

Being a Mentor: A Guide to Supporting Young Married Adolescent Women

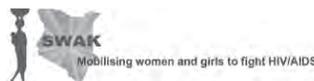


March 2008



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Acknowledgements

PATH developed this manual to support the implementation of the APHIA II Western married adolescent program and mentors. Content for this manual is derived from several other key PATH publications as well as materials developed by other organizations for adolescents. These materials include:

PATH's APHIA II Community Health Workers' Manual, Tuko Pamoja: Adolescent Reproductive Health and Life Skills Curriculum, AMKENI Field Agents' Handbook; Discussion Guides for Peer Educators [Impact Project]; Reproductive Health Manual for Scout Leaders; Games for Adolescent Reproductive Health Handbook; and Life Planning Skills: A Curriculum for Young People in Africa Manual; as well as *Advocates for Youth's Life Planning Education Manual; CEDPA's Choose a Future: A Sourcebook of Participatory Learning Activities; and Raising Voices' Rethinking Domestic Violence: A Training Process for Community Activists.* Full references can be found in the reference section of this curriculum.

This manual was developed by Stephanie Martin of PATH. For their review of this manual, we thank Peter Maero, June Omollo, Irene Chami, Oluoch Madiang', Rikka Trangsrud and Margaret Brawley. The authors wish to thank the participants at the married adolescents training workshop in March 2008 for their suggestions and feedback. We wish to extend a special thank you to Norah Ogutu and the Married Adolescents team in Rachuonyo district who shared their experiences implementing a similar program in Nyanza Province with PATH and Population Council. They provided a greater understanding of the needs and experiences of young married women.



March 2008

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The development and publication of this manual was made possible through support provided to PATH with the generous support of the American people through the United States Agency for International Development (USAID), under the terms of Cooperative Agreement No. 623-A-00-07-00007-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of USAID of the United States government.

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APHIA II Western Programme

APHIA II Western stands for: The AIDS Population and Health Integrated Assistance Programme II in Western Province, Kenya. APHIA II aims to:

1. Promote the adoption of healthier behaviours.
2. Increase the use of HIV and AIDS health services and expand the use of other health services, including family planning/reproductive health (FP/RH), maternal and child health, TB and malaria prevention.

Through community-based activities, APHIA II works to ensure that men, women and youth are able to understand and act on their health needs. Activities will:

1. Build the capacity of community members and community-based programmes to offer health information.
2. Establish linkages and referrals between community programmes and health services.
3. Encourage healthy dialogue and discussion on a broad range of health issues and gender equality with different audiences.

There are five strategic partners contributing to APHIA II Western:

- **PATH** - managing partner and leader of communication and community mobilization interventions.
- **Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)** - managing pediatric and adult anti-retroviral therapy (ART).
- **JHPIEGO Corporation** - strengthening service delivery, building capacity of providers.
- **Society for Women and AIDS in Kenya (SWAK)** - implementing programmes with people living with HIV and AIDS (PLWA).
- **World Vision** - strengthening home-based care (HBC) and services for orphans and vulnerable children (OVC).

There are two implementing collaborators: **Cooperative League of the USA (CLUSA)**, working on community mobilization, and **BroadReach Health Care**, involved in the development of public-private partnerships. All programmes complement the work of the Ministry of Health and benefit the people of Western Province. The programme is funded by USAID through 2011.

Community activities

APHIA II Western is responsible for working in both the community and health facilities. In each district, APHIA II works with specific identified health facilities. Community activities will take place in the areas surrounding these particular health facilities. The following are some of the community programmes APHIA II is working on: community health workers, worksite programme, peer family groups, ambassadors of hope, Magnet Theatre outreach, teacher/youth programme, home-based care providers, orphans and vulnerable children, radio, production of IEC materials, and the married adolescent programme. These programmes may change or evolve over time.

Married adolescent programme

Background

Young people between the ages of 12-24 years in Western Province, like other parts of the nation, face sexual and reproductive health risks. The HIV prevalence in this age cohort is 2.6%, and this age group contributes to nearly half of the new infections in Kenya. Due to their underdeveloped reproductive health systems, early childbirth endangers both the lives of young adolescent girls and that of their children. These married adolescent girls often face emotional and physical changes that are sometimes misunderstood by their partners, which can also lead to problems in couple communication and gender-based violence.

APHIA II Western has adopted a programme designed to reach out to young married girls between the ages 14-25 years with the aim of enhancing knowledge about HIV/AIDS, improving couple communication and ultimately, the overall health of the family.

Programme objectives

Through participation in this programme, young married adolescent girls will:

- Be knowledgeable in issues of good health for women, men, and children.
- Appreciate that good health results from strong communication between a wife and husband, as well as mutual understanding and joint decision making.
- Know that people are responsible for their health through their daily practices and behaviour; our behaviours, roles and responsibility determine our health.
- Appreciate that good communication is the cornerstone of good health and stable family formation.
- Appreciate that right decision making comes from a good factual knowledge base.

Target

The married adolescent strategy is aimed at young married girls between the ages of 12-25 years as primary audience. The selected girls attend dialogue group sessions with mentors (older, married women) where they acquire information and skills for addressing HIV/AIDS, reproductive health, family planning, maternal health, and couples communication, in addition to malaria, TB and child health. The husbands and mother-in-laws are secondary stakeholders and are engaged occasionally to create a supportive environment and good will for the programme.

Pilot programme targeting couples

The role of male involvement and the influence of men in a relationship are especially important, particularly in cases of married adolescent girls. Communication is two-way, and many of the health issues require participation from both the wife and the husband. Building on feedback from past married adolescent programmes, APHIA II Western will pilot a version of the programme that engages not only the married adolescent girls, but also their husbands. This will

be undertaken on a smaller scale with a sample size of 100 male mentors and 100 female mentors. One male and one female mentor will be mobilised from the same faith-based organization (FBO). Although facilitating gender appropriate dialogue groups, these mentors will be tasked to work together, ensuring that they review similar topics and bring the groups together from time to time for discussions.

Implementation

Faith-based organizations (FBOs) provide the crucial link between the project and the mentors. The project will work with a wide range of religious institutions to identify female and as necessary, male mentors. These mentors must meet the following criteria:

- Belong to a FBO of any religious faith.
- At least 12 years of a successful marriage.
- Reside within the community.
- Have a high level of integrity.
- Act as a role model in regards to safe sexual practices, gender equity and a healthy marriage.
- Are respected within the church and the community.
- Friendly and understanding to the youth.
- Involved in the FBO to address social issues.
- Able to read and write in English.
- Are willing and eager to participate in the programme.
- Have the time to volunteer as required.

Following the selection of mentors by the FBO and APHIA II Western, the mentors are trained on the married adolescent programme, facilitation skills, technical knowledge and reporting. After training is complete, the mentors mobilize two groups of 8-12 married adolescent girls from their FBO or surrounding community. This is done through sensitization meetings in their respective FBOs.

In the case of male mentors, the female and male mentors work together to identify couples where the woman is an adolescent. They are expected to ask the couple if they would like to participate in the programme and explain the particulars. If either the wife or husband does not want to participate, the mentors will approach another couple. For this pilot programme, both the wife and husband must be willing to participate to be involved.

The mentors conduct regular monthly dialogue sessions with each of the two groups they have mobilised. Discussion times should be set in conjunction with group input and be maintained on a regular basis. After 6 months, the mentors incorporate the element of inviting outside influencers, such as husbands and mother-in-laws, to different sessions from time to time. It is important to identify appropriate topics for these sessions which can actively involve the visitors in the discussion. The role of mentors involves not only conducting dialogue groups, but also acting as a role model and guide for their groups.

Specifically, the role of mentors includes:

- Attend all trainings for married adolescent mentors.
- Mobilise and conduct two dialogue groups with 8-12 people per group; women mentors conduct dialogues with the married adolescent girls and male mentors conduct dialogues with the husbands of married adolescent girls.
- Establish a meeting time that is appropriate and friendly to the participants. The timing of the meeting should not interfere with household schedules. APHIA perceives 3:00-4:30 pm as a good time, as morning chores are finished and evening ones are likely to start at 5:00 pm.
- Facilitate 1 monthly dialogue for each group utilising the tools provided (Married Adolescent Manual, Community Health Workers' Manual).
- Refer to health facilities for voluntary counselling and testing, family planning, reproductive health, and maternal and child health services as necessary.
- Complete monthly reports on dialogue groups and provide these to APHIA Western.
- Provide regular feedback to the FBO on the programme.

Mentors are volunteers. It is important that each mentor carefully decides on whether he/she has the time to contribute to this programme. Apart from conducting two dialogue groups a month, mentors may need time to plan for the discussion groups and may be required to interact and dialogue with members one on one. Mentors are not financially compensated for their work. However, APHIA undertakes to support them in other ways as they do this work. Mentors are expected to attend the following meetings and events:

- Two dialogue group meetings each month.
- Feedback meeting with married adolescent coordinator
- Community outreaches, magnet theatre or other events that the group members might want to attend.

Reporting requirements

Finally, mentors reports on their activities every month. The following reports are required:

- Dialogue Profile Form: At the beginning of the first dialogue group meeting, the mentor should complete this form, which collects demographic information on each person.
- Dialogue Group Reporting Form: This form should be completed by the mentor immediately at the end of each dialogue group to capture what happened during the session. At the end of the month, the mentor should have two of these reports. These reports will be kept by the mentor.
- CHW or Facilitator Monthly Summary Report: At the end of the month, the mentor should use the 2 Dialogue Group Reporting Forms he/she has completed to fill in this summary report. Once the mentor completes this form he/she can give it to the coordinator. Mentors should keep the two dialogue group reporting forms for their own records.
- Success Stories: mentors can use this form to fill in success stories they want to share with the project.

More details on how to fill these forms and copies of all these forms can be found in the Reporting chapter of the Community Health Workers' Manual.

Engaging influential relatives in the programme (husbands, mother-in-laws or others)

It is important that the FBOs orient their congregation on the married adolescent programme to reduce any suspicion and elicit support for the programme. In addition, the involvement of husbands, mother-in-laws, aunts, and others in this programme is critical to its success. The married adolescent girls are highly influenced by these groups of people, so targeting the girls alone may not be enough. Western Kenya is a male dominated society, so efforts to orient and involve the husbands on the programme, as well as its benefits, are important. The administrative structures of the FBOs create good opportunities for reaching out to men and others to garner support.

