the educated wife card and the child card.
- Choose 6 pairs to play the game. The rest of the group will watch.
- Ask one person from each pair to play the role of the wife, while the other person plays the role of the husband.
- Give each couple their character piece that will move around the board.

SAY: Congratulations! You were just married. The first two years of marriage are an important base for all couples and the decisions you and your spouse make during these first few years will influence your whole life. As well, the decisions you make with your family before your wife turns 18 are also critically important.

This game allows you to progress through those years. Every time you and your spouse land somewhere on the game board, you will be given an instruction. Sometimes – like if you land on the Life Decision spot – you and your spouse will need to make a choice.

DO: Point to the circles on the game board. Explain that each circle represents one month, with the 12 months representing one year of marriage.

SAY: Here are the rules:

- The aim of the game is to go around the board twice and to have the most money at the end.
- Every time you roll the dice, you can move that number of steps on the board.
- Each couple will start with 1,000 CFA. (*Give each person 1,000 CFA to start*).
- In order to leave the starting position, you must roll a '3' or higher. (Show the number 3 on the playing dice.)
- If you land on an orange box, pick up an orange card and follow the instructions. (*Point* to the orange box and pick up an orange card.)
- If you land on a green box, you earn 400 CFA. If the wife is working or has an education, the couple will earn 800 CFA instead. If the couple has a child, they spend 300 CFA. (Point to the green box. Show the working woman, educated woman and child cards.)
- If you land on a blue box, you must make a 'Life Decision'. I will tell you the consequence of your life decision. (*Point to the blue box and show a blue Life Decision card.*)
- For example, if you pick a that reads "Husband: Your wife wants to take contraceptive pills. Do you support her decision?" If you decide that yes, you will support this decision, you don't have a child. If you say no, you get to roll the dice. If you roll a '1' or a '6', you get a child.
- Whichever couple makes it around the board twice first will gain a bonus of 200 CFA.
- If, in your couple, you have a working wife, a wife that goes to school or a child, you will receive special cards that you will hold onto for the rest of the game.
- You cannot have more than ONE working wife or educated with card. You CAN, though, have both a working wife and educated wife card at the same time.
- When you get a child card, you must give up your working wife card but you can keep the educated wife card.

DO: Allow participants to play the game.

Game Debrief (20 minutes)

ASK:

- What were the most difficult decisions to make? Why?
- What key decisions contributed to better financial outcomes at the end of the game?
 - Answers include:
 - Taking contraceptives and not having a child
 - Working or going to school
 - Seeing the health extension worker
 - Participating in community events
- During that activity, we saw that husbands were responsible for making a number of decisions on behalf of their wives. For example, husbands decided whether or not their wives were allowed to go to school, take a course or work outside the home. Did this affect the ability of couples to succeed in this game? To all of you who played the role of the wife, do you think you would have done better, worse or the same if you had been able to make those decisions by yourself? Why or why not?

SAY: Many of the decisions that you have to make affect you and your spouse, and your future family. Also sometimes wives know things that husbands don't know and vice versa. Therefore, it makes sense to make these decisions together.

ASK:

- How can you empower your wife to be a part of important decision-making?
 - If you don't want to do this, why not? What are your concerns? Have you discussed these with your wife or with someone you trust?
- How do you think other members of your household would react if your wife were to share some new decision-making responsibilities with you?
- If you expect your family will react negatively, are there steps you could take to encourage them to support you and your wife instead?

DO: Using the table below as a reference, facilitate a short discussion to recap the advantages of delaying first birth. Invite participants to identify the advantages to women, children, men and the community.

Women	Children	Men	Community
 Reduces likelihood of illness, death and complications from pregnancy Reduces the likelihood that couples will have to pay expenses related to a medical emergency as a result of the complications from an early birth Gives women time to get to know their husbands and in-laws More opportunities to continue education, learn skills and participate in income generating activities that will help the family earn more money. 	 Reduces the risk of children being born early, too small and with health complications Improves the chances that a child will be born to parents that can afford to meet its need for food, shelter, education, play, etc. 	 Gives men time to get to know their wives Provides men and their partners with more time to become financially stable so that they can afford the expenses associated with taking good care of themselves and their children Reduces the likelihood that couples will have to pay expenses related to a medical emergency as a result of the complications from an early birth 	 Improves the quality of women's lives, allowing them to participate more fully in community life Reduces the strain on the health care system Creates opportunities for women to continue pursuing education, leading to a smarter and better educated population

Conclusion, Session Evaluation and Dismissal (10 minutes)

DO:

Read out the following core messages for this session:

- Delaying having a child until you turn 18 can result in better financial outcomes for you and your family.
- A wife that works is able to contribute to the finances of her family, something that can contribute to the wellbeing of her family

If there is time, ASK:

- Before we end for the session, would anyone like to share with the group one thing they found interesting or exciting about today's session?
- Were there any ideas or activities that challenged you? If yes, how so?
- Does anyone have any questions?

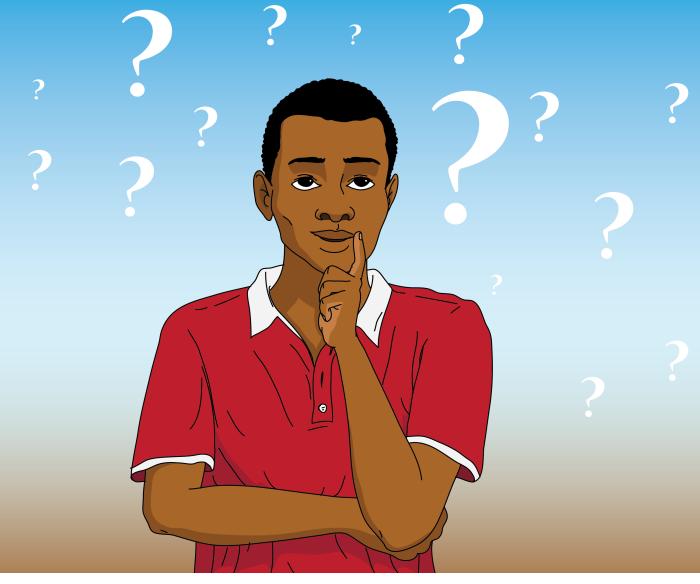
DO:

- Conduct the Smiley Face Evaluation (Annex 1) using the 'Check What You Know!' questions found at the end of this session guide. After the session is complete and participants have left, record your answers in the session evaluation form (Annex 2).
- Inform participants of the topics for the next session.
- Remind them of the date, time and location of the next session.
- Thank participants for their active participation.
- Dismiss the group.

Check What You Know!

SAY: I will read out a question or statement. When you hear an answer you agree with, please raise your hand.

- 1. Waiting to have a child can lead to better financial outcomes for your family: true or false? **TRUE**
- 2. A wife that works is able to contribute to the finances of her family, something that can contribute to the wellbeing of her family: true or false? **TRUE**



Introduction to Planning³²

Objective:

- To understand how to think ahead when starting or continuing business activities
- To understand that planning is a process that involves breaking a goal down into small tasks
- To practice business planning

Materials:

• Image Cards 13-25 (Annex 9)

Time:

• 1 hour

Session Guide

Welcome (10 minutes)

DO:

- Welcome participants back to the training, thank them for their continued commitment, and take attendance.
- For highly literate groups:
 - Invite a volunteer to read out the Full Value Contract. Thank the volunteer.
- For groups with low levels of literacy:
 - Invite each participant who was asked to remember a rule from the Full Value Contract to share that rule with the rest of the group. Thank participants for sharing.

ASK: Would anyone like to remind the group what we discussed in our last session?

DO: If necessary, remind the group of the core messages from the previous session.

- Delaying the birth of the first child until the mother turns 18 can have better financial consequences for you and your family.
- A working woman is able to contribute to her family's finances, which sometimes contribute to the well-being of her family
- You can delay first birth by using a contraceptive method.

ASK: Does anyone have any questions or thoughts to share about what we learned?

Why Plan and How to Plan (15 minutes)

SAY: Business School will help us think about how we make money, how we use money, and how we manage money. Today, we will start thinking about how we make money.

The Story of the Two Cousins

SAY: We are going to start with a story about two young cousins who want to start a shoe business just like their aunt.

DO: Show all the participants Cards 13 and 14.

SAY: The first cousin (Card 13) was in a hurry to start her new business because she needed money to pay for her sister's school fees. She decided to do things just the same way as her aunt, selling the same kind of shoes as her aunt and setting up her stall right beside hers. After all, her aunt made money and therefore so would she!

DO: Place Card 15 underneath Card 13 to show the one step the first cousin took when starting her new business.

SAY: The second cousin (Card 14), who also urgently needed money to pay for her father's medical expenses, decided to take a little more time. First, she **looked around** the market to see what kinds of shoes different vendors were selling.

DO: Place Card 16 below Card 14.

SAY: Second, she spoke to different people to **find out** what kinds of shoes they wanted but couldn't find in their community.

DO: Place Card 17 below Card 16.

SAY: Third, she went to a large town nearby to **ask questions** on what the prices were at the wholesale shoe sellers for different kinds of shoes.

DO: Place Card 18 below Card 17.

SAY: Finally, based on what she learned in the first three steps, she came up with a plan to sell imported shoes because:

- There was a big demand for them
- Very few other shoe sellers were selling them
- She could get good prices from the wholesaler

DO: Place Card 19 under Card 18.

ASK:

- What can you tell me about what each cousin did?
- What do you think about the approach each cousin took?
- Which one will start earning money first?
- Who will be more successful? Why?
- Have you started a business? If yes, which approach did you take? Which steps did you skip or miss?
- What are the advantages to following the three steps?
- What are the disadvantages to following the three steps?

Three Small Steps to Success (2 minutes)

SAY: Most of the time when we start a new business, we are in a hurry to earn money right away. We sometimes just copy what someone else is doing. This might be a quick and easy way to get started, but in the long run, it is rarely the best way to ensure success. Next time you are thinking about starting a business that involves buying and selling products, you might think about the three steps the second cousin took.

- Look around at what other businesses are already offering (show Card 20)
- Find out what products people want to buy but have a hard time finding (show Card 21)
- Finally, **ask questions** from suppliers about prices for the product(s) you might be thinking about selling (*show Card 22*)

In later sessions we will explore each of these three steps in greater detail, but for now, let's recognize how important each step can be to success.

Going Step-By-Step Has its Advantages (1 minute)

SAY: Planning is not easy, and in business, people are often so keen to make money, that they rush into things without taking the time to come up with a plan in advance. This approach rarely ends well! One thing we should keep in mind is the advice of skilled carpenters: *"It is always better to measure twice and cut once."* After all, if a carpenter is in a hurry and makes a mistake, he or she can

waste a lot of wood. This costs them money. However, if they check their measurements twice, they may take a little longer to do their job but they will likely be more successful. So remember, plan, plan, plan!

Starting a New Business Selling School Supplies (20 minutes)

SAY: Now we are going to have the chance to work in teams to practice the three steps to planning.

DO: Show cards 20, 21 and 22. If necessary, review the three steps:

- Look around at what other businesses are already offering (show Card 20)
- Find out what products people want to buy but have a hard time finding (show Card 21)
- Finally, **ask questions** from suppliers about prices for the product(s) you might be thinking about selling (*show Card 22*).

SAY: I now want to introduce you to two sisters who want to start a small business selling school supplies right here in your community.

DO: Show Card 23 and Card 24 (the sisters) and Card 25 (school supplies).

SAY: They are excited to get started but want your help in taking a step-by-step approach. Working in teams of four, please take five minutes to come up with some **general advice** you might give the sisters on what to do for each of the three steps, explaining to them why each step is important." (*Show Card 20, 21 and 22 again*).

DO: After the teams have spent five minutes thinking about the three steps of planning, assign each team one of the three stages of planning.

SAY: Now I want each team to take another five minutes to come up with some specific suggestions for these two sisters (*show cards 23 and 24*) about how they could carry out the planning stage your group has been assigned right here in your community. It might help your group to answer the following questions:

- Where should the sisters go?
- What should they do?
- To whom should they talk?
- What kind information should they collect?

DO: Give each team a chance to share their advice with the group at large.

ASK: We have seen that planning is important when starting a business but do you think planning can also help you in other spheres of your life? Specifically, can the three steps of planning also help you achieve your relationship goals? Work and education goals? Home and environment goals? Family size goals?

- Facilitator Note: After participants have shared their ideas, explain that the ideas behind the three steps of planning can help participants realize their goals. For example:
 - Look around and identify your options.
 - Find out more about each option.
 - Ask questions to find out which option is best for you.

Thinking of Your Own Plan (2 minutes)

SAY: This week, I want to encourage you to use the three steps to plan your current or future business activities. Please think **specifically** about how you can follow these three steps in your businesses and come prepared to share your points with the rest of the group. If anyone would like more guidance on how you can apply these planning steps to your own business activities or goals, let me know and we can discuss it after class.

Conclusion, Session Evaluation and Dismissal (10 minutes)

DO: Read out the following core messages for this session:

- Three steps of planning a business are:
 - Look around at what other businesses are already offering;
 - Find out what products people want to buy but are having a hard time finding;
 - **Ask questions** from suppliers about prices for the product(s) you might be thinking about selling.
- Even though planning can take more time at the beginning, it can help us ensure we will be more successful by giving us a complete understanding and plan of any situation.

If there is time, ASK:

- Before we end for the session, would anyone like to share with the group one thing they found interesting or exciting about today's session?
- Were there any ideas or activities that challenged you? If yes, how so?
- Does anyone have any questions?

DO:

- Conduct the Smiley Face Evaluation (Annex 1) using the 'Check What You Know!' questions found at the end of this session guide. After the session is complete and participants have left, record your answers in the session evaluation form (Annex 2).
- Inform participants of the topics for the next session.
- Remind them of the date, time and location of the next session.
- Thank participants for their active participation.
- Dismiss the group.

Check What You Know!

SAY: I will read out a question or statement. When you hear an answer you agree with, please raise your hand.

- 1. One stage of planning is to ask questions. True or false? **TRUE**
- 2. There are two sisters. One sister decides to copy her friend who has a successful fruit stall. She opens her fruit stall up right beside her friend to sell fruit. The second sister follows the three steps to planning: she looks around, she finds out what people want and she asks questions. She decides to open a stall selling lunches for factory workers in town. Which sister is likely to be more successful: sister 1 or sister 2? **SISTER 2**

³² Adapted from James-Wilson, D. and Proctor, H. (2014). Enterprise Your Life: Building the Capacity of Youth for Economic Engagement. Making Cents International.



Planning for Problems³³

Objective:

- •
- To learn about common problems businesses face To practice planning for common problems faced by businesses •

Materials:

Image Cards 19, 25-30 (Annex 9) •

Time:

1 hour 15 minutes •

Session Guide

Welcome (10 minutes)

DO:

- Welcome participants back to the training and thank them for their continued commitment.
- Take attendance.
- For highly literate groups:
 - Invite a volunteer to read out the Full Value Contract. Thank the volunteer.
- For groups with low levels of literacy:
 - Invite each participant who was asked to remember a rule from the Full Value Contract to share that rule with the rest of the group. Thank participants for sharing.

ASK: Would anyone like to remind the group what we discussed in our last session?

DO: If necessary, remind the group of the core messages from the previous session.

- The three stages of planning a business are:
 - Explore what other companies already offer
 - Next, find out what kind of products people want to buy, but find it hard to find them
 - Inquire with suppliers about the prices of products that you might consider selling.
- While planning may take longer to start, it can help us to make sure that we will be more successful by allowing us to have a complete understanding and plan of any situation.

ASK:

- Does anyone have any questions or thoughts to share about what we learned?
- Did anyone think through how they could apply the three steps of planning to their own business activities or those of a friend?

Business Problems (15 minutes)

SAY: In a previous session, we talked about how planning can help us succeed in business. We talked about the benefits of taking a careful, step-by-step approach to planning instead of rushing ahead with a new business activity. Today, we are going to explore another part of planning – the part that deals with what we can do when things go wrong and our plans need to change.