Roles and responsibilities of APHIA II Western

APHIA II Western has developed standard operating procedures for the FBO and its mentors. APHIA provides training and updates, copies of the Married Adolescent Manual and the Community Health Workers Manual, as well as all reporting tools. The programme is supervised by a group of coordinators who liaise and work with mentors as needed. The project provides copies of the quarterly report to FBOs to update them on progress.

Manuals for the programme

This guide, *Being a mentor: A guide to supporting young married adolescent women*, is complemented by the Community Health Workers' Manual for technical information and additional session ideas. In the case of male mentors, the primary reference source is the Community Health Workers' Manual and the following sessions from this manual:

- Getting to know each other
- Values
- Marriage
- What does marriage mean to me?
- Good communication
- Making decisions as a couple
- Resolving conflict
- Couples' HIV testing
- Rearing children together
- Understanding gender
- Gender norms
- Violence in marriage
- Understanding violence
- Alcohol and drug abuse
- Setting goals
- Budgeting together
- Saving and borrowing money

Mentoring and facilitation

The core of the married adolescent programme is mentoring. Mentoring is a structured and trusting relationship that brings young people together with caring adults who offer guidance, support and encouragement aimed at developing the capability and character of the mentees. A mentor is an adult who provides young people with support, counsel, friendship, encouragement, reinforcement, and constructive guidance. Mentors are good listeners, caring, and want to help young people build upon existing strengths and develop new skills. Mentoring is a proven tool for helping young people fulfill their potential. By using your influence, providing support, and sharing your experiences, you can bring new hope to young lives through the power of mentoring.

In this programme, female mentors will mentor young married girls in a group setting, though at times they may also meet with them one-to-one. Similarly, male mentors will mentor husbands of young married adolescent girls. In this programme, your role as a mentor also includes being a group facilitator. A facilitator uses a collaborative, participatory and respectful process to help people learn new information, find solutions to problems, develop new skills, and find ways to make changes in their lives.

As a facilitator, it is important to view your participants as the experts on the issues that affect their lives. Everyone in a group has important experiences and knowledge to share. The facilitator's role is to help participants learn from their own experiences, deepen their understanding of issues that are important to them, and find ways to use new information in their lives. A facilitator is a partner in learning and problem solving.

A good facilitator allows the group to dominate the discussion and guides through their questions and responses, while at the same time making sure the discussion is productive and reaches the objectives. This is a skill that requires practice. The more discussions you facilitate and the more you think about what worked well and what could be better next time, the more likely your facilitation skills will improve.

Key characteristics of a facilitator	Roles of a facilitator
<ul style="list-style-type: none">• Non-judgemental• Understanding• Supportive• Able to keep things in confidence• Committed to participatory process• Flexible and patient• Good listener• Appreciates participants' knowledge and experience	<ul style="list-style-type: none">• Listens to what people say without judgement• Asks questions and appreciates comments• Explores people's answers (by asking more questions)• Encourages everyone to participate• Works with participants to find solutions• Helps the group summarise what has been said and agreed upon• Committed to improving and learning

Facilitation skills

Most often group discussions look like a traditional classroom, where the facilitator does most of the talking and the participants do the listening. A group discussion needs to be a dialogue – where there is an exchange of ideas or opinions – group members share their thoughts and experiences with each other and actively participate in identifying and solving problems. In a well facilitated group discussion everyone contributes to the learning process.

When a group discussion is a true dialogue where everyone participates, group members will:

- Value their own experience and knowledge.
- Own the decisions reached.
- Learn more.
- Remember more.
- Be more likely to make decisions and act on what they have learned.
- Be better able to work together to identify and solve problems they face.

Creating a safe and supportive environment

The first step when facilitating a group is to create an environment that encourages the sharing of ideas and experiences. It is normal for people to feel uncomfortable talking about issues related to their reproductive health; this is particularly true for young people. When people feel supported and safe they are more likely to talk about reproductive health issues. It is important to interact with young people in a helpful and non-judgemental 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 that are important to them. When people feel safe they speak more freely, give honest answers, ask questions and learn more.

The following can help create a sense of comfort and safety:

- **Respect:** When talking with participants, show that you think they are capable of making good decisions.
- **Acceptance:** Show that you accept their views, beliefs, values and experiences even if they are different from your own.
- **Privacy:** When talking with participants, it is important that it is in a place where they cannot be overheard and 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 further abuse), you should explain why it is important and with whom, when, and how you plan to share the information.

To build trust and rapport:

- Allow enough time for participants to become comfortable enough to ask questions and express their feelings and concerns.
- Demonstrate an understanding of participants' concerns and experiences.
- Show sincerity and a willingness to help.
- Share your views about their needs and concerns without passing judgement.
- 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 when you meet next.

Facilitating a group discussion

Group discussions are important because they allow participants to share their experiences and learn from each other. Participation and dialogue are essential for effective group discussions. When you are facilitating a discussion, be sure to involve participants in the discussion and listen to them with interest and respect. The following tips can help to make group discussions effective and lively:

- 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 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 him or her to give more information by saying, "Can you tell us more about that?"
- Do not interrupt people when they are speaking. If someone is talking for too long and you must interrupt them, be sure to apologise.

Before the session starts

Create a comfortable, safe, personal setting. Arrange for the meeting in a place that is convenient for the participants without many distractions, rotate the venue if participants are willing.

As the young women arrive greet people individually using their names. At the first meeting, introduce yourself and ask people's names if you do not know them. Ask participants to sit with you in a circle or semicircle and be sure that you are sitting at the same level as the participants. Remember that you are not a teacher and it is important not to act like one. Wait a reasonable amount of time until most or all participants have arrived.

During the session

Introduction: Welcome participants. Facilitate an ice breaker (refer to the list of ice breakers included in the resources section in the back of this guide or use your own). Remind participants of the topic and key points from last session and ask if anyone has questions they would like to ask or related experiences they would like to share. (For example: Did anyone try anything new

after our last meeting?) Introduce the topic of this session. Remind participants that they can say whatever is on their minds, ask any question they have, and that we are all here to learn from and help each other. If there was “homework” from the previous session, ask participants to share their experience with the assignment.

Note: For the first session it is important to spend time getting to know each other, agreeing on ground rules, and reviewing participants’ expectations and programme objectives. Information on the first session is included in the session guide later in this manual.

Discussion: Using the discussion guides in this manual or other APHIA II manuals can help you to facilitate discussions around a topic, encourage participants to discuss how a topic relates to them, and support participants as they decide what actions they can take. Show participants that you are really listening to what they say, ask questions, explore people’s answers, help everyone to participate, and help to describe what the group has talked about at the end of the meeting.

It is normal for a discussion to go in many directions. Try not to worry too much if the discussion strays from the topic to another one(s). The supportive environment of the group is created when people feel comfortable talking together. Wait for a time and then reintroduce the topic, starting from where the group left off.

The participants may not finish talking about the topic in one meeting. Try not to push the group to finish before they are ready. While at the same time, as a facilitator you can help them to organise their thoughts and discussions. Being a facilitator means being able to balance both of these in a way that works best with each group.

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.
- Use people’s names as often as possible.
- Look at the person who is talking. This shows that you are paying attention to what he/she is saying.
- Smile and use other expressions and movements to show that you are open and interested.

Presenting information: When talking about a health topic that participants are not as familiar with, you may be required to present new information. This can still be done in a facilitative and supportive style. The following tips may help when presenting information:

- Review the information you plan to present before the session so that you are familiar with it.
- Do not speak too quickly. Be sure participants can hear you and understand what you are saying.
- Do not speak too slowly or participants may lose interest or become bored.

- Look at participants (but do not stare at the participants) 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.
- Pay attention for signs of confusion and ask participants if they have questions.

Ask questions. As a facilitator, being able to ask questions is one of the most important skills you will need. It is important to think about what questions you ask and how you ask them. Questions can affect how much participants say and participate and the amount and kind of information they share. Questions get people talking and questioning their own thoughts and beliefs. Asking participants for more information after they share an opinion is one way to encourage further discussion and critical reflection.

Good questions involve and engage participants in the discussion and encourage participation. A facilitator may ask questions to:

- Ensure participants understand the information being discussed.
- Clarify a point or reinforce essential points.
- Stimulate participants to think more about a topic.
- Encourage group participation and maintain interest and attention.
- Get participants to think about how facts (what's this) and their application to participants' lives.

The purpose of asking questions is not to interrogate. Questions are for the participants, and you should not answer the question even if there is some silence. Be patient and remain silent for at least 10-15 seconds; it is likely that someone will break the silence and try to answer the question. Questions should encourage participants to think deeply, make their own conclusions, and encourage reflection so they can use the information in their own lives.

There are four types of questions:

- 1) Closed questions** can be answered by yes, no, or another one-word answer. They can be used at the beginning of a conversation or discussion, since they do not require the respondent to reveal sensitive information or to share feelings. An example is, "Do you think it is normal that violence is a problem in some families in our community?"
- 2) Open questions** have many possible answers. They can be used to learn about feelings, knowledge, or beliefs. They have no right or wrong answers. They invite participants to describe their own life experiences. An example is, "How do you think a father drinking alcohol affects a family?"

3) Probing questions help get more information after someone responds to an earlier question. An example is, "Can you tell me how the violence you have seen in your neighbour's family has made you feel about marriage and relationships?"

4) Leading questions lead the respondent in a certain direction and are not recommended for facilitating discussions because they suggest how participants should answer the question. An example is, "Isn't it normal for a husband to beat his wife if she burns dinner?"

Explore participants' answers. In order to learn more about participants' thoughts, opinions, and experiences you can:

- Remain silent for a few moments. Some participants may not speak quickly or readily. They might be thinking about different things they could say. Remaining silent gives participants' time to think about and decide what they want to say.
- Repeat the participant's words as a question. For example, if someone says, "I think it is a waste of money to send girls to secondary school." Ask back, "You think that it is a waste of money to send girls to secondary school? Can you tell us why?"
- Ask participants to imagine themselves in someone else's place. For example, you could ask, "Imagine a family that has a daughter who has been raped and now is pregnant. What should they do?" It is often easier for people to begin talking about imagined or others' experiences before talking about their own,

Help everyone to participate. In every group discussion there will be some participants who will want to talk a lot and others who will be more shy. As a facilitator, your job is to help everyone in the group have a chance to talk and share their thoughts, feelings, and experiences. Here are some tips on how to handle certain types of situations:

Group member who talks a lot:

- Call on other people by name and ask for their opinion.
- Say that you would like to hear from the people on the other side of the circle from where he/she is sitting.
- If needed, politely thank the person for his/her opinion and say that you'd like to have the ideas of other participants as well.
- Avoid looking at the person or turn your body slightly away from the person.

Shy group members:

- Use eye contact to bring them into the discussion. Look at them when asking a question.
- Watch shy people closely to see if they are about to speak.
- Call on shy people by name and ask easy, non-threatening questions that encourage a response. If people are uncomfortable, continue the discussion with other participants and then come back to them later.
- Ask them to talk about what someone else should do, rather than what they would do.

Responding to participants' questions. Participants should be encouraged to ask questions.

Remember the tips below when responding to questions:

- Allow the person to finish asking the question and do not rush to answer it.
- Listen carefully to be sure you understand the question.
- Do not answer too quickly. Take a moment to think about your answer.
- Repeat the question to be sure you have understood and that the group heard it.
- Thank the person asking the question.
- Choose words carefully and think about how your response can affect an individual.
- Never embarrass someone for asking a question.
- If you do not know the answer, admit it. Promise to find out or ask if participants know.
- Ask a participant, or the group as a whole, to respond to the question or give their point of view. (Every time you answer a question, instead of letting the group respond, you reduce participation and the opportunity for an individual or the group to learn.)
- Try to be sure that all participants have had an opportunity to talk.

Ending the session

As the session is coming to an end, it is important to summarise what group members have said and decided. First ask the participants to summarise what they have learned/the main points talked about during the discussion. Also ask if anyone plans to do or try anything new as a result of the discussion. After participants have summarised the discussion, you can provide a final summary based on your impressions of the discussion. Summarising helps participants to review and reflect on what was said. In order to be able to give a good summary, you must listen closely throughout the session so you can organise what participants said. The following are ways to begin a summary:

- "There seem to be some important ideas that were discussed today. Let me see if I can repeat them..."
- "If I understand, most of you feel this way about..."
- "It seems like you all agreed on this decision. What I heard was that you think we should..."
- "What I am hearing is that some participants think...and others think..."

Before closing allow participants to ask any final questions.

After each session, assign the participants a "homework assignment" to work on in between meetings. The homework will allow participants to practice skills or apply knowledge in order to improve their lives or strengthen their relationship. Be sure to create homework assignments based on the unique needs and circumstances of their participants. Examples of homework could include encouraging participants to set aside time in their days to talk with their husband in order to try to improve communication. You can also have participants create their own homework assignment by asking participants what changes they plan to make based on the meeting's topic.

Encourage participants to be specific and realistic when making the homework assignments.

Finally, share the topic for next week and remind participants of the time and place for the next meeting.

Using this guide

This guide will help mentors share information and facilitate discussions on marriage, staying healthy, planning for the future, and making good decisions. This guide has 44 sessions. Each session outlines the objectives to be achieved and gives step-by-step instructions for participatory learning activities to be conducted. Some sessions have background notes that should be read by mentors before facilitating the session.

Sessions are designed to take place during one group meeting, however mentors can decide, with their group, how much information they want to talk about at a time. It is normal for some topics to take more time and other topics to take less time. Each group is different and can do things in their own way and on their own schedule. Some topics will be more interesting to the participants than others and this is also normal.

When first starting to meet with a new group, facilitate the following three sessions, in order:

1. Getting to know each other
2. What is a healthy marriage?
3. What does marriage mean to me?

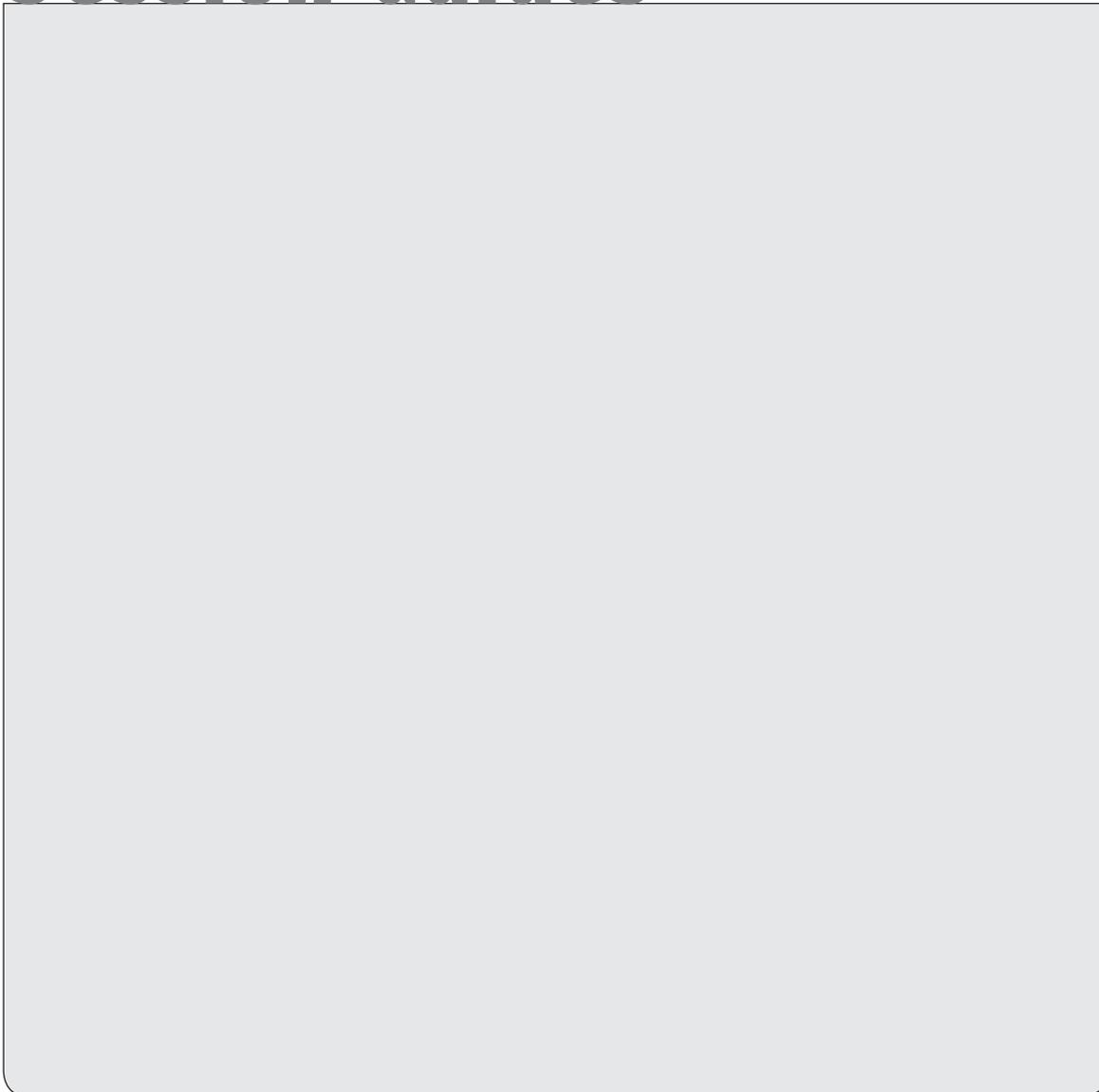
After completing the first three sessions above, select any of the sessions below based on participants' interests and questions. A few sessions under certain topics should be conducted in order as noted with a number showing the order to follow. A few other sessions should be done after Understanding HIV, they are marked with an asterisk (*). Life skills and relationships, Child health, and Planning for the future can be done in any order. The table on following page provides an overview of the sessions and suggested order.

Be sure that everyone has had a chance to suggest ground rules and that there is agreement. Read the list you have noted. Remind participants of ground rules as needed.

Life skills and relationships	Reproductive health and pregnancy	Sexual health	Child health	Planning for future Setting goals
<ul style="list-style-type: none"> • Values • Good communication • Self-esteem • Being assertive • Resolving conflict • Understanding gender • Gender norms • Violence in marriage • Understanding violence • Alcohol and drug abuse 	<ol style="list-style-type: none"> 1. Life cycle 2. Female reproductive system 3. Male reproductive system 4. Menstruation and Fertilisation <ul style="list-style-type: none"> • Reproduction myths • Family planning • Contraception • Risks of early pregnancy • Having a healthy pregnancy • Malaria during pregnancy • Eating well during pregnancy • Planning for birth • Danger signs during pregnancy • Men's role in pregnancy and after childbirth 	<ol style="list-style-type: none"> 1. Sexually transmitted infections (STIs) 2. Understanding HIV <ul style="list-style-type: none"> • HIV risk • HIV testing • Couples' HIV testing • Staying healthy with HIV Stigma 	<ul style="list-style-type: none"> • Protecting children's health • Immunisation • Keeping children clean and healthy • Rearing children together • Preventing mother-to-child transmission* • HIV transmission during pregnancy, labour, and delivery* HIV transmission through breastfeeding* • Feeding children of HIV-positive mothers after 6 months* 	<ul style="list-style-type: none"> • Making decisions as a couple • Budgeting together • Saving and borrowing money

*Sessions to be completed after the 'Understanding HIV' Session.

Session Guides



Getting to know each other



Session objectives

By the end of the session, participants will have:

- Introduced themselves to each other.
- Agreed on ground rules for their meetings.
- Shared their expectations for the mentor programme.



Session guide

1. Welcome participants and thank them for deciding to participate in the programme. Introduce yourself. Let participants know how long you have been married, whether or not you have children and why you were interested in facilitating this young married women's group.
2. Facilitate an ice breaker in order for participants to meet one another. The following is a suggested ice breaker, but feel free to invent or adapt other ice breakers that you prefer:

Divide participants into pairs (family members should not be together and try to create pairs of different ages and genders). Ask each pair to share their names and to list one thing they are good at. They should also spend trying to find two or three things they have in common (for example, the both enjoy reading, they both have two brothers, or they both love to dance). Allow 10 minutes for this exercise.