ASK: Has anyone here ever had any problems get in the way of the success of their business or known someone who has? (Ask for a show of hands but not details just yet.)

SAY: It looks like most of us have had some experience dealing with problems in business. Let's get some specific examples. To help get us started, let's use these five problem cards (Cards 26, 27, 28, 29, and 30) to find out about some of your experiences right here in this community.

DO: Explain that each card represents a problem that can arise in a business setting. Invite participants to suggest their own explanations for the cards,but **be sure to clarify** what each card represents before continuing.

• Theft (Card 26)

- Corruption (Card 27)
- Outside (Family Obligations (Card 28)
- Weather Disruptions (Card 29)
- External Forces (someone telling you to stop) (Card 30)

DO:

- Invite five volunteers to the front. Ask each volunteer to choose one of the problem cards. Then, one at a time, ask each of them to give a brief example of this kind of problem from either their own experience in business or that of someone they know. Encourage them to give examples from their own community.
- After each volunteer, ask participants to raise their hands if they feel the problem being discussed is common in their community.
- After all five volunteers have given examples, ask the rest of the group to vote on which problem is the most common in their community by standing beside the volunteer whose example happens most frequently.

Planning for the Unexpected (20 minutes)

SAY: As we have just seen, these problems can and do happen. The good news, though, is that, if we plan for how we might handle each situation BEFORE they happen, we will probably be able to avoid or quickly resolve any problems that do arise. As the expression goes, 'hope for the best, but plan for the worst'.

SAY: In order to be successful in our business activities, we need to practice planning for the unexpected. We are going to do this by dividing ourselves into teams of three. We will then ask two teams at a time to come to the front.

Next, I will choose one of the two business idea cards we have seen so far – either selling imported shoes (Card 19) or selling school supplies (Card 25) – and then one of the five problem cards (Cards 26, 27, 28, 29, 30). I will then give both teams one minute to come up with a quick plan for how to deal with or avoid the selected problem.

Once the minute is up, I will give each team 30 seconds to present their idea to the group. Then, we will vote by a show of hands to say which team's idea is the best. The winning team will then face another team of three. This will repeat until all the teams have had at least one chance to compete.

DO:

- Conduct the activity as described above.
- Congratulate the winning team and thank the other teams for their efforts and creativity.

SAY: Today we have learned two other important lessons about planning. First, we need to plan for problems as well as opportunities. Second, if we work together with friends or family members, we can come up with lots of good ideas for either dealing with or avoiding common problems. In other words, planning is something we always need to do, and we can always find help or advice from our friends, family, and neighbors.

Invite an Entrepreneur (30 minutes)

SAY: To conclude our session today, we are lucky enough to have [name of local entrepreneur] with us today. I am sure that most if not all of you are aware of [local entrepreneur] because he/she has been successfully operating around your community for some time now. You might not, however, have had the chance to speak to him/her about his/her pathway to success. Today, [Local entrepreneur] will share his/her story with us and at the end, you will have an opportunity to ask questions.

DO:

- Invite the local entrepreneur to share their reflections on entrepreneurship. Ask the individual to emphasize the steps they took to seize opportunities and also to plan for problems.
- Facilitate a Question & Answer session once the entrepreneur has finished.
- Thank the entrepreneur for coming and dismiss the group.
- Complete the Session Evaluation Form in Annex 2.

³³ Adapted from James-Wilson, D. and Proctor, H. (2014). Enterprise Your Life: Building the Capacity of Youth for Economic Engagement. Making Cents International.



Expressing My Emotions

Objectives:

- To help participants practice communication skills and problem-solving with others
- To strengthen participants ability to use assertive communication
- To practice supporting a wife to delay childbearing

Materials:

- Flipchart paper
- Marker
- Deck of playing cards

Preparation:

• Prepare the below 'Emotions Table' before the session:

Time:

• 1 hour 25 minutes

Emotion	Fear	Sadness	Love	Happiness	Anger
Image					
Name					

Session Guide

Welcome (10 minutes)

DO:

- Welcome participants back to the training and thank them for their commitment.
- Take attendance.
- For highly literate groups:
 - Invite a volunteer to read out the Full Value Contract. Thank the volunteer.
- For groups with low levels of literacy:
 - Invite each participant who was asked to remember a rule from the Full Value Contract to share that rule with the rest of the group. Thank participants for sharing.

ASK: Would anyone like to remind the group what we discussed in our last session?

DO: If necessary, remind the group of the core messages from the previous session. To succeed in commercial activities, we must plan for unforeseen events:

- First, we need to anticipate problems as well as opportunities.
- Second, if we work together with friends or family, we can come up with a number of ideas to avoid or fix common problems.
- In other words, planning is something we must always do, and we can always find help or advice from friends, family and neighbors.

ASK: Does anyone have any questions or thoughts about what we learned in our last session?

Power Can Affect How We Communicate: Card Game (20 minutes)

SAY: Welcome back, everyone. We are going to start today off with a quick game.

DO:

- Shuffle a pack of playing cards.
- Explain to the group that the highest value in a deck of cards is the ace, then the king, queen, jack, 10, 9 and so on. If the group is not familiar with the order, explain it or remove the ace and make the king the highest value card.
- Ask participants to choose a card from the deck and keep it face down without looking.
- Instruct each of them to hold up their card on their forehead for others to see. Remind them that they are still not allowed to look at their own card.

- Explain that when you say go, you would like each of them to introduce themselves to everyone in the room. However, there are a few rules:
 - No talking.
 - They have to greet others according to the status or social position of the card. The ace has the highest social status, then king, queen, jack, etc. The 2 is the lowest member of society.
- Encourage participants to greet each other through gestures and facial expressions.
- Say 'GO' and give participants 2-3 minutes to greet every person then stop the game.
- End the game and collect people's cards.

SAY: I would like you to line up in order of status, with highest at this end and lowest at this end.

Once participants have lined up, ASK:

- For those with high status cards, how did it feel to be treated so well?
- For those of you with medium status cards, how did it feel to be in the middle?
- For those of you with low status cards, how did it feel to be at the bottom?
- Do you think this happens in our communities? Are some people treated differently according to social status?

SAY: Social status refers to someone's social standing in the community : how they are viewed by others in the community and how much power they are perceived to have. Just like in this activity, most people are not able to decide their own status. Instead, someone's status is usually determined by social norms. As you saw in this activity, the amount of power we are perceived to have can affect how people communicate with us and how we communicate with others.

ASK:

- As we discussed, because of social norms in our community, men sometimes have certain privileges, roles, and benefits that women do not. How do you think this affects men?
 - Facilitator Note: This conversation should be about men as a group and not about each man's personal feelings of privilege. Ensure that participants realize that privilege gives them advantages.
- How do you think this affects women?
 - Facilitator note: Ensure that men acknowledge ways in which women are disadvantaged by these social norms that privilege men over women.

Expressing My Emotions³⁴ (15 minutes)

SAY: Social norms can influence how men and women behave. In the next activity, we are going to think through how some of those norms impact how men communicate. We will look at how easy or difficult it is for men to express certain emotions.

DO:

- Display the 'Emotions Table' you prepared before class.
- Give all participants a piece of paper and ask them to copy the table in the same order, using drawings or words.

SAY: Think about which of these emotions you find it easiest to express and which of these you find

hardest to express. Order these emotions from easiest to hardest, with the number one representing the emotion that is easiest to express and five being the emotion that you find hardest to express. Once you are done, please fold your sheet in half and hand it to me.

DO:

• Collect the papers and write down the rankings in the columns on the flipchart. (See *example below*).

	Fear	Sadness	Love	Happiness	Anger
Participant 1	3	2	5	4	1
Participant 2	5	4	3	2	1
Participant 3	5	3	4	2	1
Participant 4	4	3	5	1	2
Etc.					

SAY: The emotions that we numbered as one and two are the ones we often express in an exaggerated way. The emotions we number four and five are those we haven't learned to express very well, or maybe we have even learned to keep these emotions hidden. Number three may represent an emotion we deal with more naturally.

Discussion (30 minutes)

ASK:

- Do you see any similarities in how we express certain emotions? Why do you think these similarities exist?
- Do you think there are differences in how men and women express emotions? Why?
 - Facilitator Note: Ensure participants acknowledge that the main reason for these differences is because of gender norms. Starting from birth, men and women receive messages about which emotions are appropriate for them to express and which are not.
- Do you think women express certain emotions more easily than men? Do you think men express certain emotions more easily than women? Why?
 - Facilitator Note: Generally, it is easier for women to express emotions that are seen as 'feminine', such as sadness or love. Men generally find it easier to express emotions that are deemed 'manly', such as anger. Again, this is because of social norms.
- It may be easier for men to express certain emotions. How does this affect them?
 - Facilitator Note: Answers include the following:
 - Because it is socially acceptable for men to display anger, men might be quick to display anger and ultimately violence – which has very high physical, emotional, economic and social costs.
 - When men display emotions that are considered 'feminine', like sadness, they are sometimes mocked, seen as weak, shunned, etc. This is a powerful incentive for men to keep these emotions hidden. Hiding emotions does not make the emotions go away, though. These emotions continue to affect how men feel about themselves, others and the world around them.

- How does the way we express our emotions influence our relationships with other people (wives, family, friends, etc.)?
- Why are emotions important?
 - Facilitator Note: Examples of why emotions are important include: fear helps us handle dangerous situations; anger helps us to defend ourselves.
- How do you think expressing your feelings more openly can affect your wellbeing? Your relationships with other people (romantic partners, family, friends, etc.)?

SAY: Emotions are a form of energy that allow you to express what you are thinking or feeling. Different emotions reflect different needs, and it is best to learn how to deal with all your emotions. Expressing them, without causing harm to others, makes you stronger and better able to relate to the world around you. Although you it can be hard to control what emotions we feel, you are responsible for how you act when you feel a certain way.

Conclusion, Session Evaluation and Dismissal (10 minutes)

DO: Read out the following core messages for this session:

- While everyone expresses emotions slightly differently, girls and boys are taught from a young age to express some emotions and hide others. This is related to social norms.
- The rules about which emotions are appropriate for men and women to express affect how men and women communicate.

If there is time, ASK:

- Before we end for the session, would anyone like to share with the group one thing they found interesting or exciting about today's session?
- Were there any ideas or activities that challenged you? If yes, how so?
- Does anyone have any questions?

DO:

- Conduct the Smiley Face Evaluation (Annex 1) using the 'Check What You Know!' questions found at the end of this session guide. After the session is complete and participants have left, record your answers in the session evaluation form (Annex 2).
- Inform participants of the topics for the next session.
- Remind them of the date, time and location of the next session.
- Thank participants for their active participation.
- Dismiss the group.

Check What You Know!

SAY: I'm going to read a question or an affirmation. If you agree, be sure to raise your hand.

1. From birth, men and women are encouraged to express certain emotions and to hide others according to their gender: true or false? **TRUE**

2. Even if we try to ignore our emotions, they affect our view of ourselves, others and the world around us: true or false? **TRUE**

³⁴ Adapted from 'Expressing My Emotions' in Kent, K., A. Levack, M. Mehta, C. Ricardo and F. Verani. 2008. *Engaging Boys and Men in Gender Transformation: The Group Education Manual.* New York and Rio de Janeiro: Engender Health, Promundo, The Acquire Project, USAID.



Assertive Communication

Objectives:

- To help participants practice communication skills and problem-solving with others
- To help participants understand how gender norms influence communication
- To strengthen participants' ability to use assertive communication

Materials:

- Markers
- Flipchart paper

Preparation:

• For highly literate groups: Write the 'I' statement formula on flipchart paper before the session: 'I' statement formula: I feel ____, when you ____. What I would like instead is

Time:

• 1.5 hours

Session Guide

Welcome (10 minutes)

DO:

- Welcome participants back to the training and thank them for their continued commitment.
- Take attendance.
- For highly literate groups:
 - Invite a volunteer to read out the Full Value Contract. Thank the volunteer.
- For groups with low levels of literacy:
 - Invite each participant who was asked to remember a rule from the Full Value Contract to share that rule with the rest of the group. Thank participants for sharing.

ASK: Would anyone like to remind the group what we discussed in our last session?

DO: If necessary, remind the group of the core messages from the previous session.

- Although everyone expresses their emotions in a slightly different way, girls and boys learn from an early age to express certain emotions and to hide others. This situation is related to social norms.
- The rules about emotions that men and women can express very well affect the way men and women communicate.

ASK: Does anyone have any questions or thoughts about what we learned in our last session?

Why Good Communication Matters³⁵ (5 minutes)

SAY: I would like us to reflect on why it is important to learn about communication and to improve our communication skills.

ASK: Let's think about a married couple. Why is good communication important in a marriage?

- Facilitator's note: The possible answers are:
 - It helps build trust. Open and honest communication helps us build trust between partners, rather than suspicion and doubt.
 - Promotes affection: communication allows husband and wife to know each other and deepen their relationship
 - Promotes understanding by helping us to know thoughts, feelings, emotions, dreams, etc. of our partner, and allows him to know ours.
 - It helps solve problems: working together with our partner, we can solve problems more efficiently and effectively
 - It helps decision-making: It helps us make decisions that are best for ourselves and our family

SAY: As you can see, good communication has a lot of benefits. Now we will examine how we communicate. This will eventually allow us to reflect on the existence or not of steps that we must follow to communicate more effectively.

How We Communicate (10 minutes)

SAY: Today we are going to look more into how we communicate. We are going to start by learning about three styles of communication.

Style 1: Aggressive Communication

SAY: Aggressive communication involves expressing your feelings, opinions and desires in a way that threatens, punishes or scares the other person. You are insisting on your rights while denying the rights and feelings of others.

ASK: What do you think aggressive communication looks like? Who can give me some examples?

DO: Invite participants to act out their answers.

• Facilitator Note: Possible answers include: shouting, demanding, not listening to others, saying others are wrong, leaning forward, looking down on others, wagging a finger or pointing, threatening or fighting, being sarcastic, swearing revenge ('I'll get you back for this'), nagging, exploding in anger, using insults, etc.

Style 2: Passive Communication

SAY: Passive communication involves giving in to the will of others, hoping to get what you want without actually having to say it, leaving it to others to guess or letting them decide for you.

ASK: What do you think passive behavior looks like?

DO: Invite participants to act out their answers.

• Facilitator Note: Possible answers include: pretending to agree, being polite but feeling angry, not being honest in case you hurt the other person's feelings, avoiding conflict at all costs, talking quietly, giggling nervously, looking down or looking away, sagging shoulders, etc.

Style 3: Assertive Communication

SAY: Assertive communication involves telling someone exactly what you want in a way that does not seem rude or threatening to them. You are standing up for your rights without endangering the rights of others. You are both demanding respect and showing others respect. This is a very powerful style of communication.

ASK: What do you think assertive behavior looks like?

DO: Invite participants to act out their answers.

• Possible answers include: standing straight, speaking in a calm voice, listening to the other person, acknowledging the other person's thoughts while clearly stating your own, not using sarcasm, using 'I' statements, etc.

Discussion (10-15 minutes)

ASK: Who is more likely to communicate aggressively: men or women?

• Note to facilitator: The answer is that it is about men and this is due to gender norms.

From an early age, boys often learn to behave more aggressively. This means that they are more likely than girls to:

- Manifest anger in an open manner by shouting, beating or threatening someone
- Dominate conversation and decisions, including those related to sexual and reproductive activities
- Talking to someone and not listening to the other person's ideas

ASK: Now, we know that men are often raised to communicate aggressively. What are the consequences of this situation for men, the family and the community?