Bring the pairs back to the group. Have each pair introduce each other to the group, including the thing that they are good at, and share the things they discovered they have in common.
3. Setting ground rules is helpful for facilitating group discussions and for making participants feel comfortable. Explain to participants that you would like for them to decide on the ground rules for their discussion group. Ask participants to list the ground rules and then all agree. Note all ground rules that are mentioned.

Examples of ground rules include:

- Participate actively.
- Keep personal comments that are shared during the discussion confidential. Do not talk about them with others outside of this group.
- Honour everyone's comments and input.
- Respect each other's opinions and experiences. Do not judge people because of what they do or say.
- Start and end on time.
- Support others who may have difficulty talking in front of the group.
- Ask questions.

4. Ask participants if this day and time works well for their schedules. Allow participants to discuss possible alternatives until a regular day and time are agreed upon.
5. Divide participants into small group of 4 or 5. Ask the small group to talk about their expectations for this discussion group (what do they hope to learn/accomplish, any difficulties they expect, how they hope their participation will influence their lives and relationships).

After 10 minutes, invite a representative from each small group to share the expectations they talked about in their group. Note each group's responses as they are presented. Read the list you have noted and ask if anyone has any additional expectations that were not mentioned.
6. Share the objectives for the young married discussion group:
 - Learn more about how to be healthy and improve the health of our families.
 - Appreciate that good health results from husbands and wives communicating often, understanding each other, and making decisions together.
 - Know that we are responsible for our health, through our daily practice and behaviour.
 - Our behaviours, roles and responsibility determine our health.
 - Appreciate that good communication is cornerstone of good health and stable family formation and childrearing.
 - Appreciate that good decision making comes from having correct information.
7. Ask participants if the objectives match their expectations or if they would like an additional objective added or an objective to be changed. Let participants know that while there is some flexibility in the group, the focus of this programme is on health and communication skills. Try to work with the group to be sure that the programme objectives will help meet their expectations. Be honest and realistic about what can be achieved.
8. Explain what your roles are as a mentor. Encourage participants to ask questions if they have any.
9. Divide participants into groups of three. Ask each group: How do you hope your life and your relationship will be different after participating in this group? What support and information will you need to help make these changes? Allow 5 – 10 minutes for discussion. Explain that one person from each group will be responsible for sharing their discussion with the larger group, and this will help decide which topics to talk about first.

Values



Session objectives

By the end of this session, participants will be able to:

- Define values.
- List values that are important to them.
- Explain the relationship between values and behaviour.



Background notes

Values are:

- Things that are important to us.
- Things we support or are against (give examples like sex before marriage, girls' right to education).
- Things we choose freely (may be influenced by families, religious teachings, culture, friends, media).
- Things we believe in and are willing to stand up for.
- Beliefs, principles, or ideas that are important to us and help define who we are.
- Things that guide our behaviour and lives.

Each person has his or her own set of values and there are no right or wrong answers.

Note to mentors: Remember to be aware of your own personal values, especially when controversial topics like family planning, gender roles, or violence are discussed. Pay attention to your comments and do not show support for one position or another. Support participants so that they will not feel overwhelmed or subordinated by the values and opinions of their peers. Make it clear that it is normal to change one's mind based on new information or a new way of looking at an issue.

Mentors, and other authority figures, are often asked about their own values on various topics. It is appropriate to share some of your personal values and to discuss the values that you learned from your family, which helped you make positive decisions in your own life. It is better not to share personal values related to highly controversial topics. Be careful about giving too much advice; your role is to help young women think about what is important to them, not to tell them what to value or how to behave. If asked about a controversial topic, say something like "I'm more interested in what you believe right now."



Session guide

1. Ask: What ideas and beliefs are important to you? What ideas and beliefs help you to make decisions?
2. Ask: What do you understand by the word values? Provide some examples like:
 - A man who values family cares about his wife, his children, and his home life.
 - A person who values education may strive to go to a National School.
 - A person who values friends may spend time making sure his/her relationships are strong.
3. Facilitate a discussion on values by asking the following questions:
 - Where do you think we get our values?
 - What is one example of a value your family feels is very important?
 - What is an example of a value that your husband feels is important?
 - What is an example of a religious value you may have been taught?
 - Which of your values come from your cultural beliefs?
 - Can you think of a value someone else has that you do not share? What is it?
4. Explain that participants will be asked to express their feelings about particular values. Designate three areas of the room as "Agree," "Disagree," and "Not sure".
5. Select five to ten of the statements below, and read each statement aloud. After each statement, ask participants to move to the part of the room to show whether they agree, disagree, or are not sure. Explain that there are no right or wrong answers and that everyone is allowed to have her opinion.
 - Women should understand that a man needs to have many sexual partners at the same time, even if he is married.
 - A girl who dresses in mini skirts and sexy clothing is asking to be raped.
 - A man who fathers a child but does not take responsibility should be punished.
 - It is important to follow traditions no matter what.
 - Men need to have sex more than women.
 - When a girl says no to having sex, she really means yes.
 - It is preferable to have male children than female children.
 - All human beings are equal in value.
 - Sometimes women need to be 'disciplined' by their husbands.
 - Men have a right to demand sex from their wives whenever they want.
 - Women have a right to have an equal share in the family's wealth.
 - Boys and men should not have to do housework like cooking, washing, or cleaning; it's women's work!
 - Women have a right to say 'no' if they don't want to have sex with their husband.
 - Shouting is not violence.
 - Women have a right to contribute their views in all matters that affect them.
 - Men are better than women at making important decisions.
 - Women are responsible for raising children.

- Bride price makes women seem like men's property.
 - Girls can be just as clever as boys.
 - It is natural for a man to lose his temper if his wife disagrees with him.
 - Men should always protect their wives and children.
 - Men and women can share equal responsibility in their relationships.
 - Women should always obey their husbands.
 - Men should be tough and strong and never admit that they may be mistaken.
 - Women are too emotional.
 - Men are more logical than women.
 - Men should be the primary income earners of the family.
 - It is women's responsibility to raise children.
 - It is women's responsibility to cook and keep the house clean.
 - Men are more reliable and trustworthy than women.
 - Women tend to gossip and spread rumours when they get together.
 - A man should always know what to do and should never show his weakness.
 - A strong man protects his wife and children by imposing strict discipline.
 - It is good for a wife to fear her husband.
 - Men should be nice to their wives but only trust their male friends.
 - If a man is soft with a woman, she will take advantage of him.
 - The man is the final decision-maker in the family.
6. After this exercise, bring the group together and discuss:
 - Did you know right away how you felt or did you have to think about each one?
 - Did you ever change your mind?
 - Did anyone else in the group influence your vote?
 - How did you feel about the differences in values of the group?
 7. Ask the group to think of examples of values that have influenced their own lives in some way.
 8. Ask participants to think of values learned from their families, communities, or religious leaders that have influenced their behaviour and decisions.
 9. Describe the relationship between values and behaviour by discussing the following points:
 - People tell others about the values that are important to them.
 - People do what their values tell them to do or not to do.
 - People make decisions based on their values.
 - People stand up for their values.
 - People feel guilty if they do not behave according to their values.
 10. Facilitate a discussion with the following questions:
 - How does it feel to stand up for your values when family or friends disagree with your position?
 - What happens when your behaviour goes against your partner's values? (Answers include: they argue; may lie to your spouse; they may avoid talking about it.)

- What happens if your behaviour goes against the religious or spiritual values you were taught? (Answers include: They may stop attending religious services or avoid spiritual leaders because they feel guilty, embarrassed, or angry.)
- What influences people to behave in ways that are consistent with their values? Give an example. (Answers include: It feels good to follow one's values; parents and other adults reward behaviour that reflects the values they teach.)
- What influences people to behave in ways that are different from their values? Give an example.
- Will your values change or remain the same as you get older?
- If your values and behaviour are different, which should you change, your values or your behaviour?
- What are the consequences of picking bad values and behaviours?

Marriage



Objectives

By the end of this session, participants will be able to:

- Describe how marriage traditions have changed over time and how they have stayed the same.
- Explain about how they would like marriage to be for their daughters.



Session guide¹

1. Explain that today we will talk about traditions and customs around marriage in our community.
2. Ask participants to think about their mother's marriages. Use the following questions to guide their thinking:
 - When did their mothers marry?
 - How were their husbands chosen?
 - What is expected of them as wives?
 - What is expected of their husbands?

Allow participants to share their thoughts and discuss.

3. Ask participants to think to themselves about the ways they would like their own marriages to be similar to their mothers'. Wait a few minutes and ask if anyone would like to share their thoughts.
4. Ask participants to think about the ways they would like their own marriages to be different from their mothers'. Wait a few minutes and ask if anyone would like to share their thoughts.
5. Explain that you would like them to think more about marriage traditions. Divide participants into three groups. Each group will represent a different generation of women and imagine themselves as members of this generation throughout the activity. Read the following instructions:
 - Group 1 –Your mothers or women of your mothers' age
 - Group 2 – Yourselves
 - Group 3 – The daughters that you might have one day
6. Explain that they can choose one of the following marriage topics to discuss in their group – be sure that each group selects a different topic. Read the following topics and ask group to select a topic. Be sure each group has a different topic.
 - Way of choosing a partner.
 - Type of wedding ceremony.
 - Person who provides information to women about sexual relations with husband.
 - Arrangements for bride price (if applicable).

¹ Adapted from CEDPA. Choose a Future! Issues and Options for Adolescent Girls. Washington: CEDPA; 1996.

- Living arrangement – where do you live and with whom.
 - Other wives in the household?
 - Way that the husband and wife talk with and treat each other.
 - Decision making in the marriage, who makes the decisions.
 - Number of children: both boys and girls.
 - What married life is like.
7. Ask each group to create a role play for their assigned generation about when they married, how they married, and what their marriage is like. Allow 15 minutes for the groups to prepare their role play.
 8. Ask each group to present their role play. After each role play, ask participants if they think that role play demonstrated common practices for that generation and allow a few minutes for participants to share their reactions and ask questions.
 9. After all the groups have presented, facilitate a discussion with the following questions:
 - How were these three role plays the same?
 - How were these role plays different?
 - How have marriage traditions changed from your mother's generation to yours? What choices do you have that your mother did not?
 - How will traditions be different for your daughters?
 - Why do traditions change?
 - Are there current traditional practices that you do not agree with? If yes, which ones?
 - What would happen if someone did not follow these traditions?
 - Which traditions would you change?
 10. Ask participants to talk about the kind of wife they would like to be and why.

What does marriage mean to me?



Objectives

By the end of this session, participants will be able to:

- Identify qualities of a good marriage.
- List qualities that they would like in their marriage.



Session guide

1. Ask participants to think about a couple they know who has what they would describe as a successful marriage. If they do not know anyone they can imagine a couple.
2. Ask: What are qualities that make a relationship good? Allow participants to discuss.
3. Explain that today we are going to talk about marriage and what makes a marriage good. A marriage is different from other relationships – it has different expectations and responsibilities.
4. Ask: What does it mean to be married? Allow participants to discuss. They should mention the following:
 - **Commitment:** Partners view their relationship as permanent and are willing to sacrifice and compromise personal needs for each other. Marriage is not only a commitment to another person but also to the community. Most marriages go through difficult times, but many times overcoming a difficult situation can make a relationship stronger.
 - **Partnership:** Partners have shared goals and expectations for their marriage. They share power within the relationship and make decisions together.
 - **Satisfaction:** Overall, individuals are happy with the relationship.
 - **Communication:** Couples share their feelings and thoughts and avoid criticism and anger.
 - **Effective conflict resolution:** Even though couples do not always agree, they handle disagreements in a productive and healthy way. They understand that some problems cannot be solved immediately. They solve problems together, know when to calm down, are able to accept differences, and are willing to forgive.
 - **Lack of violence and abuse:** Conflict is normal, but aggressive behaviour and violence are signs of an unhealthy marriage.
 - **Fidelity:** Partners are sexually faithful to one another.
 - **Friendship:** Partners respect each other and enjoy spending time together. They have deep respect for each other, enjoy one another's company, and share similar views on how the relationship should be.
 - **Intimacy:** Couples are physically and emotionally intimate.
 - **Commitment to children:** The couple is committed to the well-being of all their children.

5. Explain that it is normal for marriages to be good sometimes and not good other times. It is normal to have disagreements; in good marriages we solve disagreements in a positive and healthy way. Couples have to work to have a healthy marriage. Marriages are different for each couple, it is important for each of us to focus on what is important for our own marriages.
6. Ask: Who is responsible for making a marriage successful? Allow participants to discuss.
7. Ask for volunteers to conduct a role play based on the scenarios listed below. One volunteer will play the wife and the other will play the husband in the following situations. Ask them to act out how they will solve the disagreement.

Role Play 1: A husband and wife have five children, all daughters. The wife has been hearing about family planning at her women's group and she wants to go for female sterilisation. The husband wants a son and does not want to use a contraceptive method until he has a boy.

Role Play 2: A husband went away on a trip where he got drunk and had sex with another woman. Now that he is back home he is afraid to have sex with his wife because he is worried he may have an infection and does not want to pass it to her. She is beginning to become suspicious now that he has been back almost two weeks.

A pregnant wife went for antenatal care where she was tested for HIV. Her results were positive. Since she has been married, she has been faithful to her husband, but before they were married she had engaged in unprotected sex. She is afraid to tell her husband and does not know what to do. She wants him to go for testing. She also wants him to start to wear condoms to protect him (if he is not infected) and to protect them both against re-infection (if he is infected).

8. After each role play, ask participants the following questions:
 - Was the role play realistic?
 - Do you agree with how the problem was solved?
 - Would anyone like to take the place of the actors and show us how you would have solved it?
 - Do you know couples who have had a similar situation? How did they solve it?
9. Summarise the comments made during the role plays. Ask: Does anyone have any advice to share about how to improve communication between husbands and wives? Allow participants to discuss.

Good communication



Objectives

By the end of the session, participants will be able to:

- Describe different ways people communicate.
- Define what is meant by good communication.
- Explain why communication is important for a good marriage.



Session guide

1. Ask: What are different ways we communicate? [Answers: words, sounds, silence, voice, body, eyes, and face.]
2. Ask for volunteers to act out different emotions in front of the group (without speaking) by moving their bodies and making facial expressions. Whisper one of the emotions to each of the volunteers so the other participants cannot hear: anger, happy, sad, confused, tired, disappointment. The other participants will try to guess what emotion is being acted out.
3. Explain that as we just saw, communication is made up of things we say and things we do not say. Ask: Why is good communication important in relationships? Allow participants to discuss.
4. Ask: What do you think is meant by good communication? Allow participants to discuss.
5. Explain that listening to another person is important for good communication. Often, we spend more time talking and less time really listening. Divide participants into pairs and give them the following instructions:
 - One person is Person A and one person is Person B.
 - Person A should talk for 2 minutes about some problem or concern they have. For example, a young woman could be talking to her friend about her concerns that her husband wants them to start a family, but she would like to wait a while longer.
 - Person B should try to communicate interest, understanding and help in any way they wish without speaking.
 - At the end of 2 minutes, have pairs switch roles and repeat the exercise.
 - At the end of the second 2 minutes, the pairs should talk freely for another minute about the problems previously discussed.
6. Bring participants back together and facilitate a discussion about the exercise using the following questions:
 - How did you feel?
 - How was it when you switched roles?
 - Was your partner able to communicate without talking?
 - Did you feel that your silent partner helped you?
 - Did you feel that you listened better when you knew that you could not speak?

7. Explain that good communication is necessary for a happy marriage and it is important that we learn how to talk and listen successfully. Try to find time each day to talk with your partner. Talking about your lives is one way to feel closer and understand each other better. When you are listening, make your partner the centre of attention. Face him or her and try not to think about other things and just listen. Show that you are listening by nodding or smiling; it can help your partner to feel like you are interested and appreciate what he or she is saying. If you are talking about something emotional or private, try to be alone together so there are no other distractions. Being a good listener can encourage your partner to talk with you more often.
8. Explain that just as listening is important, it is also important that we say what we think and feel to our partner. The following are ways to do that:
 - If there is an issue you want to talk about, say it. Do not wait to talk about things that are important to you.
 - When you start to talk about an issue, stay focused on that issue until the two of you solve it or both agree to talk about it later.
 - Let your partner know about how important an issue is to you.
 - Say “yes” when you mean yes; say “no” when you mean no.
 - If your partner wants to talk about an issue, talk about it until you both solve it or decide to talk about it more later.
 - Try not to blame the other person.
 - Try to understand your partner’s point of view.
 - Make an agreement that when you are talking either one of you can ask to talk about something later to give yourselves time to calm down and avoid having a conversation that is becoming destructive.
9. Ask: What are some common situations that cause married couples to not communicate effectively? Write down at least four examples.
10. Divide participants into pairs and ask each pair to role play one of the situations mentioned and how they would communicate to solve it.
11. After 5-10 minutes, bring participants back to the group and have pairs share how they talked about the situation.
12. Ask: What can we do to become better at communicating in our own relationships? Allow participants to discuss.

Self-esteem



Objectives

By the end of this session, participants will be able to:

- List qualities they like about themselves.
- Explain ways to improve their own self-esteem.



Background notes

Self-esteem describes how people feel about themselves. How people feel about themselves influences their actions towards others and what they can accomplish in life. People with high self esteem may have a high regard for themselves. They know that they are worthy of love and respect and will expect it in their relationships. They respect themselves. When people feel worthy of love and respect, they expect it from others. Having self-esteem does not mean that people never get upset or angry with themselves. Everyone gets frustrated at times. But someone with high self-esteem can accept his or her mistakes and move on. If another person tries to convince or persuade him or her to do something they really do not want to do, people who feel good about themselves will be less likely to fall under another person's pressure. They will feel more confident that their own decision is the right one and will make their own choices based on their own desires, and not the desires and values of others. The opposite is also true. People with low self-esteem may be more likely to fall under the influence of others, not trusting their own values or decisions.

People are not born with self-esteem. It is learned as children realise that they are loved and valued. As children hear positive remarks including praise, encouragement, and reassurance about themselves and the things they do, their self-esteem is strengthened over time. Parents and family play a crucial role in building or damaging a young person's self-esteem and helping a child to grow up believing that he or she is both lovable and capable. High self-esteem is different from pride or being conceited.

Spend time with people who care for you, make you feel good about yourself and boost your self-esteem. Try to stay away from people who damage your self-esteem, particularly if they do it on purpose. Of course, working on your self-esteem does not mean that you will never feel badly, but it will help you get through difficult times. Self-esteem protects you. When someone treats you poorly, your sense of self-esteem shouts: "This is wrong. I do not want to be treated like this!"



Session guide

1. Ask participants to stand up, one at a time, and say one thing that they are good at or something they feel proud of.
2. Explain that it is important for us to be able to recognise that we have strengths and values that we should be proud of. At the same time, it is also good to recognise that we have some weaknesses that we can improve upon. Explain that knowing ourselves and valuing ourselves is called self-esteem. Self-esteem can influence our actions towards each other and what we accomplish in life.
3. Ask participants to discuss why self-esteem is important and how we learn self-esteem. Explain that if people believe in themselves and their ability, then they are able to share their thoughts and feelings, feel that they deserve to be treated with respect, set goals, and accomplish what they set out to do. Ask participants to brainstorm how feeling good about ourselves or having high self-esteem can help us. Some of the responses should include:
 - Accept new challenges and try new activities.
 - Be more comfortable with others, and develop closer and healthier relationships.
 - Believe we can succeed.
 - Gain self-confidence.
 - Be the person we want to be.
 - Be assertive and refuse to be pressured into what we do not want to do.
4. Read the following statements aloud one at a time. Ask participants to write a response to each statement.
 - What do you think is your greatest personal achievement to date?
 - What do you like most about your family?
 - What do you value most in life?
 - What are the three things you are good at?
 - What is one thing you would like to improve about yourself?
 - If you died today, what would you most like to be remembered for?
 - What do your friends like most about you?
 - What does your husband like most about you?
 - What does your mother-in-law like most about you?
5. Divide participants into groups of three or four and share two or three of their responses. Ask the participants to discuss in their groups how they can improve their own and others' self-esteem.
6. Explain that self esteem is made up of many different parts. Discuss the following with them:
 - **Know ourselves:** It is important for us to know who we are; our values, goals, dreams, and priorities.
 - **Respect ourselves:** Some people can do certain things better than others. Our friends may sing better, work better, or learn faster. They are not better, just different. Try not to compare yourself to others.