- Note to Facilitator: Possible answers include:
 - Consequences on men:
 - Men move away from others and away from others
 - Men engender fear or hatred in others
 - Men blame others instead of attributing their own problems
 - Men are more likely than women to engage in violent behavior
 - Consequences on the family
 - The family gives priority to the desires of men, even if these desires are not in the best interests of the family
 - In a number of men, aggressive communication becomes violent. This behavior endangers the well-being of family members.
 - Consequences on communities:
 - The voices of other groups are neither heard nor prioritized because the voices of men dominate. These other groups likely hold valuable insight into a number of issues that affect the community. Overlooking their knowledge harms a community's ability to develop, grow and solve problems.

ASK: Who is more likely to communicate passively: men or women? Is this because of sex or gender?

- Facilitator Note: The answer is women because of their gender. Women are often raised and encouraged to do the following:
 - Allow elders, boys or men to make all the decisions
 - Not give their opinion and keep their feelings hidden
 - To keep the peace at all costs
 - To keep silent about their desires, including their sexual and reproductive desires, their desires to pursue education, to visit health clinics, etc.

ASK: We now know that women are raised to communicate passively. What are the consequences of this on women, families and communities?

- Facilitator Note: Possible answers include the following:
 - Consequences on women:
 - Women are often forced to accept decisions that other people make for them even if those decisions are not what they want or in their best interest.
 - Women often experience anxiety because they are unable to control their lives.
 - Women often experience depression because they feel stuck and hopeless.
 - Women often feel confused because they ignore their own feelings.
 - Consequences on families:

- Families overlook the desires of women, even if their desires are in the best interest of the family.
- Consequences on Communities:
 - Because women's voices are neither heard nor prioritized, communities are rarely designed or organized to meet their needs.
 - Women often hold valuable insight into a number of issues that affect the community. Overlooking their knowledge harms a community's ability to develop, grow and solve problems.

ASK: Which style of communication do you think is best: Aggressive, passive, or assertive? Why?

• Facilitator note: Assertive behavior is often the best because it allows someone to say what they feel, think and want in a clear and honest way. It is good for themselves and the other person.

'I' Statements (5 minutes)

SAY: Assertive communication is a great way to face all conversations, especially tough topics or when dealing with someone with whom you have a problem. It is non-judgmental and can help open, rather than close a conversation. One technique for communicating assertively is to use 'I' statements. 'I' statements allow you to clearly express your point of view, how something is affecting you and how you would like things to change. Here's how to do it:

DO:

- For highly literate groups:
 - Display the sheet of flipchart paper with the 'l' statement formula that you prepared before class.
 - Invite a participant to read the formula out loud. Ask the class to repeat the formula out loud a few times.
- For groups with low levels of literacy:
 - Read the 'l' statement formula out loud.
 - Ask participants to repeat the formula.

SAY: For example: "I feel ignored when you come home late from the market without letting me know. What I would like instead is for you to let me know ahead of time." As you can see, I remained calm and clearly stated both the issue and what I wanted. You can play around with this formula a little. Just make sure you always state 1) how you are feeling, 2) the behavior that you are reacting to and 3) the change you would like to see. Feel free to add more information as well. Sometimes it can help to start by acknowledging the other person's feelings. For example: "I understand that your work at the market is very demanding but I feel ignored when you come home late without letting me know. What I would like instead is for you to let me know ahead of time."

Practicing 'I' Statements (30 minutes)

SAY: Now we will practice using 'I' Statements. I will ask you to work in partners. I will give you difference scenarios. I want you to use the 'I' statement formula to figure out how you would communicate about this problem.

- **DO**:
- Assign participants partners, ideally someone with whom they have not previously worked.
- For highly literate groups:
 - Hand out two scenarios to each pair.
- For groups with low levels of literacy:
 - Read their scenarios to them.
- For all groups:
 - Give participants 10 minutes to come up their 'l' statements.
 - Invite pairs to present their 'I' statements to the group. Provide the group with feedback about what they did well and how to improve.

Scenarios:

Facilitator Note: Contextualize names and situations to fit the local context.

- Abdul and his wife have decided to postpone pregnancy. Abdul's mother thinks this is a bad idea and keeps nagging him to have a child. He decides to talk to his mother about his feelings.
- Mohammed and his wife have decided to wait until his wife has finished her education before starting a family. Mohammed's best friend is spreading rumors that the reason they haven't started a family yet is because Mohammed is infertile. Mohammed decides to confront his friend.
- Issaka and Balki decide that Balki starts selling kebabs to the market for extra income for her family. Issaka's parents do not approve of this decision. Issaka decides to talk to his parents.
- Aziz's wife really wants him to join her at the health center to find out about family planning opportunities. Aziz does not want to go. He is embarrassed at the thought of discussing sex and reproduction with a health worker. He does not want to be seen there by his friends. What will they think of him? Aziz decides to talk to his friend about his feelings to see if his friend has any advice to give him.

Discussion and Homework (5-10 minutes)

ASK:

- Do you think assertive communication will be helpful to you in your life? Why or why not?
- Do you think you can use some of these new skills in your lives and at home? How? What challenges might you face? How could you deal with those challenges?

SAY: As homework, I would like each of you to practice your assertive communication skills in at least one interaction over the next week. I would recommend practicing with someone you are already comfortable with – say a friend or brother. You can share your experience at the start of our next session, providing the group with details on how it went, how you felt and how the other person reacted.

Conclusion, Session Evaluation and Dismissal (10 minutes)

DO: Read out the following core messages for this session:

- There are three styles of communication: assertive, aggressive and passive.
- Assertive communication is the healthiest communication style.
- One technique for communicating assertively is to use 'I' statements. 'I' statements allow you to clearly express your point of view, how something is affecting you and how you would like things to change.

If there is time, ASK:

- Before we end for the session, would anyone like to share with the group one thing they found interesting or exciting about today's session?
- Were there any ideas or activities that challenged you? If yes, how so?
- Does anyone have any questions?

DO:

- Conduct the Smiley Face Evaluation (Annex 1) using the 'Check What You Know!' questions found at the end of this session guide. After the session is complete and participants have left, record your answers in the session evaluation form (Annex 2).
- Inform participants of the topics for the next session.
- Remind them of the date, time and location of the next session.
- Thank participants for their active participation.
- Dismiss the group.

Check What You Know!

SAY: Please close your eyes and put your head down. I will read out a question or statement. When you hear an answer you agree with, please raise your hand. Do not open your eyes until the exercise is complete.

- 1. An example of passive communication is yelling what you want at the top of your lungs: true or false? **FALSE**
- 2. An example of aggressive communication is when someone explodes in anger: true or false? **TRUE**
- 3. Using 'I' statements can help you communicate assertively: true or false? TRUE

³⁵ Adapted from 'Why Communicate' in Yaker, Robyn. 2018. Model Couples (Indashyikirwa) in Eliminating Gender-Based Violence : Adapted Training Module. CARE Rwanda.



Norms that Drive Early First Birth – Circles of Influence

Objective:

- To identify norms in the community that drive early childbirth, consider their origins and their consequences
- To review the roles of family and community members in young married couples' decision -making about family planning

Materials:

- Character nametags
- Character descriptions

Preparation:

• For highly literate groups: Prepare the character nametags and corresponding character descriptions so that you can hand out one of each to each participant

Time:

• 1 hour 20 minutes

Session Guide

Welcome (10 minutes)

DO:

- Welcome participants back to the training and thank them for their continued commitment.
- Take attendance.
- For highly literate groups:
 - Invite a volunteer to read out the Full Value Contract. Thank the volunteer.
- For groups with low levels of literacy:
 - Invite each participant who was asked to remember a rule from the Full Value Contract to share that rule with the rest of the group. Thank participants for sharing.

ASK: Would anyone like to remind the group what we discussed in our last session?

DO: If necessary, remind the group of the core messages from the previous session.

- There are three communication styles: assertive, aggressive and passive.
- Assertive communication is the healthiest communication style.
- An assertive communication technique involves using statements beginning with "I". These statements allow you to clearly express your point of view, the way something affects you and the extent to which you want things to change.

ASK:

- Did anyone do the homework of putting into practice statements beginning with "I"? If so, would anyone want to share what he proposes?
- Does anyone have questions or ideas to share about what we learned in the last session?

Circles of Influence³⁶ (30 minutes)

SAY: Newly married couples experience pressure from many different people about when to have their first child. This activity will give you the chance to discuss how the thoughts, beliefs and actions of others create unwritten rules for how you should behave – what we'll call a norm – and how those norms and the people who perpetuate those norms might influence you and your peers.

DO:

- Draw or mark four LARGE concentric circles on the floor as show in the drawing below:
- Lay out the character nametags (see "Character Nametags" sheet following the end of this session) and corresponding character descriptions you prepared before class.
- Give each participant the following:
 - A character nametag
 - The corresponding Character Description (see "Character Description" sheet following the end of this session. 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.
 - A piece of tape

- Once each participant has a Character Nametag and the description of their character, have them tape their nametag onto their chest.
- Facilitator Note: if you have a group that is smaller than 25, it is okay to not use all of the tags but be sure that some participants are given higher numbers (21-25) in order to complete the exercise.

SAY: I would like to invite 'Augustine (young married woman)' and 'Harouna (husband)' to come and stand in the smallest, innermost circle. [*Pointing to Augustine*] This young married woman goes by the name of Augustine. She is 16 years old and she recently married Harouna, who is 23 years old.

All of you have been assigned a character that might have some kind of influence on the lives of Augustine and Harouna – especially on their decisions about when and if to have children. You can see that there are four circles drawn on the ground. The circle closest to our newly married couple is where the people who have the most influence on their decisions should stand. The people who have a little bit less influence – but who still have *some* influence – should stand in the next circle out. Finally, people who have the least influence – but who still influence the community and country in which the couple lives – 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. You can discuss among yourselves to determine where each of you should stand based on the reality in your community. Remember: those with the most influence should be standing closest to the couple and those with the least should be furthest away. **GO!**

DO: Give participants about 5-10 minutes to arrange themselves in the way that they think illustrates the circles of influence in their community.

DO: Read out Augustine's character description again.

• Facilitator's note: for high-literacy groups, you may ask each participant to read their character description.

ASK: Based on what you have heard, do you think Augustine wants to wait to have a child?

DO:

- Repeat the above steps but for Harouna, asking the group if they think he wants to wait to have a child or not.
- Ask a participant in the first circle to introduce his character by either having him read his description out loud himself or by reading it for him.
- Afterwards, ask the group whether this person will influence the new couple to delay first birth or not?
- Moving clockwise around the circle, repeat the above steps. When you have completed one circle, move on to the next one until all participants have been given a turn.

Discussion (30 minutes)

ASK:

- How is this exercise like or not like life in your community?
- What does this exercise tell you about a newly married couple's ability to make choices

about when and if to have a child?

- What does this tell you about a newly married *girl's* ability to make choices about when and if to have a child? What about a newly married *man*?
- How is the couple influenced and pressured by those people around them?
- Who are the most influential people in the couple's life? Why?
- Who are the most influential people in the community? Who pressures the *newly married girl*? Who pressure the *newly married man*? Who supports couples to wait until they are physically, emotionally and financially ready to have a child?

SAY: In earlier classes, we talked about *gender norms,* meaning the roles and behaviors that society thinks are appropriate for men and boys and women and girls.

ASK:

- Do you think gender norms affect Augustine's ability to decide herself if/when to have a child?
 - Facilitator Note: Explain to participants that gender norms encourage women to stay silent about what they want. Women often have little decision-making ability around matters related to their own sexual and reproductive health, including the timing, spacing and frequency of childbirth, even though they are often smart and mature enough to be able to make these decisions.
- Do you think gender norms affect Harouna's ability to decide with Augustine when to have a child?
 - Facilitator Note: Call attention to the ways ideas of 'manliness' are linked to proving one's fertility. Men face a lot of pressure to prove that they are able to father children.
- Do you think this Fada might help men like you deal with this type of pressure? How?
 - Facilitator note: Encourage participants to realize that they can provide emotional support to one another and help each other brainstorm how to respond to pressure from family and community members.
- What support or resources do couples like Augustine and Harouna need to decide for themselves if and when to have a child?
 - Facilitator note: In terms of resources, explain to participants that they need access to accurate information on sexual and reproductive health generally, but pregnancy and contraception specifically, in order to make an informed decision about when to have a child. They would need judgment-free support from healthcare professionals or other people who are knowledgeable about these topics, such as a Fada facilitator. They also need support from friends, family and the community in order to be free to explore their options.
- Who would make good allies for helping young couples delay their first birth?
 - Facilitator note: Ensure participants realize that members of a Fada or Girls' Collective would make good allies in helping the young couple delay their first birth. This is because they have all been sensitized on the benefits of waiting to have a child.

SAY: All around us are circles of influence: family, friends, community members and society. People at each of these levels influence men like you. Families and communities can give advice to couples

but, ultimately, it is up to the couple. In-laws and the community cannot impose their wishes and desires on the lives of the newly married couple. This is for good marital harmony and your wellbeing. If every you feel pressured to act or behave a certain way that makes you uncomfortable, you are welcome to bring it to this group for discussion. As a group, we can brainstorm ways to support you to deal with different pressures.

Conclusion, Session Evaluation and Dismissal (10 minutes)

DO: Read out the following core messages for this session:

- People throughout a community can influence couples' decision on whether or not to delay pregnancy
- Decisions about when to have a child can be influenced by gender norms.

If there is time, ASK:

- Before we end for the session, would anyone like to share with the group one thing they found interesting or exciting about today's session?
- Were there any ideas or activities that challenged you? If yes, how so?
- Does anyone have any questions?

DO:

- Conduct the Smiley Face Evaluation (Annex 1) using the 'Check What You Know!' questions found at the end of this session guide. After the session is complete and participants have left, record your answers in the session evaluation form (Annex 2).
- Inform participants of the topics for the next session.
- Remind them of the date, time and location of the next session.
- Thank participants for their active participation.
- Dismiss the group.

Check What You Know!

SAY: I will read out a question or statement. When you hear an answer you agree with, please raise your hand.

- 1. Every community has people who will influence a young couple to have children soon after marriage and other people who will influence a couple to delay pregnancy: true or false? **TRUE**
- 2. Decisions about when to have a child are not influenced by gender norms: true or false? **FALSE**

³⁶ Adapted from 'Activity 2-1: Circles of influence around young married women and their husbands/partners, and first-time parents?' in Pathfinder International. 2016. *Small Group Facilitation for Young Married Women and First-time Parents in West Africa: A Supplemental Training Module for Facilitators*, Watertown, MA: Pathfinder International.

Circles of Influence Materials

Character Nametags

Facilitator Note: Change names and details of each story to fit the local context.

- 1. Augustine (young married woman)
- 2. Harouna (husband)
- 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)
- 7. Harouna's father (Augustine's father-in-law)
- 8. Augustine's mother
- 9. First wife of Harouna
- 10. Imam
- 11. Health care provider
- 12. Leader of the community women's group
- 13. Police officer
- 14. Neighbor
- 15. Market seller
- 16. Teacher
- 17. Traditional Leader
- 18. Fada Facilitator
- 19. Augustine's former friend when she was in school
- 20. Friend of Harouna's mother
- 21. Judge
- 22. NGO staff
- 23. Radio announcer
- 24. Parliamentarian
- 25. District Health Official

Character Descriptions

Facilitator Note: Change names and details of each story to fit the local context.

- My name is Augustine and I am 16 years old. I am married to Harouna who seems like a nice man. I know it is expected that I have a baby as soon as possible, but I'm scared. I barely know my husband. I have also heard that having a child so young can be harmful to my family and me. On top of that, this year's harvest was not good and as a result, money is low. I worry what would happen with another mouth to feed.
- 2. My name is Harouna and I am 32 years old. I am married to Augustine. I am very happy to be married to her so I can become a father 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. I know that you worry about money and want to wait to have a child, but if you wait, people will talk. They might say you are infertile or you or you are having an affair. That will bring dishonor on the family.
- 4. I am Harouna's friend. He must father a child to continue to be well respected.
- 5. I am Augustine's father. I didn't want to marry you off so young but things were difficult in our family. I had three sons to support and your two younger sisters. It was time for you to go. I

hope you show this man that you were raised by a good family and honor our home by proving you are a woman soon.