- **Love ourselves:** We must love ourselves before we can love others. When we have a good relationship with ourselves, our relationships with others will improve.
 - **Feel good about ourselves:** Instead of hating ourselves for what we are not or have not done, we should give ourselves credit for what we are and what we have done.
 - **Trust ourselves:** Trusting ourselves means knowing that we can be our own teacher, our own guide, and our own decision maker for matters relating to us.
 - **Accept ourselves:** Accept ourselves as we are. We are doing the best we can, now. Tomorrow we can try to do better. Treat ourselves lovingly and gently.
 - **Show ourselves:** Let people know who we really are. A healthy personality is based on being honest about who we are.
 - **Improve ourselves:** When we were little, by age 6 or 7, we had developed a mental picture of ourselves, called a “self-image.” Our self-image is not easy to change, but it can be changed. Little by little, by doing things well, taking risks, acting differently and trying new things, our mental picture of who we are can be expanded, enlarged and embellished.
 - **Take care of ourselves:** Surround ourselves with good friends and try to have many positive experiences. It is important to take care of our mind, body, and feelings.
 - **Be ourselves:** The world tells us who we should be almost from the moment we are born. Sometimes it feels as though what we want is not important. It is important to be ourselves and be proud of who we are.
 - **Share ourselves:** Once we feel good about ourselves, our time spent with others will be more satisfying and fulfilling. Sharing our life with others will help us to feel better about ourselves.
7. Ask participants to think of examples of things that they can do to make sure they have high self esteem.
 8. Explain that it is not unusual for young women to have low self-esteem. Very often, the bad things about people are talked about while the good things are not spoken about. Ask what are other reasons that young women may have low self-esteem?
 9. Then ask the participants to discuss whether it is only other people who can make us have low self-esteem or whether we also do it to ourselves, and how.
 10. Explain that some things we might do or say can lower our self-esteem. Ask the participants to discuss the following examples:
 - Not accepting compliments. “Oh, I’m not really that good, I was just lucky.”
 - Giving credit to others when it rightfully belongs to us. “You did all the work, I just helped a little.”
 - “I couldn’t do anything without him.”
 - Giving others’ opinions before our own. “My husband always says...” “My friend thinks...” “I really don’t know but my mother says...”

11. Divide the participants into groups and have them discuss:
 - How do negative comments (from others and ourselves) affect us?
 - How are we likely to feel about ourselves if we believe those negative comments?
 - If someone is continually being told they are not good at something or do things wrong, how are they likely to feel and act towards themselves and others?
12. Emphasise that people with low self-esteem may:
 - Find it difficult to interact with others or meet new people because they are afraid of rejection.
 - Are easily influenced or do things they do not want to do in order to be accepted.
 - Cannot stand up for their rights.
 - Are shy.
 - Lack confidence.
 - Find it difficult to make decisions.
13. Encourage a discussion by asking the following questions:
 - How can our self-esteem affect how we feel about our marriage?
 - How can these feelings about our marriage affect how we feel about ourselves?
 - How can our marriage affect our self-esteem?Encourage everyone to share their thoughts and experiences.

Being assertive



Objectives

By the end of this session, participants will be able to:

- Distinguish between assertiveness and aggression.
- Demonstrate effective assertiveness skills.



Background notes

Assertiveness is an important skill for getting along with others. Being assertive means standing up for yourself and being straightforward and honest with yourself and others about what you need and want. Being assertive can help you protect yourself from dangerous situations and can help you resist peer pressure to do things that you are uncomfortable doing.

People who are not assertive are often submissive. Even if they are being treated poorly, they do not stand up for themselves. People who are not assertive often lack the confidence and self esteem to stand up for their own needs and to protect their feelings or body from being hurt.

Assertiveness is very different from being aggressive. People who are aggressive are rude and unkind. They do not care about other people's feelings. Being too aggressive is not very good for your emotional health because, deep down, you will feel bad about being unkind.

How to Be Assertive

Decide what you feel or want and say it. Don't be afraid to be honest about your feelings. Being confident about your own feelings will encourage others to respect them as well. Someone who truly loves you will not want to do things that make you feel unhappy.

- Look people in the eye. Eye contact is an important part of being assertive. It tells the other person that you are serious about what you are saying and that you are paying close attention to whether or not they are listening to you.
- Do not make excuses. Your feelings are the best reasons. For example, if you do not feel ready for sex, but your girlfriend or boyfriend is pressuring you, avoid using other people as excuses.
- Say what you really feel. Do not seek approval from others. If you do not want to do something, say so clearly and do not ask if it is alright. Show other people that you know your own mind and are not looking for their approval.
- Do not get confused by the other person's argument. Keep repeating what you want or do not want. Stand your ground and do not give in.
- You have a right to change your mind, even if you already said you would do something.



Session guide

1. Ask the participants to discuss what they understand by the words assertiveness and aggression. Make sure their definitions are similar to the ones below. Ask them to list differences between being assertive and aggressive:
 - Assertiveness: expressing thoughts, feelings and beliefs in a direct, honest and appropriate way.
 - Aggression: a feeling of hostility that may lead to attacks or an unprovoked violent action.
2. Make sure participants understand the two terms by explaining:
 - **Being assertive** is standing up for what you believe in and what you want. Women often give in to someone else's desires because of community norms and family expectations. However, if we say what we want or feel and explain why we have chosen a certain decision or action, then we can do what we really want without hurting another person. Assertiveness is part of good communication. When you are assertive you can say no without feeling guilty, can ask for help when it is needed, disagree without becoming angry, and feel better about yourself.
 - **Being aggressive** involves putting other people down, blaming, or criticizing them.
3. Ask: What are other words that we can use to describe being assertive and aggressive?
4. Read the following scenario aloud to the participants:

Margaret was very excited to attend her first meeting of the women's group at her church. Someone was coming to share ideas with the women's group about different ways the group could try to raise money. Margaret had been thinking about how she would like to have enough money to buy a sewing machine. She had told her husband when she first heard about the meeting two weeks ago and he agreed that it was a good idea. The day before the scheduled meeting her husband said that they were going to visit his brother's family and meet their new nephew; she should be ready to go first thing in the morning.
5. Ask the participants to think about the scenario and what they would do if they were in Margaret's position. Explain that you will read four different reactions and they should raise their hands based on what they think Margaret should do. First read all of the options so participants can decide, then read them again slowly and ask them to raise their hands if they think that is the best reaction:
 - Reaction 1: Begin preparing for the journey to visit her family.
 - Reaction 2: Say that she refuses to go because she wants to go to the meeting at the church.
 - Reaction 3: Prepare to leave for the trip, but then not speak to her husband during the whole journey so he will know that she is upset.
 - Reaction 4: Explain to her husband that she has been looking forward to attending the meeting for weeks and that she would like to visit his family members after going to the meeting.

6. Ask someone from each group to explain why they raised their hands for the different possible reactions.
7. Explain the following:
 - Passive:** Reaction 1. Your husband told you what he wanted but you did not tell him what you wanted. Passive people may believe that others are always telling them what to do. They allow others to violate their rights. A passive response is not always in your best interest. However, there are some situations when a passive response is the most appropriate. Ask the participants to give some examples.
 - Directly Aggressive:** Reaction 2. You say what you want in a threatening manner that offends or hurts others. This response is generally not in your best interest and often leads to conflict.
 - Indirectly Aggressive:** Reaction 3. You pretend everything is fine, but then act with hostility towards your husband. Because you did not express your feelings, your husband has to guess what he has done wrong. It leaves your husband and yourself frustrated.
 - Assertive:** Reaction 4. You knew what you wanted and expressed it in a straightforward manner. You were sensitive to the feelings of your husband, which made you feel good about yourself, and your husband knows what is important to you. It is a solution that leaves everyone satisfied.
8. Ask participants to imagine that aggressiveness, assertiveness, and passiveness are like a seesaw. The aggressive person is at the top, looking down on everyone else. The assertive person is perfectly balanced in the middle and quite comfortable with him/herself and others. The passive person is at the bottom, looking down at the ground and feeling bad. Ask the participants to think of different words to describe a person who is passive, a person who is assertive, and a person who is aggressive.
9. Ask if anyone has an example of a situation where they wished they had been assertive, but instead had been either passive or aggressive. Allow participants to share.
10. Ask for volunteers to role play a scenario described in the participants' examples.
11. After the role play, ask the following questions:
 - Was the role play realistic?
 - Do you agree with how the issue was resolved?
 - Would anyone like to take the place of the actors and show us what you would have done?
 - Do you know couples who have had a similar situation? How did they solve it?



Optional activity: Assertiveness assessment

Materials: Pen or pencils and paper

1. Explain that this exercise is designed to help them discover how assertive they already are. Ask each participant to take out a sheet of paper. Explain that you will read a statement and for each one, they should write an M for most of the time, S for some of the time, and N for almost never.
 1. I can express my feelings honestly.
 2. When I say how I feel, it is not to hurt someone else.
 3. I express my view on important things, even if others disagree.
 4. I offer solutions to problems instead of just complaining.
 5. I respect others' rights while standing up for my own.
 6. I ask my friends for a favour when I need one.
 7. I take responsibility for my own feelings instead of blaming others.
 8. If I disagree with someone, I don't use verbal or physical abuse.
 9. I can admit when I'm angry.
 10. I can say "no" without guilt or an apology.
 11. I do not do risky things with my friends.
 12. I ask for help when I am hurt or confused.
2. Ask participants to count how many times they each scored M. They can compare their scores as follows:
 - 0 – 4: Need to work hard at being assertive.
 - 5 – 9: Somewhat assertive, but could improve.
 - 10 – 12: Good and keep practicing.
3. Facilitate a discussion with the participants using the following questions:
 - Why is it sometimes difficult to be assertive?
 - How can being assertive help in a marriage? In other relationships?

Note: If pens and paper are not available, ask participants to stand in a line. Explain that you will read a statement and for each one, they should take a step forward if it is true for them most of the time, stay in place if it is true some of the time, and take a step backward if it is almost never true. Explain that they should look where they are at the end compared with where they started to see how assertive they are. Those in the front are more assertive; those in the back are less assertive.