- 6. I am Harouna's sister. Augustine, you are not good enough for my brother. I hope you will prove to me that you are good for my family by giving me a nephew.
- 7. I am Harouna's father. Harouna, I hope you and your new wife will give us another male heir to perpetuate our lineage, and quickly.
- 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, and those of his family as well. 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
- 10. I am the Imam of the community. May Allah bring many children to bless you very soon.
- 11. I am the health care provider. Augustine, it is very risky for a girl your age to get pregnant so young. It can lead to an unhealthy baby and can put you at risk of problems like fistula, or even death. I recommend that you wait until you are at least 18 years old to have a baby. If you can come to the clinic I can tell you about many family planning options.
- 12. I am the leader of the local women's group. Only real women with children are welcome.
- 13. I am Augustine's friend. I am a married girl and, at 16, I just gave birth to my first child. My baby was born underweight and has had many health problems. Even still, my husband and his family are very happy. Augustine, when will you make your husband happy like I have made mine?
- 14. I am a neighbor of Harouna Augustine, I am wondering why you refuse to get pregnant. Maybe you are infertile? Maybe you have your eye on someone else?
- 15. I am a seller in the market. 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.
- 16. I am a teacher. I see many students drop out of school because their parents can't afford to pay their school fees. If those same parents waited until they had some savings and were financially stable before having children, they wouldn't struggle to educate their children.
- 17. I am a traditional leader. It brings honor when new couples bring a child into the world.
- 18. I am a facilitator of a Girls' Collective. Augustine, I am here to support you and other married girls. Through our Girls' Collective, you can talk about the pressures you are facing.
- 19. I am Augustine's friend. I am married and, at 16, I gave birth to my first child. My pregnancy and labor were difficult. My baby was born underweight and has many health problems. My husband and his family are very happy, though. Augustine, when will you make your husband happy?
- 20. Augustine, I'm friends with your mother-in-law. She is telling everyone that you don't want a baby right away and that you aren't good for her son.
- 21. I'm a judge. Men know what's best. If a man says his wife should give him a child, she must obey.
- 22. I am an NGO worker. We tell people they should practice healthy timing and spacing of pregnancies. It would prevent so many health problems and save couples money in hospital costs that arise when things go wrong.
- 23. I am a radio announcer. You hear my messages every day. I joke about men who can't father children and women who don't produce children right away. What is the harm in joking?
- 24. I am a parliamentarian. I tried to pass a law to prevent child marriage when I saw how many young girls were dying in childbirth soon after getting married but it has not yet become law.
- 25. I am a district health official. I do not believe married girls should access family planning services until they have proven their fertility. As a result, I make no effort to make the health services in my area friendly to married girls.



Market Research and Adding Value³⁷

Objective:

- To learn how to gather information about the market you will enter or plan to enter
- To learn how to add value (change the product or service for the better) to make a product more appealing to customers and succeed in business

Materials:

- Image Card 31-39 (Annex 9)
- 4-5 Common products such as soap, empty bottle, tea, shoe polish, etc.)
- Bag

Preparation:

• Leaving one item out, place the remaining common objects in the bag so that no one can see them

Time:

• 1 hour 20 minutes

Session Guide

Welcome (10 minutes)

DO:

- Welcome participants back to the training and thank them for their continued commitment.
- Take attendance.
- For highly literate groups:
 - Invite a volunteer to read out the Full Value Contract. Thank the volunteer.
- For groups with low levels of literacy:
 - Invite each participant who was asked to remember a rule from the Full Value Contract to share that rule with the rest of the group. Thank participants for sharing.

ASK: Would anyone like to remind the group what we discussed in our last session?

DO: If necessary, remind the group of the core messages from the previous session.

- People from across the community can influence a couple's decision to delay pregnancy or not
- The decision to have a child can be influenced by gender norms.

ASK: Does anyone have any questions or thoughts to share about what we learned?

Thinking About Products (10-15 minutes)

SAY: Today, we are going to start thinking about another important business skill: knowing your market. In business, 'market' is a word for all of the buyers and sellers of a given product or service. For example, the 'shoe' market includes all the people who are interested in buying shoes and who can afford to buy shoes. It also includes all the people who are selling shoes. In today's session, you will learn valuable information about the market that you have entered or will be entering.

DO: Show all participants a common product with which they are familiar (i.e. bar of soap, shoe polish, hand cream, etc.). Allow them to look at the product to be sure they are familiar with it.

ASK:

- Do you like it? Why or why not?
- Are there other versions of this product (i.e. different brands, colors, scents, etc.)? How are they similar to this version (i.e. quality, price, etc.)? How are they different? Are all versions available in your community?
- Why would someone choose one version over another?

SAY: If we are curious, ask questions and make observations, we can learn a lot about our customers' needs and wants, as well as what our competitors are doing. When we do this, we are doing what is called 'market research'. We are collecting information on the market – or the buyers and sellers of a given product. We can get this information by paying attention when we:

- Walk around the market
- Purchase goods or sell goods at the market

• Talk to existing clients, friends, neighbors and family members

To help you carry out market research, here are six questions to ask:

- Who buys this product or service? (Men or women? Younger or older people?) (*Show Card* 31)
- How often/when do people buy this product or service? (Show Card 32)
- Where are the different locations they can buy it? (*Show Card 33*)
- Why do people want to buy this product? What is the quality/price/special feature that people like? (Show Card 34)
- What other similar products or services do people buy? (Show Card 35)
- How could the product or service be changed for the better? (changes/additions, pricing, quality) (Show Card 36)

ASK:

- What does the information in these six market research skill cards tell you?
- How might it help your business?
- What can you gain from asking these questions and gathering this information?

Practicing Market Research Skills (15 minutes)

DO: Divide the class into 4-5 groups.

SAY: Now that we know about these six market research skills, let's practice using them. Please send one member from your team to the front to select a product from my bag (*the bag full of common products you prepared before class*). In your small groups, answer the six market research questions about your product.

DO:

- Give teams up to 10 minutes to answer the questions. Remind participants of the six market research questions, if necessary.
- Afterwards, ask teams to share what they have discussed.

ASK: How does market research help you make better business decisions?

Simple Bottle of Water (10 minutes)

SAY: Now we are going to talk a bit more about how to make your product or service more desirable to your customers. We call this 'adding value'.

DO: Show a bottle (or bag) of water. It does not need to be full.

ASK:

- What is this?
- Where can you buy it?
- How much does it usually cost

DO:

• Invite a few answers to each question, but do not allow a debate to start.

• Divide the group into three teams.

SAY: I am now going to ask you to work in 3 teams on a small challenge. Each group must take 2 minutes to come up with a few ideas for a situation in which someone might be willing to pay more for this same bottle of water.

- Group 1 Where might someone be willing to pay more?
- Group 2 When might someone be willing to pay more?
- Group 3 What else could change about this bottle of water to make someone be willing to pay more for it?

DO: Invite each team to share their ideas, thanking them for their effort.

Value Addition Skills (2 minutes)

SAY: In this last activity, we found out that someone might pay more for an item under certain circumstances. This might be because of where we are selling it (such as at a football game). It might be because of when we are selling it (it might be late at night when no one else is selling it). It might also be because of what else we change about it (like keeping it cool with ice or a cooler). These are all examples of what business people call 'adding value' – and 'what else' questions are key to using this approach to improve your business.

As we can see on these adding value skill cards (*show Cards 37, 38, 39*) – the key to adding value and improving our business includes asking the following "what else" adding value questions:

- What can I change about the **quality** of my product? (e.g. by adding or changing something) (Card 37)
- What can I change about the **presentation** of my product? (e.g. how it is packaged or displayed) (Card 38)
- What can I change about the **pricing** of my product? (e.g. combination pricing, volume discount) (Card 39)

Using the Three Value Addition Questions to Succeed in Business (15-20 minutes) D0:

- Divide the large group up into teams of three or four people.
- Explain that you would like each group to think of a product that they either sell or might like to sell. This could be an item of food, clothing, hair products, jewelry, etc.

SAY: Now, working in your small teams, take 5 minutes to practice adding value to your product by asking the three 'Adding Value' questions. Once you have done this, come up with a short, 15- to 30 -second radio advertisement for your 'NEW' product. The ad must outline all the added value elements of your 'NEW' product.

- Invite each Invite each group to the front to perform their radio advertisement.
- After each group has performed, ask participants to give a quick summary of the added value elements generated by the team.

OPTIONAL MODIFICATION: For teams that are not comfortable performing in front of large groups, have them prepare poster advertisements using paper and markers instead. One representative can then share the details of the product with the group.

Homework (2 minutes)

SAY: Successful business people are always doing market research, both before they start and also once their businesses are up and running. Market research helps businesses add value to both their products and business as a whole. You may come up with a great idea for adding value, but as things change, you may have to do this exercise again in order to come up with a new idea to sell more or at a higher price than your competitors.

As homework, I'd like you to practice these new skills. If you already have a business, try answering the three adding value questions to improve one product you sell. For those of you without an existing business, you can practice answering the adding value questions with a product a friend or family member offers, or with a product you are thinking about selling. I will ask you to share some of your ideas for adding value at our next session of business school.

Conclusion, Session Evaluation and Dismissal (10 minutes)

DO: Read out the following core messages for this session:

- Market research is a way to learn about the people who buy our products and other products being sold (or not being sold). It can help businesses add value to both their products and business as a whole by understanding the context in which we are selling our product or service. It has 6 questions:
 - Who buys this product or service?
 - How often/when do people buy this product or service?
 - Where are the different locations they can buy it?
 - Why do people want to buy this product? What is the quality/price/special features that people like?
 - What other similar products or services do people buy?
 - How can we add value to our product?
- To add value to a product or service, we need to think about 3 questions: What can I change about the quality of my product? What can I change about the presentation of my product? What can I change about the pricing of my product?
- Understanding our market can tell us a lot about our customers' needs and wants as well as what our competitors are doing.

If there is time, ASK:

- Before we end for the session, would anyone like to share with the group one thing they found interesting or exciting about today's session?
- Were there any ideas or activities that challenged you? If yes, how so?
- Does anyone have any questions?

DO:

• Conduct the Smiley Face Evaluation (Annex 1) using the 'Check What You Know!' questions found at the end of this session guide. After the session is complete and participants have left, record your answers in the session evaluation form (Annex 2).

- Inform participants of the topics for the next session.
- Remind them of the date, time and location of the next session.
- Thank participants for their active participation
- Dismiss the group.

Check What You Know!

SAY: I will read out a question or statement. When you hear an answer you agree with, please raise your hand.

- 1. Market research can help establish:
 - a. Who normally buys a product: True or false? **TRUE**
 - b. Where they normally buy a product: True or false? TRUE
 - c. Changing the label of your product so it looks brighter and more attractive is an example of adding value: True or false? **TRUE**

³⁷ Adapted from James-Wilson, D. and Proctor, H. (2014). Enterprise Your Life: Building the Capacity of Youth for Economic Engagement. Making Cents International.



Community Action Planning – Part I

Objectives:

- To enable participants to identify ways in which gender roles or norms have changed over time
- To provoke thinking about how participants can advocate and/or support their community to address early first birth among married girls

Materials:

- Flipchart paper
- Markers

Preparation:

- Before class, prepare the below diagram at the top of the page on the flip chart.
- Draw the outline of a tree on flipchart paper, with the roots and leaves clearly visible. On the trunk, write 'Delay first birth among married girls until after they are 18 years old, and until they and their husbands are emotionally and financially ready to have a child.' Alternatively, if there is not enough space, simply write 'Delay first birth among married girls.'

Time:

• 1 hour 15 minutes

Session Guide

Welcome (10 minutes)

DO:

- Welcome participants back to the training and thank them for their continued commitment.
- Take attendance.
- For highly literate groups:
 - Invite a volunteer to read out the Full Value Contract. Thank the volunteer.
- For groups with low levels of literacy:
 - Invite each participant who was asked to remember a rule from the Full Value Contract to share that rule with the rest of the group. Thank participants for sharing.

ASK: Would anyone like to remind the group what we discussed in our last session?

DO: If necessary, remind the group of the core messages from the previous session.

- Market research is a way to learn about people buying our products and other products for sale (or not for sale). They can enable us to value our products and our business by understanding the context in which we sell our products and services. They include 6 questions:
 - Who buys this product or service?
 - How often / when do people buy this product or service?
 - Where are the different places where they can buy it?
 - Why do people want to buy this product? What is the Quality / what is the price / what are the special features that people like?
 - What other similar products do people buy?
 - How can we add value to our product?
- To add value to a product or service, we need to think about two things:
 - What can I change about the quality of my product?
 - What can I change about the price of my product?
 - Understanding our market can teach us a lot about the needs and desires of our customers as well as what our competitors do.

ASK:

- Does anyone have any questions or thoughts to share about what we learned in our last session?
- Did anyone complete the homework assignment, which was to think about how to add value to a product or service you or a friend sells? If yes, would anyone like to share what they came up with?

You Can Make a Difference (20 minutes)

SAY: Our final two sessions are focused on the 'change': how things have changed, how things can

change and how we can *create* change. To start, we are going to look at how life has changed in the recent past.

DO:

- Divide the class into four groups.
- Give each group 5-10 minutes to answer one of the following questions:
 - Group 1: Was life as a man different for your grandfather when he was your age? If yes, how? Why?
 - Group 2: Was life as a woman different for your grandmother when she was your age? If yes, how? Why?
 - Group 3: Was life as a man different for your father when he was your age? How and why?
 - Group 4: Was life as a woman different for your mother when she was your age? How and why?
 - For groups with high levels of literacy:
 - Hand out flipchart paper and markers for participants to record their answers.
 - For all groups:
 - As participants work, circulate to the different groups and prompt participants to think about how gender norms have changed in relation to, firstly, sex, childbirth, marriage and family size, and secondly, things like access to technology (e.g. Who owns and/or uses cell phones, TV, radio, internet?), access to education (e.g. who gets educated?), content of education (e.g. who gets taught what?), legal status of men and women (e.g. Can women own property? Get divorced? Get a loan from a bank? Report their husband for violence?), mobility (e.g. Were women more or less free to move around then versus now?).
 - Invite each group to present their answers. After each presentation, ask the group at large if they have anything to add.

ASK: Are our ideas about what it means to be a man or a woman changing or unchanging? What affects these changes?

SAY: As we can see, norms can and do change – even norms around sex, childbirth, marriage and family size. They might not change quickly and those changes might not come easily, but – and this is important for us to remember as we shift into our next activity – they can and do change.

The Five Steps of Action Planning (2 minutes)

SAY: Over the last few months, we have looked at the causes and consequences of norms around early first birth among married girls. When we started meeting to discuss this topic, you might not have thought it possible or even believed there was a need to address this topic. I hope now you can all appreciate that women, children, families and entire communities stand to benefit when pregnancy and birth happen when a married girl's body is fully developed at age 18 or later, and when she and her partner are emotionally and financially ready to welcome a new life into their home.

You are now the stewards of this message. This means you all have knowledge that is important to your community's future wellbeing. However, for your community to benefit, it is important that

you pass along what you know to others. We will spend the rest of today and our next meeting thinking about how best you can spread this message to others. We will do what is called Community Action Planning.

Introduction to Community Action Planning (2 minutes)

DO:

• Display the 'five steps' diagram you prepared on flipchart paper before class for the group to see.

SAY: Broadly speaking, planning for action involves answering the following five questions:

- What norm do we want to change?
- Why does it need to change?
- How can we change it?
- Who will be opposed to this change? Who will support this change?
- What risks could we encounter and how should we deal with them?

Problem Tree (30-40 minutes)

SAY: As you can see, the first step is for us to determine what norm we need to change. That question is answered for us: we want married girls to delay their first birth until after they are 18 years old, and they and their husbands are emotionally and financially ready.

SAY: Let's move on to the second question: why does it need to change? To help us identify the variety of reasons for wanting change, we are going to draw a problem tree.

- Display the problem tree you prepared on flipchart paper before the session.
- Ask participants to discuss the immediate causes. Encourage participants to go further, identifying the deep, root causes of early first birth.
- For highly literate groups:
 - Write all the ideas down in the roots of the trees.
- For groups with low levels of literacy:
 - If possible, use symbols to capture the causes.
- For all groups:
 - Repeat the same steps to identify and record the consequences of early first birth but on the leaves of the tree.
 - Point out the many causes and consequences of early first birth.

ASK:

- Which consequences are the most important? Which ones resonate with you the most? Do you think that someone in a different social position would feel the same way? (i.e. Would women feel the same way? Would religious leaders feel the same way? Would health care professionals feel the same way?) In other words, do you think that some people would be motivated to take action for different reasons than you might be?
 - Facilitator Note: Ensure participants acknowledge that different groups are likely to have different motivations for taking action because of how the consequences resonate with them. A health care professional might feel most strongly about health consequences whereas a man might feel most strongly about the financial consequences.

- Which causes do you think are the most important?
- Which of these causes can we do something about?

SAY: We have now completed two of the five steps for action planning. We will stop here for now but pick up where we left off next week.

DO: Keep the Problem Tree for use in the next session.

Conclusion, Session Evaluation and Dismissal (10 minutes)

DO: Read out the core messages for this session:

- Gender norms can and do change.
- We can all take action to address harmful gender norms in order to benefit ourselves, our families and our communities.

ASK:

- Before we end for the session, would anyone like to share with the group one thing they found interesting or exciting about today's session?
- Were there any ideas or activities that challenged you? If yes, how so?
- Does anyone have any questions?

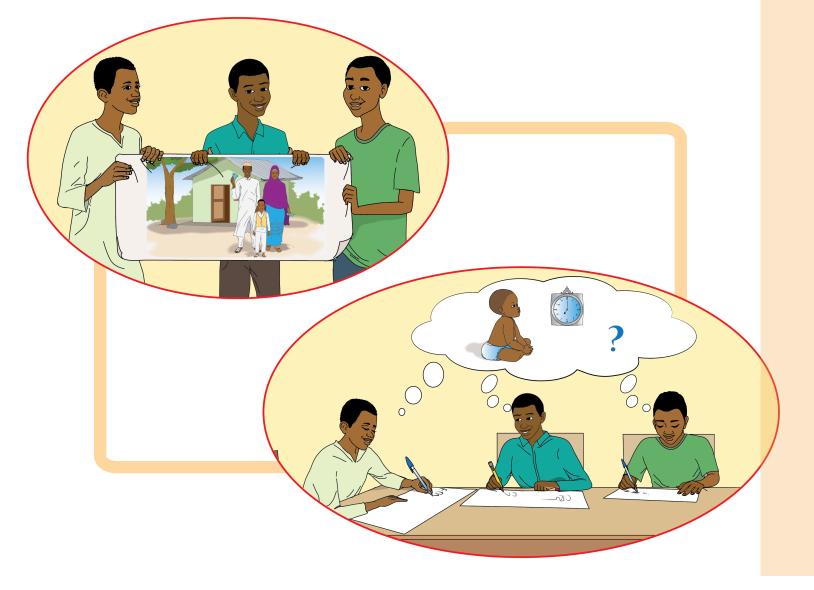
DO:

- Conduct the Smiley Face Evaluation (Annex 1) using the 'Check What You Know!' questions found at the end of this session guide. After the session is complete and participants have left, record your answers in the session evaluation form (Annex 2).
- Inform participants of the topics for the next session.
- Remind them of the date, time and location of the next session.
- Thank participants for their active participation.
- Dismiss the group.

Check What You Know!

SAY: I will read out a question or statement. When you hear an answer you agree with, please raise your hand.

- 1. Rules about how to behave as a man are constantly changing: true or false? TRUE
- 2. Men can help change norms around early first birth among married girls: true or false? **TRUE**



Community Action Planning – Part II

Objectives:

• To develop a community-focused, action-oriented plan to address early first birth among married girls

Materials:

- Markers (at least 3 different colors)
- Cards
- Tape
- Flipchart paper

Preparation:

• Draw an Action Planning Matrix on Flipchart Paper before the session (see the table on the following page)

Time:

• 1 hour 30 minutes

	Description of Activity			When?		
	Target Group	Implementers (Person or Group)	Description of Activity (What will take place? With whom can you collaborate to carry out the activity? What resources are needed? Where and how can you obtain those resources?)	Now	Soon	Later
Activity 1						
Activity 2						
Activity 3, etc.						

Welcome (10 minutes)

DO:

- Welcome participants back to the training and thank them for their continued commitment. Take attendance.
- For highly literate groups:
 - Invite a volunteer to read out the Full Value Contract. Thank the volunteer.
- For groups with low levels of literacy:
 - Invite each participant who was asked to remember a rule from the Full Value Contract to share that rule with the rest of the group. Thank participants for sharing.

ASK: Would anyone like to remind the group what we discussed in our last session?

DO: Review the contributions participants made on the problem tree in the previous session.

ASK: Does anyone have any questions or thoughts about what we learned in our last session?

Achieving Change (30 minutes)

SAY: Now we are going to think about the next two steps at the same time: HOW we can change, who will support this change and who will oppose the change?

- Lay out a couple pieces of flipchart paper side-by-side on the ground. Use this as the drawing surface.
- For groups with high levels of literacy:
 - Write 'Early first birth' on a card or sheet of paper. Display it so that it will be visible to the entire group.

- For groups with low levels of literacy:
 - Draw a girl with a pregnant belly. Display it so that it is visible to the entire group.
- For all groups:
 - Explain to the group that this activity will help them identify the stakeholders, or the people who influence the norm or behavior.
 - Invite participants to identify the stakeholders. Examples include husbands and married girls, health service providers, mothers-in-law, religious leaders, friends, etc.
 - List or draw each stakeholder on a separate card or sheet of paper.
 - Hand out the stakeholder cards and tape to a bunch of different participants. Instruct them to place the stakeholder card around the problem statement in the following way: the further from the card, the more difficult it is to access the stakeholder. The closer to the problem card, the easier it is to access the stakeholder. For example, the head of state would probably be placed very far away from the problem card but a friend would likely be placed very close.
 - Next, ask different participants to draw circles around each stakeholder in the following way: the more important or influential the stakeholder, the larger the circle. The less important or influential the stakeholder, the smaller the circle.
 - Next, ask participants to consider how stakeholders feel about delaying first birth. Choose two colors of markers: one color indicates support and the other color indicates opposition. Invite participants to color in the cards of all the stakeholders who are likely to support delaying first birth and all those who would oppose it.

SAY: Now we can put everything together. Thanks to our problem tree, we have all sorts of reasons why people would want to address our problem. Thanks to our stakeholder map, we know how we can work with people in our community to achieve that change.

Filling in the Activity Matrix (40 minutes)

- Use the table on the next page to help participants brainstorm activities. Encourage participants to prioritize stakeholders that are easy to access and influential/important.
- As they come up with activities, fill in the action matrix you prepared before class as follows:
 - **Target group**: This is the target audience of the activity. It could be a single person (i.e. Government Official) or a group of people (i.e. religious leaders).
 - **Implementers (person or group)**: This is the person or group of people who are responsible for organizing this activity from inception to completion.
 - **Description of Activity**: Provide a detailed description of the action. Include details on any potential collaborations that will be needed to implement the activity, the resources that will be needed, etc.
 - When will you implement: Indicate when the activity will take place.
- Encourage each participant to commit to doing one individual action on top of group or collective actions. For example, each participant could commit to engaging a friend in a one-on-one discussion and asking their friend to participate in other community actions.

Strategies for Engaging Different Stakeholders				
Position of Stakeholder	Strategy	Examples of Possible Activities		
In strong support of efforts to address early first birth	Engage these stakeholders in actions to promote delayed first birth. Seek to include these individuals in activities the group has planned or ask them to support the initiative in other ways.	Conduct one-on-one informal discussions with friends, family members, colleagues, etc.; Conduct private meetings with politicians, community leaders or religious leaders; Specialized forums (possibly at community meetings) Develop training workshops, Create handouts, pamphlets or other material.		
Supportive of – but not very interested in –efforts to address early first birth	Persuade these stakeholders of the importance of addressing early first birth by showing them this issue is supported by segments of the population whose opinion they value.	Engage key opinion leaders to make public statements, speak at public demonstrations, write newspaper articles Conduct large demonstrations (e.g. marches, rallies, dramas, etc.) Conduct mass letter-writing campaigns to target key opinion leader Create handouts, pamphlets or other material.		
In opposition to addressing early first birth	Neutralize these stakeholders in order to counteract their influence. This is a very delicate and difficult task. It should NOT be the focus of the community action as these actions tend to be reactive and not proactive.	Monitor the actions of opposition groups or stakeholders Create databases of arguments and counterarguments Engage a key opinion leader to clarify inaccuracies or falsehoods by issuing a public statement, addressing a		
Neutral	Convince these stakeholders of the need to address early first birth. To do this, you must increase their knowledge of the issue and show them that delaying first birth among married girls is good for individuals, families and communities at large. Strengthening this group's trust and belief in the cause is critical for this strategy.	Run seminars, forums or awareness- raising workshops led by experts Produce factual pamphlets, handouts or other material Engage experts to carry out private meetings		

ASK: Does this action plan make sense to you? This is action plan is very simplified but, in our future sessions, we will work on making it more and more detailed.

Note for Facilitator: Revisit this plan in future sessions. Support Fadas to further plan, organize and execute their activities in future sessions.

SAY: It is great to see the commitment you are all demonstrating to driving change. This action plan looks like it has real potential to bring about change. Change is hard and sometimes that can be discouraging. In this Fada, though, you can be assured that you have friends and allies who support your desire to see a different world for future generations. Together, you can make a difference.

Conclusion, Session Evaluation and Dismissal (10 minutes)

Depending on time, ASK some or all of the following questions:

- What information that you learned in this training has been the most useful to you?
- What skills have been the most useful to you?
- What ideas challenged you the most?
- Are there any topics you want to know more about?
- Does anyone have any questions?

- Conduct the Smiley Face Evaluation (Annex 1) using the 'Check What You Know!' questions found at the end of this session guide. After the session is complete and participants have left, record your answers in the session evaluation form (Annex 2).
- Inform participants of the topics for the next session.
- Remind them of the date, time and location of the next session.
- Thank participants for their active participation.
- Dismiss the group.

Annex 1. Session Evaluation Script

DO: Place the three Smiley Face Evaluation Sheets (see **Annex 1.1**) around the room, leaving space in between for participants to move around. The facilitator will then hand each student a small object (ex: a bean, rock, etc.).

SAY: Now, we are going to evaluate how you felt about today's session. I will read a series of questions, and I want you to stand up and place your [object] on the sheet with the smiley face that best represents your response to the question. You can choose a sad face, which I've placed ______, a neutral face, which I've placed ______, or a smiley face, which I've placed ______, in between questions, we will pause quickly to count the responses. Are there any questions? [pause for questions].

• Were the content and activities interesting and easy to understand? Please stand up and place your [object] on the sheet with the smiley face that best shows your response to this question.

[Pause: facilitator then counts the total smileys on each sheet and fills out the row for question one in the table in **Annex 2**]

• Okay, now for the second question. How likely are you to use at least one piece of information from today's session in your daily life? Please stand up and place your [object] on the sheet with the smiley face that best shows your response to this question.

[Pause: facilitator then counts the total smileys on each sheet and fills out the row for question one in the table in **Annex 2**]

Annex 2. Session Evaluation Form: IMAGINE

Session Title and Date:_____

Facilitator Name: _____

Total Number of Participants: _____

Did a community health worker attend the training? (circle one) Yes / No

1. Directions: Add up the results from the smiley face evaluation activity to complete this table.

	# of sad faces	# of neutral faces	# of smiley faces
Were the content and activities interesting and easy to understand?			
How likely are you to use at least one piece of information from today's session in your daily life?			

Comments:

- 2. What activities/concepts were most difficult for participants to understand, if any?
- 3. What would you change about this session for next time, if anything?
- 4. Based on participants' response to the knowledge check questions and behavior during the session, how well do you feel the participants understood the session on a scale of 1-5? (*please circle your answer*)

Did not understand at all	Understood very little	Neutral	Understood most things	Understood perfectly
1	2	3	4	5

Annex 3. Fact Sheet on Sexually Transmitted Infections (STIs)

What is an STI?

- A Sexually Transmitted Infection (STI) is a sickness that is passed on from one person to another during sexual activity. Some are passed through bodily fluids like blood, vaginal fluids or semen, while others are passed through skin-to-skin contact.
- It is impossible to tell by looking or talking with someone whether or not they have an STI. A person can have an STI but have no symptoms, or the symptoms may not appear for weeks, months or even years after a person has become infected. Therefore, it is important for people who are sexually active to get tested for STIs.
- Having an STI is a medical problem, not a moral one. *Anyone* who is sexually active can become infected if precautions are not taken.

Can STIs be cured?

• Many STIs can be easily cured, but not all. For STIs that have no cure, health workers can still prescribe medication to help manage symptoms. STIs that are left untreated can cause other complications in the body, including infertility and death.

How do I protect myself from STIs if I am sexually active?

- Not all sexual behaviors put a person at risk for STIs. Any activity that does not include the exchange of semen, vaginal fluid or blood between two people is considered safer. For example, kissing, hugging, petting and mutual masturbation involve less risk than sexual intercourse.
- Having sex with one uninfected partner who is also mutually exclusive (meaning, they only have sex with you) reduces the risk of getting an STI.
- Condoms offer safe and easy-to-use protection against STIs when used each and every time a couple has sex.
- Keep genital and anal areas clean
- Do not douche or use herbs or powders in the vagina
- Go to your local health center to get tested for STIs, and encourage your partner to do the same.

The most common signs of STIs include:

- No symptoms! Some STIs cause no visible symptoms so many people are unaware that they have one. This is why it is very important to get tested regularly.
- Unusual discharge from the vagina. Note that some discharge is normal; however, normal discharge is usually white and thin. If a person has more discharge than usual or if it smells bad, is green, yellow or has white clumps, they may have an STI.
- A strange discharge from the urethra (the place where pee comes out)
- Pain or bleeding when peeing or during sex
- A rash, bump, or sore on around the penis, vagina, or anus. The rash might be painful or it might not be.

- A red or itchy genital area or anus
- Warts or bumps in the genital area or around the anus
- The presence of small insect-like creatures in the pubic hair or around the genital area
- Swelling around the genital and thigh areas
- For men, swollen or painful testicles
- High fever

Unless STISs are treated, they can cause:

- Infertility (i.e. a person may not be able to have children)
- Premature or unhealthy babies in women
- Very bad pain in the abdomen
- Cancer of the cervix (the entrance to a woman's uterus)
- HIV to spread more easily
- Death from a serious infection

Are there different types of STIs?

• Yes. STIs can be grouped into three families: Viral, Bacterial, and Parasitic/Fungal.

Viral Infections: Viral STIs are caused by viruses passed from person-to-person during sexual activity. In general viral infections involve many different parts of the body at the same time.

- **Human Immunodeficiency Virus (HIV)**: Human Immunodeficiency virus or HIV attacks the body's immune system, leaving infected individuals unable to fight off other illness. It is transmitted through sexual activities, but also spread by sharing items like needles. It is not spread by hugging, shaking hands and other casual contact.
- **Human Papilloma Virus (HPV)**: The human papilloma virus or HPV is the most common viral infection. There are over 30 types of HPV that are sexually transmitted through oral, anal or vaginal sex.
- **Genital Herpes**: Genital Herpes is caused by the Herpes Simplex Virus. It is in the same family of viruses that cause cold sores around the mouth. The virus is transmitted by sexual activities or skin-to-skin contact.
- Hepatitis B Virus: Hepatitis B or Hep B, affects the liver. It is not to be mistaken with
- Hepatitis A or C, which are other forms of liver disease. Hepatitis B is easily transmitted not only through sexual activities, but by sharing items like razors, needles and tooth-brushes.