Making decisions as a couple



Session objectives

By the end of this session, participants will be able to:

- List possible ways to change the way decisions are made by couples.
- Solve a problem in a role play or give feedback on the role play.



Session guide

1. Ask: What are some of the decisions couples in our community have to make every day? Encourage participants to list many examples.
2. Facilitate a discussion about couples' decision-making by asking the following questions for each one of the decisions raised by participants:
 - Who is responsible for making these decisions?
 - Why does that person make the decision?
 - How is the other person involved in the decision-making?
 - What are ways the other person could be involved in decision-making?
3. Ask for two volunteers to participate in a role play. Assign each volunteer to play the role of the husband or wife. Read the following scenario for the volunteers to act out.

A 16-year-old married girl is 4 months pregnant. A community health worker recently visited her and told her that she should come to the health facility for an antenatal visit. She knows that in total she should go for 4 antenatal visits throughout her pregnancy. She would like to go to the facility for her first antenatal visit, but is worried about who will do her chores around the house, and she is also worried about asking her husband for money for transport.
4. After the role play, ask participants whether they think the role play showed how couples could make the decision together. Facilitate a discussion and encourage several participants to share their thoughts.
5. Ask if any of the other participants would like to have a chance to act out a character in the role play. Facilitate a similar discussion after the new group of volunteers has made a presented a role play.
6. Ask if a participant is willing to share a decision that was recently made in their household and how it was made. Ask for two other volunteers to act out how they would solve this problem through a role play.
7. After 5 – 10 minutes, ask participants whether they think the role play showed how families in our community would address this problem. Why or why not? Ask if any of the other participants would like to have a chance to act it out.
8. Ask: Do you and your husband make decisions together? Invite participants to share related stories. What are challenges to making decisions together? What can you do differently?

Resolving conflict



Session objectives

By the end of this session, participants will be able to:

- Use “I” statements to express their feelings.
- Plan how to resolve a common conflict.



Background notes

Conflict is natural and happens in almost every relationship. Conflict cannot be resolved unless it is addressed with the person or people involved. We face conflicts with people who think and act differently than we do or in ways that are different from our values and beliefs. It is normal for people to disagree, but it is important to resolve these disagreements in a constructive and healthy way.

Tips for resolving conflict:

- Respond, don't react. If you keep your emotions under control you have a better chance of hearing what the other person is trying to say.
- Listen carefully without interrupting. Ask questions and wait for and listen to answers. Even if you “know” what the other person is going to say, resist the temptation to interrupt.
- Acknowledge the other person's thoughts and feelings. You do not have to agree with the other person to acknowledge his or her feelings and why he or she may feel that way.
- Give respect to get respect. Separate the people from the problem. Treat people the way you would like to be treated if you were in the same situation.
- Communicate clearly and respectfully so your viewpoint can be understood. If you do not, you may not persuade anyone that your ideas are worth listening to.
- Identify points of agreement and points of disagreement. Agree wherever you can. Your underlying interests may be more alike than you imagine.
- Be open to change. Open your mind before you open your mouth. Remember the rule: one mouth and two ears and use in that ratio.
- Look forward, not backward. Stay in the present and plan for the future, do not think about the past. Move to resolving the situation and away from justifying your position.
- Stay focused on the topic at hand. If there are a number of issues, talk about them one at a time.
- Work together. This requires that each person stop placing blame and take ownership of the problem. Make a commitment to work together and listen to each other.
- Aim for mutual satisfaction. Conflicts do not have to end with a winner and a loser.
- Try to find a solution that is acceptable to both parties.
- Be creative. Finding a resolution to the problem that satisfies everyone requires creativity and hard work. Be careful not to give in simply to avoid conflict or maintain harmony. Agreements reached too early usually do not last.
- Be specific. Give specific examples and ask to be sure you are understood.



Session guide

1. Ask participants what is meant by “conflict.” Write down their responses on the board. Make sure that participants discuss that conflict occurs when two sides have opposing views, perspectives or opinions about a particular issue or set of issues.
2. Ask participants to name issues or situations that might cause husbands and wives to disagree.
3. Ask participants to talk about how they solve disagreements or conflicts. They should mention the following:
 - Express your opinion calmly.
 - Allow others to express their opinions.
 - Listen while others speak and try to understand their views.
 - Work with others to find a solution to the problem.
 - Ask a respected adult to help if you are unable to reach agreement.
 - Leave the situation if you are unable to control your emotions.
 - Use “I” statements.
4. Explain that using “I” statements is a way to share your opinion without placing blame on someone else. For example, instead of saying, “You made me feel angry” you can say, “I feel angry.” Using an “I” statement expresses how you feel without making any demands. “I” statements should be clear, short, and free of judgement and blame.
5. Ask participants to suggest “I” statements that we can use to address a conflict or try to avoid a conflict. Some answers include:
 - “That upsets me and I would like to talk with you about it.”
 - “It hurts my feelings when...”
 - “It makes me upset when...”
 - “I think we should talk about this situation. Tell me how you feel about...”
6. Ask: Do you think “I” statements can help you communicate better when you have a conflict? Why or why not? Allow participants to discuss.
7. Ask participants to share an example of a conflict or disagreement they have experienced or someone they know has experienced. Encourage examples that were resolved in a good way and others that were not resolved in a good way. Allow participants to share and discuss why something ended well or ended badly. Ask participants to think and talk about why something ended the way that it did.
8. Divide participants into pairs. Ask them to create a role play that shows how to resolve a conflict between a husband and a wife. Ask pairs to create their own scenarios to role play based on a conflict they experienced or a conflict experienced by someone they know. After 10 minutes, ask for one or two pairs to perform their role play in front of the group.

9. Facilitate a discussion using the following questions:

- Was the role play realistic?
- Do you agree with how the issue was resolved?
- What you would have done to resolve this conflict?
- Do you know couples who have had a similar situation? How did they solve it?

10. Ask: Has talking about and practicing resolving conflict been helpful? Do you think you can use this in your relationships? How? Encourage participants to discuss.

Life cycle



Session objectives

By the end of this session, participants will be able to:

- List physical and emotional changes that happen during different stages of life.
- Explain that sexual feelings are normal.



Background notes

The table below outlines different physical and emotional characteristics of each of the stages of the life cycle.

INFANCY (Birth to 3 years)	CHILDHOOD (4 to 12 years)	ADOLESCENCE (13 to 20 years)	ADULTHOOD (20 to 50 years)	OLD AGE (50+ years)
Bond with parent Get early needs met Learn to trust Experience touching by another person Develop gender identity Boy and girl stereotypes learned Explore genitals Toilet training Erection of penis in boys Lubrication of vagina in girls	Learn gender role Begin to be independent Childhood sex play Same-sex friendships Masturbation Family life education Begin puberty Vaginal discharge in pre-pubescent girls	Puberty Menstruation in girls Sperm production in boys Strong need for independence Learning how to be a man or woman from family, friends, media Masturbation Experimentation with boyfriends/girlfriends Experimentation with behaving as a sexual adult Possibility of contraception decision making Possibility of pregnancy or impregnating someone	Forming long-term sexual relationships Setting long-term goals and making plans to reach them Possibility of contraception decision making Possibility of pregnancy or impregnating someone Family life education for one's own children Possibility of menopause for women	Need for touching and affection. If healthy, continuing interest in sex and ability to perform Women can no longer become pregnant (menopause) Grandparenthood Death of a loved one



Session guide

1. Explain that this session is about the physical and emotional changes people go through as they grow up.
2. List the five stages of the life cycle (infancy, childhood, adolescence, adulthood, older age). Ask participants to describe physical and emotional characteristics of each stage, starting with infancy. Ask questions like, "What can a baby do? How does a baby feel?" Encourage several participants to respond for each stage. As each response is given, ask if everyone in the group agrees with the comments. Facilitate a discussion if there is not agreement. Ask participants to think about their own experiences and their family situations. Continue with each stage until each one has been discussed.
3. When each stage has been discussed, review the changes mentioned for each and explore the most important ones in greater detail.
4. Ask participants to discuss why adolescence is an important time in their lives. Encourage everyone to share their thoughts.

Female reproductive system



Session objectives

By the end of this session, participants will be able to:

- Identify the parts of the female reproductive system and explain what they do.
- Describe the processes of ovulation, menstruation, and fertilisation.



Background notes

The female reproductive system enables a woman to: produce eggs, have sexual intercourse, protect and nourish a fertilised egg until it is developed, and give birth. The parts of the female body that are involved in pregnancy and childbearing are called the reproductive organs. They include the vagina (uke), uterus (kondo la mama, kidaka donge, mfuko wa kizazi), two fallopian tubes, and two ovaries (kifuko cha mayai).

These organs lie inside the lower part of the abdomen, called the pelvis. They are surrounded by bones and muscles. The breasts are also affected by pregnancy and are essential for breastfeeding a baby.

The **vulva** is the area around the opening of the vagina that can be seen from the outside. The outer folds of the skin, called the labia majora, are thick and covered with hair. The two inner folds, called the labia minora, are much thinner. These inner folds form a hood around the clitoris, a small, sensitive organ above the vagina that responds to stimulation and makes sexual intercourse pleasurable for women. Inside the vaginal opening is a pair of glands that produce a thin fluid that moistens the vagina, especially during sexual excitement.

The **vagina** (uke) is a muscular hollow channel between the womb and the outside. Because it has muscular walls, it can become bigger or stay small. The vagina has three purposes:

1. It's where the penis is inserted during sexual intercourse. When a man ejaculates, sperm from the penis enters the vagina. It then passes through the womb and into the fallopian tube, where it may fertilise the egg.
2. It's the path a baby takes out of a woman's body during childbirth. This is why it is sometimes called the "birth canal." The walls of the vagina are elastic and can stretch to allow the passage of the baby's head and body.
3. It provides a way for menstrual blood (the period) to leave the body from the uterus.

The vagina also produces fluids; the amount of fluids and their colour and texture change at different times of the month. The hymen is a thin sheet of tissue that partially covers the opening of the vagina. Hymens are different for each woman. Hymens are usually stretched or torn after a woman's first sexual experience and the hymen may bleed a little, though some women may not have any bleeding after their first sexual experience.