Bacterial Infections: Bacterial STIs are caused by bacteria passed from person-to-person during sexual activity.

- **Chlamydia**: Chlamydia is one of the most common STIs especially among people ages 15 to 24. If left untreated it can cause infertility in both women and men.
- **Chlamydia**: Chlamydia is one of the most common STIs especially among people ages 15 to 24. If left untreated it can cause infertility in both women and men.
- **Gonorrhea:** Gonorrhea is an infection that shares the same symptoms and is often transmitted at the same time as Chlamydia. It is most commonly affects people aged 15 to 29. If left untreated it can cause infertility in both women and men.
- Syphilis ("the great imitator"): Syphilis is called the great imitator because, initially, it has

 has the same signs and symptoms as other STIs. There are three stages of Syphilis. The first stage starts with a small painless sore where the bacteria entered the body. In stage two, a person may develop a general feeling of being unwell or flat smooth warts in the genital area. In stage three, syphilis that has been left untreated can cause heart problems, mental issues and even death.

Parasitic Infections: These STIs are caused by parasites passed from person-to-person during sexual activity. A parasite is a creature like a little bug that lives off of human and cannot always be seen by the naked eye.

- **Trichomoniasis (Trich)**: This single-celled organism can infect the urethra, bladder, vagina, cervix or get under the foreskin. It can be transmitted through sexual activity.
- **Pubic Lice (Crabs)**: Pubic lice are also called crabs, because that's what they look like under a microscope. Public Lice live in pubic hairs around the genitals. They lay eggs at the base of the hair.
- **Scabies (Mites)**: Scabies are tiny mites that dig little holes below the surface of the skin where they lay eggs.

Fungal Infections: While not technically STIs, this infection can sometimes be passed through sexual contact.

• Flush/Yeast Infection (Candida): A vaginal yeast infection is a common fungal infection caused by overgrowth of Candida, naturally occurring yeast. Yeast is normally found in a woman's vagina in small numbers, but sometimes they can multiply. This can cause itchiness, burning and pain in the vagina. Men can also get yeast infections, although they are much more common in women. They tend to experience redness, itchiness and burning on the head of the penis.

Annex 4. Template for Household Budgeting

EXPENSES				
Item	Weekly Expenses	Monthly Expenses	Monthly Expenses With baby	
	Beans:			
	Rice:			
	Transport:			
(insert other common expenses here)				
TOTAL				

INCOME				
Activity	Weekly	Monthly		
Selling food				
Selling Coffee				
Livestock				
(Insert other common income generation activities here)				
TOTAL				

SAVINGS				
I am saving for				
Item/Expense	Cost			
Expense 1:				
Expense 2:				
Expense 3:				
Etc.				
TOTAL				

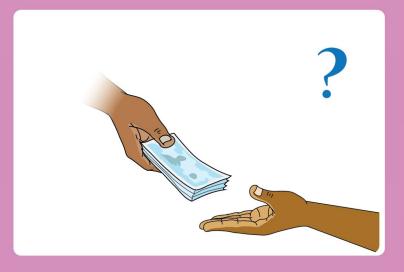
Annex 5: Gendered Tasks and Decision Cards







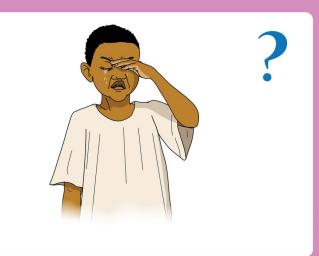






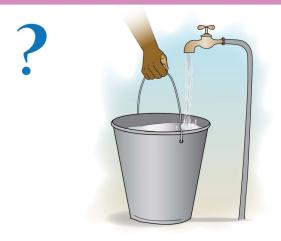


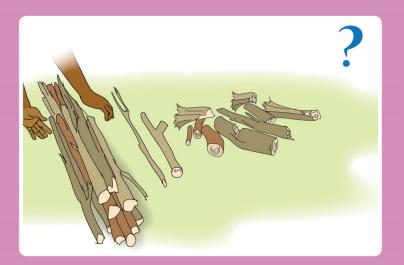








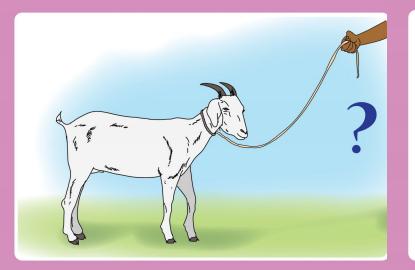


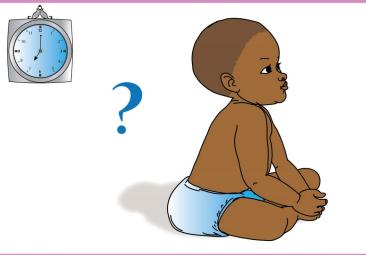


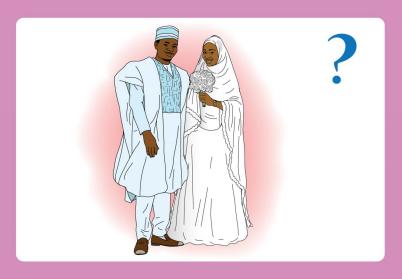










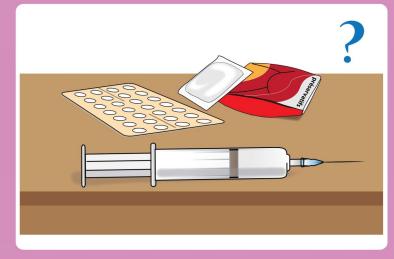




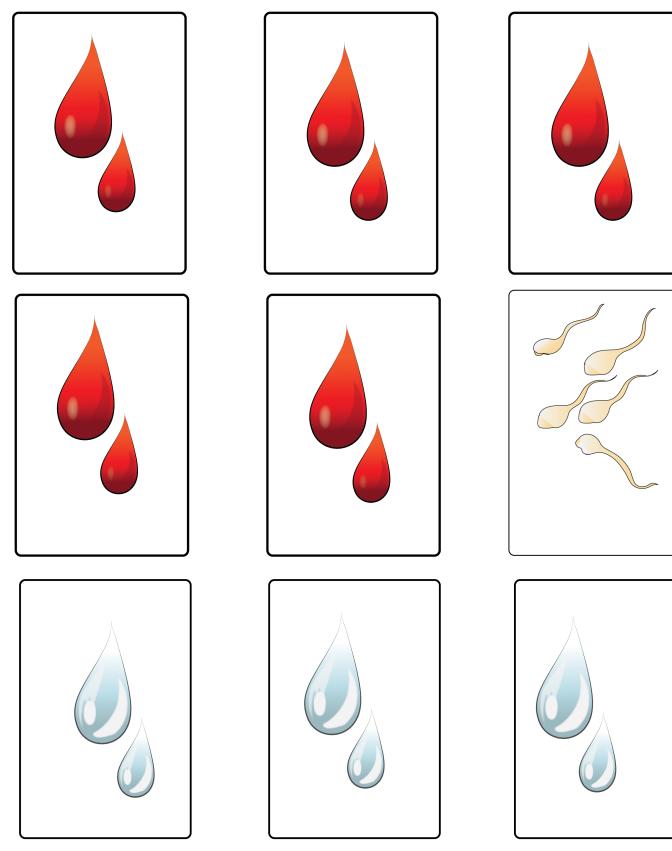


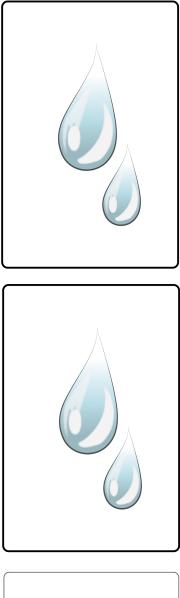


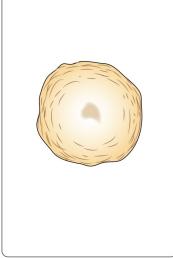


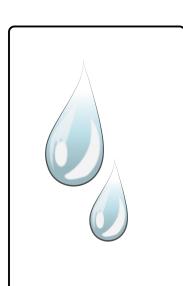


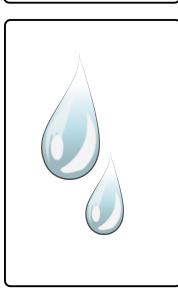
Annex 6: Menstrual Cycle Cards

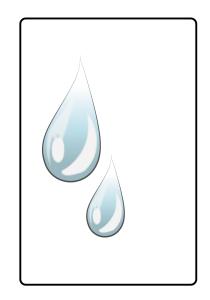




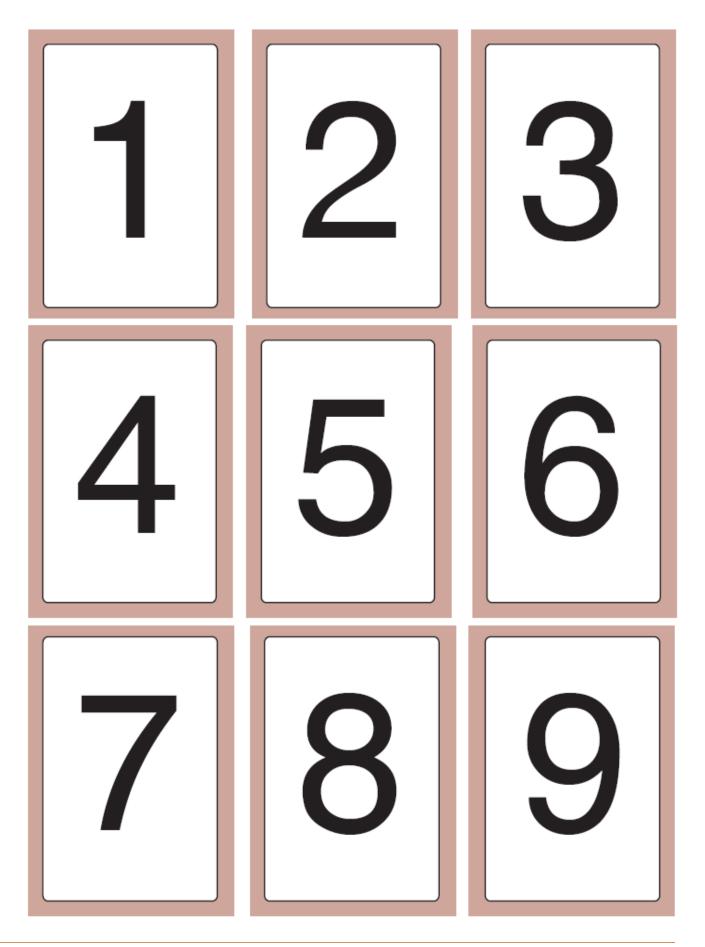


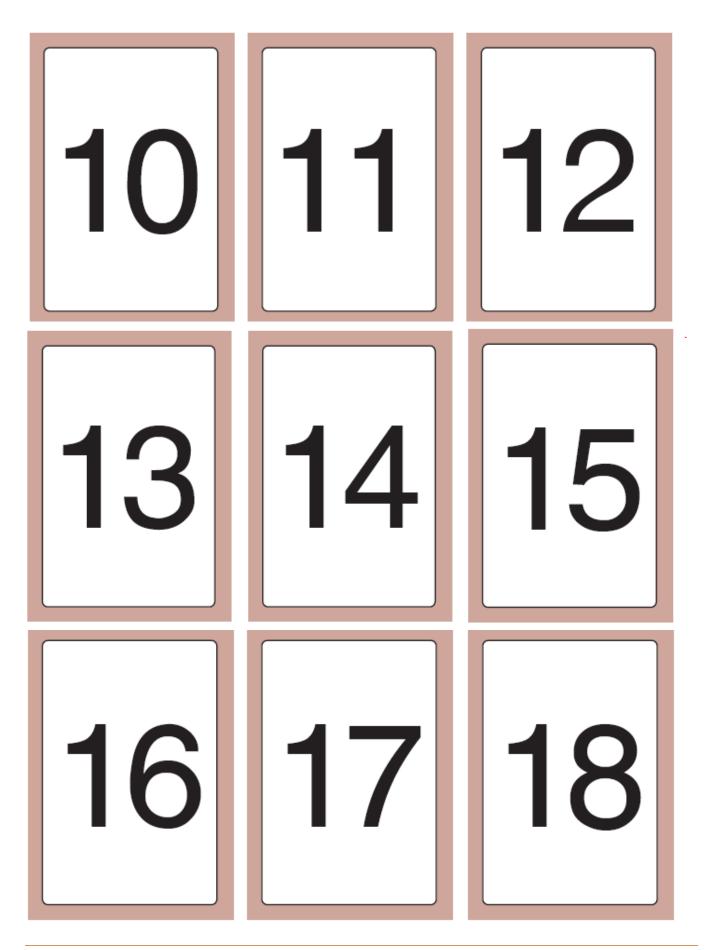


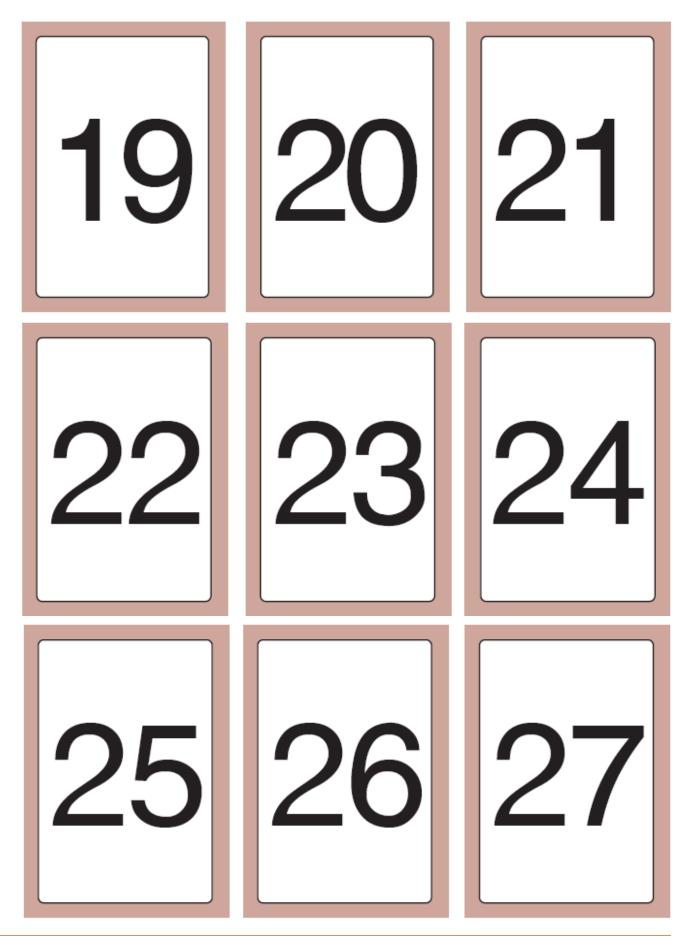


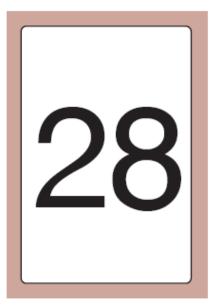




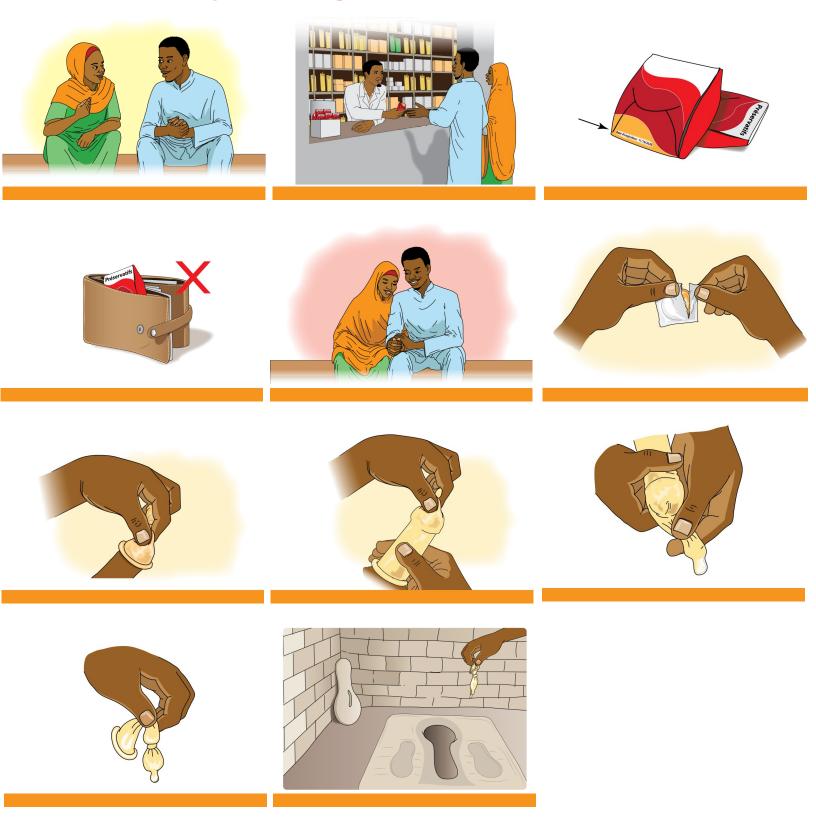








Annex 7: Steps For Using Condoms Cards



Annex 8: Prosperous Futures

Using the Materials:

- 1. Print one copy of the game board. You may wish to print this on a larger sheet of paper and/or laminate if possible.
- 2. Print one copy of all orange and blue prosperity cards. These should be printed doublesided so that the orange or blue cover appears on one side, and the text appears on the other side. You will need to cut these out afterwards.
- 3. Print 4 copies of all sheets of CFA money to share with participants. You will need to cut these out afterwards.

Directions to Play "Prosperous Futures"

SAY: Congratulations! You were just married. The first two years of marriage are an important base for all couples and the decisions you and your spouse make during these first few years will influence your whole life.

DO: Point to the circles on the game board. Explain that each circle represents one month, with the 24 months representing two years of marriage. Explain the rules of the game.

Rules:

- The aim of the game is to have the most money after going around the board once. Just like in real life, each couple will be faced with a number of decisions that will impact their financial wellbeing.
- Every time you roll the dice, you can move that number of steps on the board.
- If you land on an orange circle, pick up an orange card. I will read out what is written on the card.
- If you land on a blue circle, pick up a blue card. I will ask you to make a 'Life Decision' [facilitator note: use the Facilitator Life Decision Guide to determine what actions take place based on a player's decision]. If your life decision results in the wife getting a job or going to school, I will give you a Working Wife or Educated Wife Card. If your life decision results in you and your spouse having a baby, I will give you a Child Card. Based on the life decisions you make you may also receive money or have to spend money.
- If you land on a green circle, I will either give you money or take your money.
- The first couple to make it around the board will get an extra 200 CFA.
- I will give more instructions as we play.
- Each couple will start with 1000 CFA.

Facilitator Note:

- Couples CANNOT have more than one working wife or educated wife card. They CAN have both a working wife and educated wife card at the same time, though.
- When a couple gets a *Child Card*, they must give up their *Working Wife Card*, if they have one.
- For the blue cards, refer to the reference sheet for instructions on how much money participants should pay or receive based on the life decisions they choose to make.

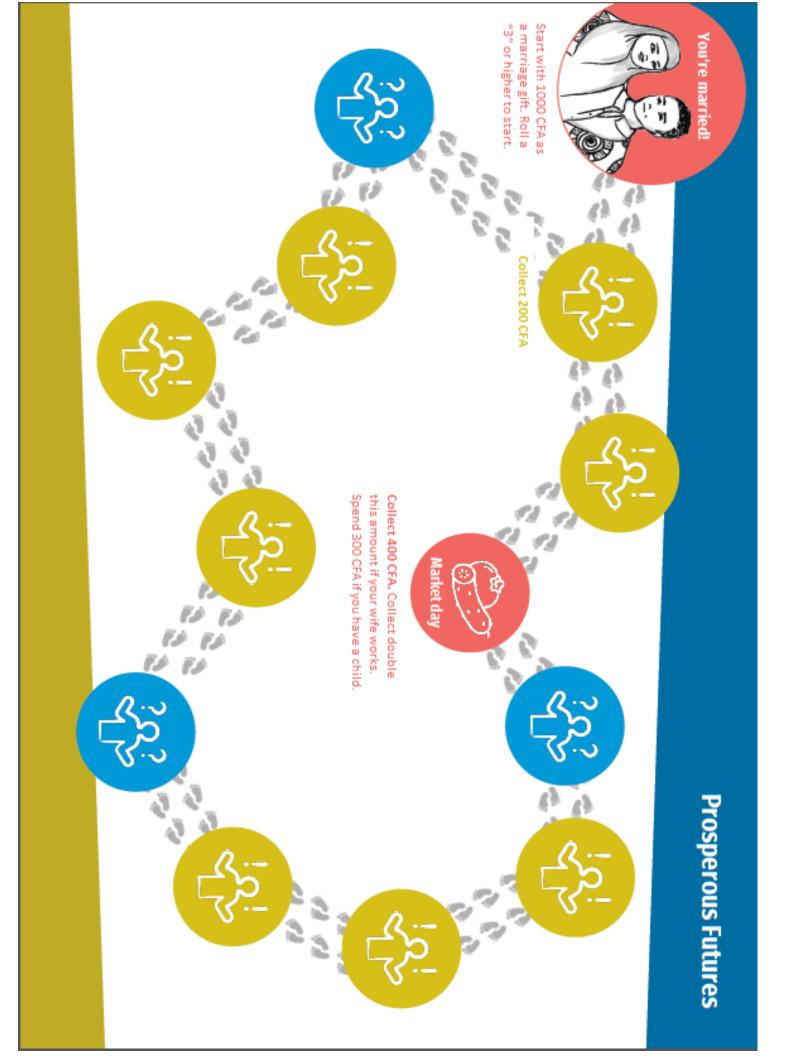
Facilitator "Life Decision" Guide

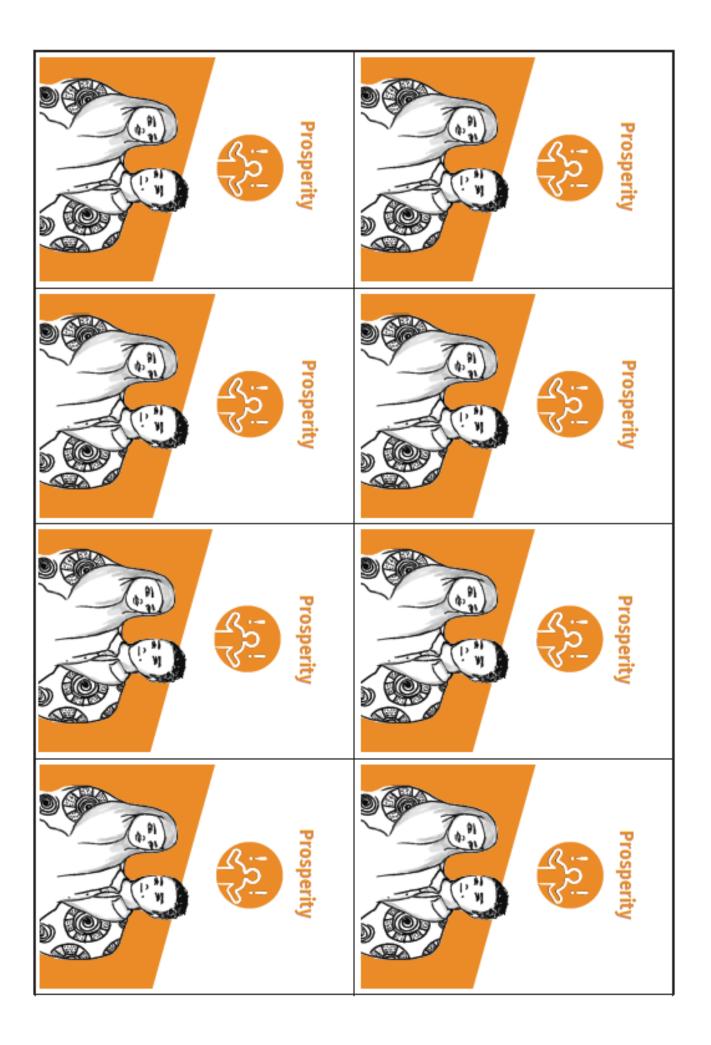
#	Decision	lf yes	If no
1	Couple: You and your husband want to use birth control pills so that you can wait until you are at least 18 years old to have children. Your husband's parents are opposed to this. Do you decide to use the pill?	"You do not become pregnant immediately." Move on to the next player.	 Have the player roll the dice. If they roll a "1" or "6", tell the player that she has had a child. Give her a child card. This means that the player must pay more during the game and remove any "working wife card" they have. If the player rolls a 2, 3, 4, or 5, say "You don't have a child but you took a risk." Move on to the next player.
2	Wife: Your husband encourages you to use hormonal contraception. Do you decide to use it?	"You do not become pregnant immediately." Move on to the next participant.	 Have the player roll the dice. If they roll a "1" or "6", tell the player that she has had a child. Give her a child card. This means that the player must pay more during the game and remove any "working wife card" they have. If the player rolls a 2, 3, 4, or 5, say "You don't have a child but you took a risk." Move on to the next player.
3	Husband: Your wife wants to work outside of the home. This would mean she would need to leave the village every day. Do you allow her to?	Give the player a <i>Working Wife Card</i> . This means that they earn more money during the game.	Do nothing. Move to the next player.
4	Couple: A community meeting is held in your village about postponing pregnancy until couples are financially, emotionally, and physically ready to have children. Do you attend?	Roll the dice. If you roll a "2," collect 100 CFA.	 Have the player roll the dice. If they roll a "1" or "6", tell the player that she has had a child. Give her a child card. This means that the player must pay more during the game and remove any "working wife card" they have. If the player rolls a 2, 3, 4, or 5, say "You don't have a child but you took a risk." Move on to the next player.
5	Husband: Your wife wants to go to school to study fulltime.	Give the participant an <i>Educated</i> <i>Wife Card</i> . They must pay 100 CFA to the bank,	Do nothing. Move to the next player.
	Do you allow her to?	but they can earn more throughout the game.	

5	Husband: Your wife wants to go to school to study a full- time course. Do you allow her to?	Give the participant an <i>Educated</i> <i>Wife Card</i> . They must pay 100 CFA to the bank, but they can earn more throughout the game.	Do nothing. Move to the next player.
6	Couple: You are under a lot of pressure to prove your fertility and have a child. Do you have a child?	Give a <i>Child Card</i> to the participant. If the participant has a <i>Working</i> <i>Wife Card</i> , take the card. He or she can no longer earn bonuses.	Do nothing. Move to the next player.
7	Husband: Your neighbors discuss your wife's activities outside the house. They think you should stop her from going out. Do you listen to them?	If the player has a <i>Working</i> <i>Woman</i> or <i>Educated Woman</i> <i>Card</i> , take the card. The player will no longer earn bonuses.	Give the participant an extra 100 CFA.
8	Couple: You want to have a large family with many children. Some people say you should start right away. Others say you should wait. Do you try to have a child right away?	If the player has a <i>Working Wife</i> or <i>Educated Wife Card</i> , take the card. The player will no longer earn bonuses.	Do nothing. Move to the next player.
9	Wife: You want to go to the health center to talk to the health worker. If someone sees you going there, they may gossip. Do you go?	Give the player an extra 200 CFA.	 Have the player roll the dice. If they roll a "1" or "6", tell the player that she has had a child. Give her a child card. This means that the player must pay more during the game and remove any "working wife card" they have. If the player rolls a 2, 3, 4, or 5, say "You don't have a child but you took a risk." Move on to the next player.

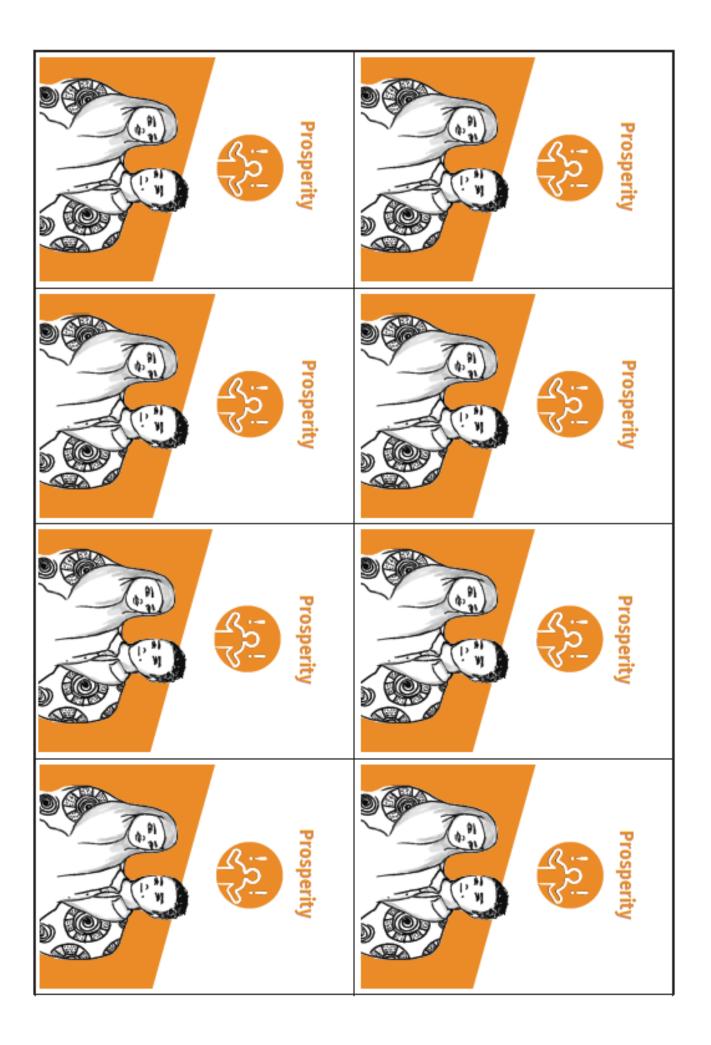
10	Wife: You come home in tears because other women are chatting and calling you names because you haven't had a child yet. Are you trying to have a child? Are you trying to have a child?	Give a <i>Child Card</i> to the participant. If the participant has a <i>Working</i> <i>Wife Card</i> , take the card. The player can no longer earn bonuses.	Do nothing. Move to the next player.
11	Wife: Your husband invites you to a financial planning course for newly married couples. Do you attend together?	Give the participant an additional 500 CFA and an <i>Educated Wife</i> <i>Card</i> .	Do nothing. Move to the next player.
12	Couple: A health worker visits your home and wants to talk to you about family planning. Do you listen to the health worker?	Give the participant an extra 200 CFA.	 Have the player roll the dice. If they roll a "1" or "6", tell the player that she has had a child. Give her a child card. This means that the player must pay more during the game and remove any "working wife card" they have. If the player rolls a 2, 3, 4, or 5, say "You don't have a child but you took a risk." Move on to the next player.
13	Husband: Your wife is being trained in sewing. A friend tells you that there are a lot of men hanging around where she goes to take classes. Do you allow her to continue taking the course?	Give the participant an Educated Wife Card.	Take 500 CFA from the participant. This is the loss of tuition for the course.

14	Husband: Your wife tells you that she has heard about an injection that she can take to prevent pregnancy. You have heard rumors that it may cause infertility, but you don't know much about it. Do you go with her to the health center to find out more?	Give the participant an Educated Woman Card.	 Have the player roll the dice. If they roll a "1" or "6", tell the player that she has had a child. Give her a child card. This means that the player must pay more during the game and remove any "working wife card" they have. If the player rolls a 2, 3, 4, or 5, say "You don't have a child but you took a risk." Move on to the next player.
15	Husband: You and your wife have a savings plan, but a friend asks you for a loan. After some discussion, your wife does not want to give the loan. Do you still give the loan to your friend?	Take 1,000 CFA from the participant.	It is important to make choices together with your wife. Give 800 CFA to the participant.

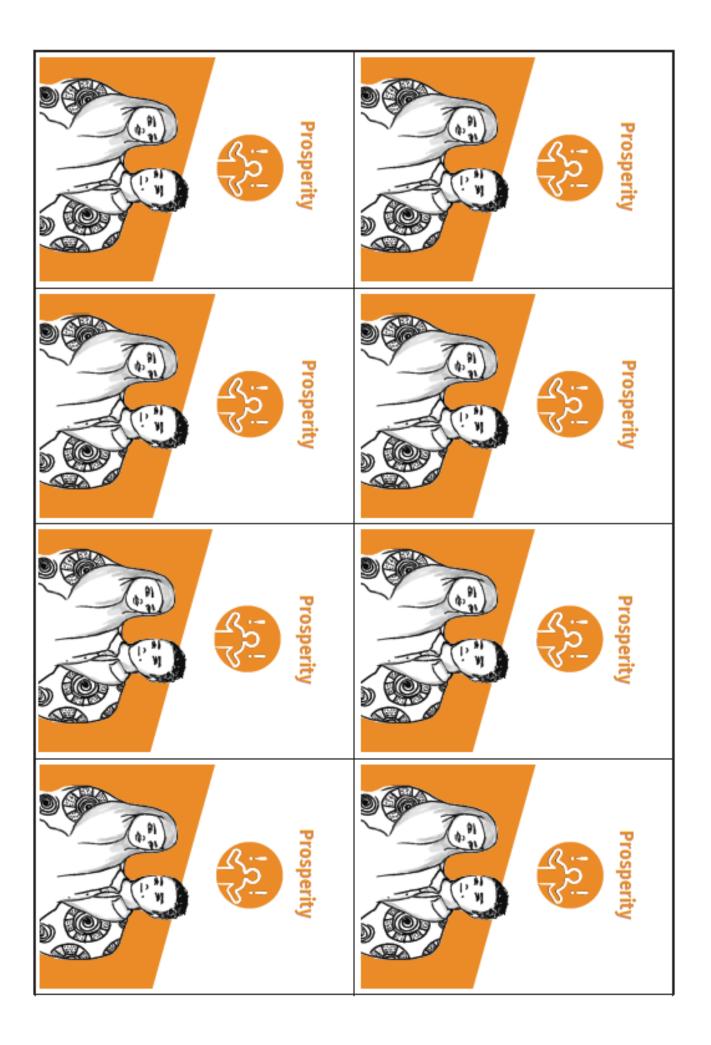




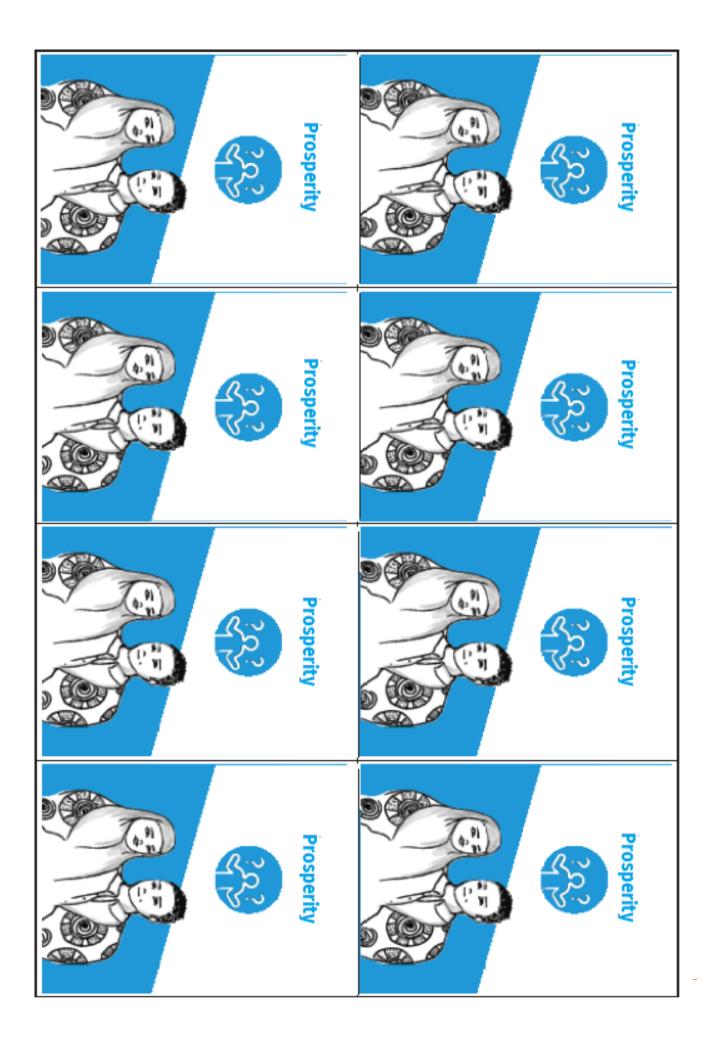
 S. Wife: You participate in the local girls' collective. You get another turn. Roll the dice again! You get another turn. Roll the dice again! You get another turn. R 	I. Husband: You help your neighbor with his crops. I. Wife: You sell fc He pays you 100 CFA. You earn 200 CFA.
6. Couple: You attend a meeting on reproductive health organized by the local health worker. You get another turn. Roll the dice again!	ood in the village.
7. Couple: Your crops have bugs. You have to buy a pesticide. Pay 400 CFA.	3. Couple: Your family has health problems. If you have a child, pay 300 CFA. If you don't have a child, pay 100 CFA.
8. Wife: You join a savings group. You are able to start a small business. You earn 400 CFA.	4. Husband: You go to the nearest town for a week of manual labor. You earn 800 CFA.



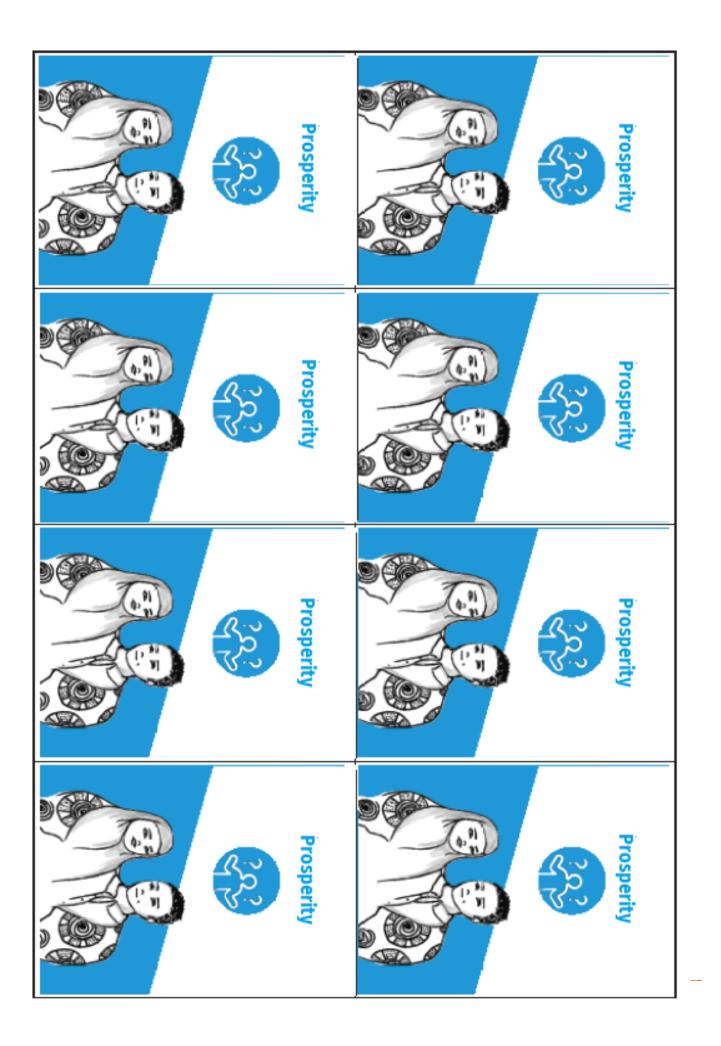
 13. Couple: You decide to start saving 100 CFA per week. You earn 100 CFA and you have another turn. Roll the dice again! 	 9. Husband: You do not go with your wife to the health facility to discuss family planning. Lose your turn next time.
 14. Wife: The local girls' collective practices Habbanayé, and it's your turn to get a goat. You have another turn. Roll the dice again! 	 10. Couple: You decide to store grains in the cereal bank until the dry season. You earn 300 CFA on your next round.
15. Couple: You decide to buy a telephone. Pay 300 CFA and take another turn. Roll the dice again!	 11. Wife Your husband helps you fetch water this week. This frees up your time to make cakes for sale. You earn 200 CFA.
 16. Wife: You attend a girls' collective and give good advice to a friend. You have another turn! Roll the dice again! 	 12. Couple: You attend training in financial planning and business skills. You get another turn. Roll the dice again!



21. Couple: Your goat is sick. Pay 200 CFA. Pag 200 CFA.	17. Husband: A member of your family is sick and you have to lend him money. 18. V cow You lose 200 CFA. You
22. Couple: You attend a community awareness meeting. You have another turn. Roll the dice again!	 Wife: You participate in a cowpea training. You pay 200 CFA AND collect 400 CFA at the next round.
 23. Couple: It's planting season and you need to buy seeds. Pay 200 CFA. 	 19. Wife: Your husband helps you collect firewood this week. This allows you sell milk products at the market. You earn 200 CFA.
	20. Couple: You discuss family planning. You have another turn. Roll the dice again!



 S. Husband: Your wife wants to go to school to study full-time. Do you allow her to do so? Do you have a child immedia 	 Couple: You and your husband want to use birth control pills to wait until you are at least 18 years old to have children. Your husband's parents are opposed to this. Do you decide to use the pill?
6. Couple: You are under a lot of pressure to prove your fertility and have a child immediately. Do you have a child?	 Wife: Your husband encourages you to use a modern method of contraception. Do you decide to use one?
 7. Husband: Your neighbors are discussing your wife's activities outside the house. They think you should stop her from going out. Do you listen to them? 	 3. Husband: Your wife wants to work outside the home. This forces her to travel outside the village every day. Do you allow her to do this?
 8. Couple: You want to have a large family with lots of children. Some people say you should start right away. Others say you should wait. Do you try to have a child right away? 	4. Couple: A community meeting about postponing pregnancy until your wife turns 18 is held in your village. Do you attend?



 14. Husband: Your wife tells you that she has heard about an injection that she can take to prevent pregnancy. You have heard rumors that it may cause infertility, but you don't know much about it. She wants to go to the health center for more information. Do you accompany her to the 	 10. Wife: You come home in tears because other women insult you and gossip about you because you have not yet had a child. Do you try to have a child?
15. Husband: You and your wife have a savings plan, but a friend asks you for a loan. After discus- sion, your wife does not want to give him the loan. Do you still lend him the money?	11. Wife: Your husband invites you to a financial planning course for newly married couples. Do you go with him?
	12. Couple: A health worker visits your home and wants to talk to you about family planning. Do you listen to her?
	 13. Husband: Your wife taking a sewing class. A friend tells you that there are many men hanging around where she is going to take these classes. Do you allow her to continue taking classes?

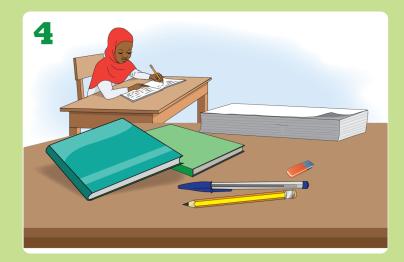


Annex 9: Business Image Cards











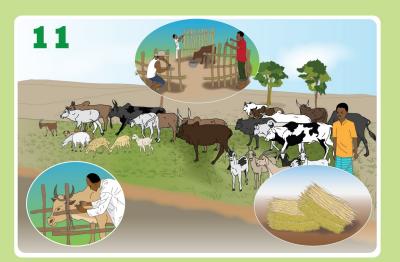




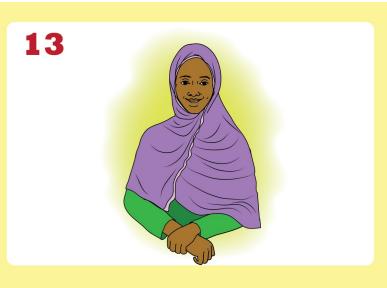


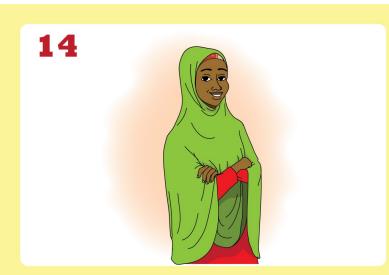


















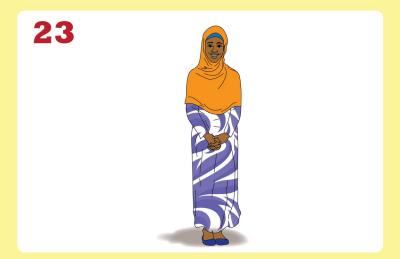




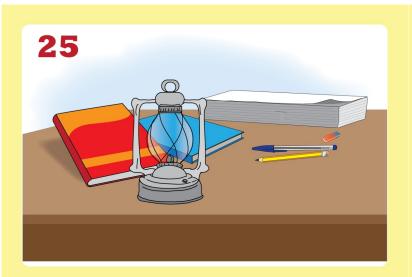


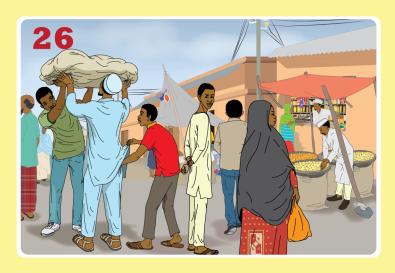




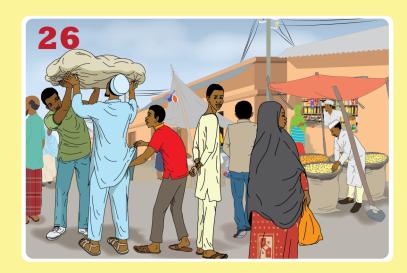




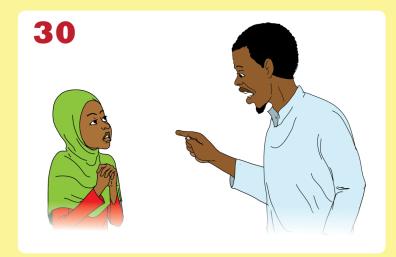




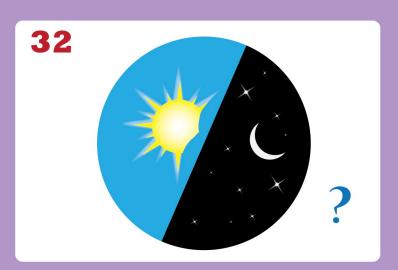


























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