The **cervix** (mlango wa nyumba ya uzazi) is sometimes called the neck of the womb. It connects the womb to the vagina, and normally has a very small opening. During pregnancy this opening stays small, so that the baby stays inside the womb. During labour the cervix opens up (dilates) so that the baby can be born.

The **uterus** (kondo la mama, kidaka donge, mfuko wa kizazi) is the medical word for the womb. Before pregnancy, the womb is the size of a small mango. The lower end of the womb is called the cervix, and it connects with the upper part of the vagina. A fertilised egg attaches itself to the lining on the inside of the womb, and the womb gives protection and nourishment until the baby is born. Foetus is the medical word for a baby before it is born. During pregnancy, the womb holds the growing foetus in a bag of fluid, and the placenta (afterbirth) connects to the foetus by a cord and provides oxygen and nourishment. By the time the baby is born, the womb alone weighs nearly a kilo and holds an average of five kilos (the foetus, placenta, and fluid).

Two **fallopian tubes** connect the ovaries to the womb on each side. The tubes are 10-12 centimetres long. When an egg is released from one of the ovaries every month, it is pulled into the fallopian tube and moves along the tube toward the womb. It is here that a man's sperm meets and fertilises the egg. The fertilised egg then begins a slow journey to the uterus (womb). It takes about five days for the egg to move from the ovary to the womb.

A woman has two **ovaries** (kifuko cha mayai), one on each side of the womb. Each one is the size of a small nut. The ovaries produce eggs which, if fertilised by sperm from a man, will develop into a baby. The ovaries produce important female hormones. These hormones help with the growth, development and function of the female body, especially the reproductive organs, throughout a woman's life. Hormones cause the breasts to grow and cause menstruation every month.

Breasts (matiti)

The main external feature of the breast is the nipple and the dark skin around it, called the areola. Inside, the breasts consist of fat and sacs called "glands" that produce milk. In many women, one breast is larger than the other. Often, both breasts swell slightly during the menstrual period. During pregnancy, the glands grow in size as they produce milk; often some liquid comes out of the nipple even before the baby is born.



Session guide

1. Explain that today we are going to talk about the female reproductive system, we will talk about the male reproductive system during another session. Ask: Why is it important to understand our own reproductive systems and that of the opposite sex? Allow participants to discuss.

Share the following information:

Men, women, boys and girls all have the right to understand how their bodies work. They should feel comfortable talking about their bodies so they can ask questions, learn correct information and take care of their health. It is important for men, women, boys, and girls to understand how their bodies work. With this information, people will be able to know when something is wrong with their reproductive system and take the steps they need in order to keep their bodies healthy and functioning.

Reproductive health means more than not having an illness or infection in the reproductive system. It is the complete physical, mental, and social well-being in all matters relating to the reproductive system. Reproductive health means that people are able to have a satisfying and safe sex life and that they are able to reproduce and have the freedom to decide if, when, and how often to do so.

Most species have two sexes: male and female. Each sex has its own unique reproductive system. They are different in shape and structure, but both are designed to produce, nourish and transport either the egg or sperm.

2. Hold up the illustration of the female reproductive system at the end of this session. Point to different parts of the female reproductive system and ask participants to name the part and what it does. Correct any incorrect information.

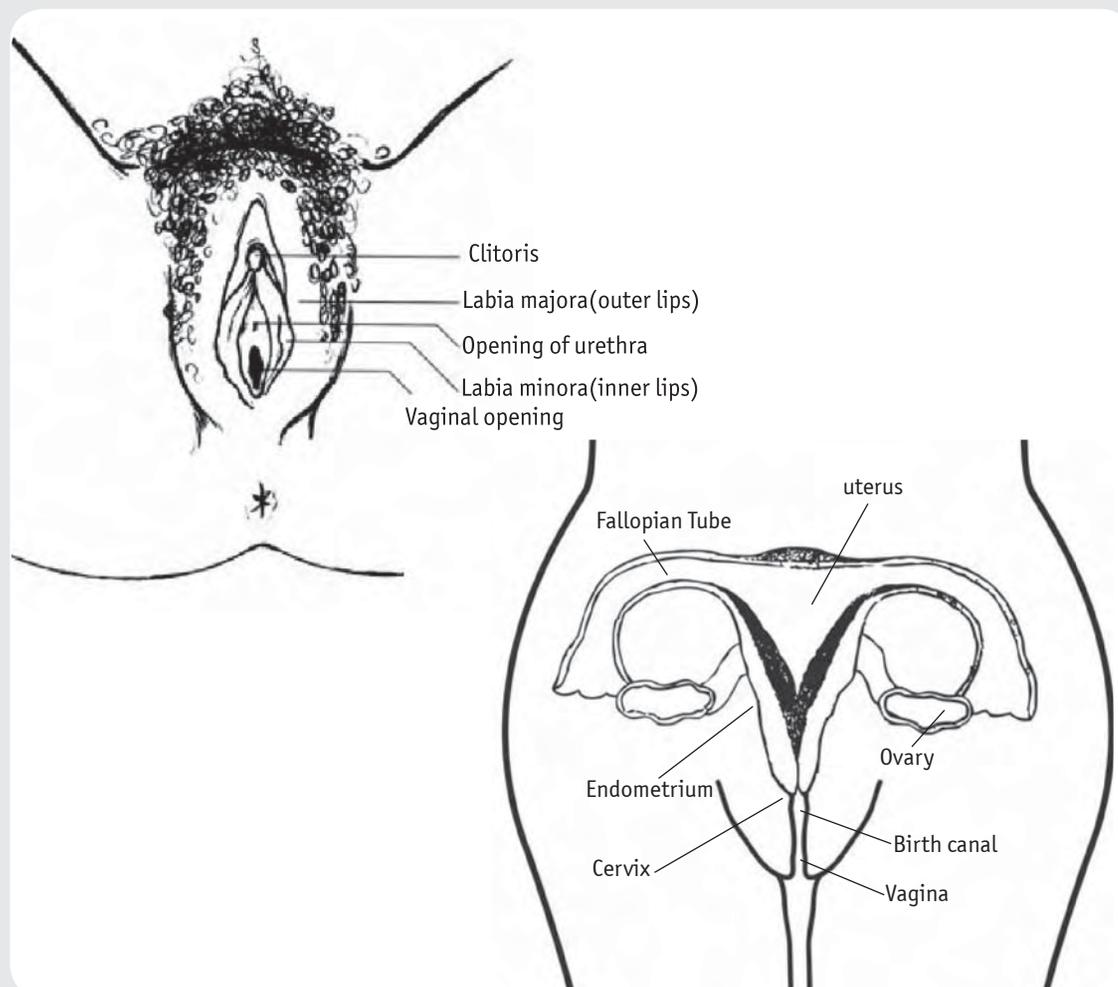
Note to facilitators: If you have access to paper and pens, instead of holding up the pictures, ask participants to draw their own pictures by following the steps a to c below and then continue with step 3.

- a) Divide participants into pairs. Ask each pair to draw a picture of the female reproductive organs (both inside and outside).
- b) Ask participants to display their pictures and encourage a discussion around these pictures, focusing on the most important parts. Correct any misunderstandings.
- c) Show participants the illustrations in this manual and ask them to talk about how they are similar to their drawings and how they are different. Explain the correct name of each part of the female reproductive system and what they do. Be sure the group understands the information. Ask them to correct their drawings as needed.

3. Read aloud the following clues (but not the answers), and ask participants to guess the body part being described:
 - What is normally the size of a mango but has the ability to grow many times its size? It serves as a kind of house or nest and provides nourishment to its inhabitant.
Answer: uterus/womb
 - A woman has two of these, each the size of a small nut. Every month they produce an egg.
Answer: ovaries

- This part of the woman's body is kind of like a factory. It has fat and tiny sacs that produce nourishment for babies. **Answer:** breasts
- This is sometimes called the neck of the womb. It has a very small opening that opens up during labour so that the baby can come out of the womb. **Answer:** cervix
- This part serves as the opening to the vagina/birth canal. It consists of folds of skin and is covered with hair. The inner folds surround the most sensitive part of the women's reproductive system – the part that gives pleasure during sexual intercourse. **Answer:** vulva
- What are about 10-12 centimetres long, and help move an egg from the ovary to the uterus? This is the place where the man's sperm usually meets the egg. **Answer:** fallopian tubes
- This is a channel between the womb and outside the body. Different body fluids flow through this, including a baby when it is born. Its walls can stretch when the baby is born. **Answer:** vagina/birth canal

Female reproductive organs





Male reproductive system



Session objectives

By the end of this session, participants will be able to:

- Identify the parts of the male reproductive system and explain what they do.
- Describe similarities between male and female reproductive systems.



Background notes

The man produces sperm that fertilises the egg to create a pregnancy. A man's major reproductive organs are outside his body.

Under the penis there is a small bag of skin containing the testicles or testes (pumbu). There are two of them and they produce sperm and testosterone. Testosterone is the male sex hormone and it makes pubic hair grow and boys' voices become deeper.

The two testes produce sperm that fertilises the woman's egg to start making a baby. The testes are two egg-shaped organs, in front of and between the thighs, within a sac of skin called the scrotum. From puberty until old age, men's testes produce sperm all the time. While a woman releases one egg every month, a man releases 100-300 million sperm every time he ejaculates. During ejaculation, the sperm are carried in liquid called semen that is produced by the man's reproductive organs. The semen passes through a tube called the vas deferens and out of the penis. One of the millions of sperm may reach an egg and fertilise it; the rest simply die in a few days and dissolve in the body.

The **penis** (uume, mboo) is the organ that carries the semen with sperm into the vagina. During sexual excitement, blood is pumped into the muscles of the penis. This makes the penis stiffen or become erect so it can enter the vagina. Although both semen and urine pass through the tube called the urethra in the penis, at the time of ejaculation the opening from the bladder is closed so that only semen comes out of the penis. After ejaculation, the blood quickly drains away into the body and the penis returns to its normal size.

Semen is the fluid that carries the **sperm**. Sperm makes babies when it joins up with women's eggs. Most of the time sperm is inside the body. There is only one exit for the sperm, which is through the hole at the end of the penis, called the urethra. When the penis is soft, that hole is used to urinate; when it is erect, it is used to release semen.

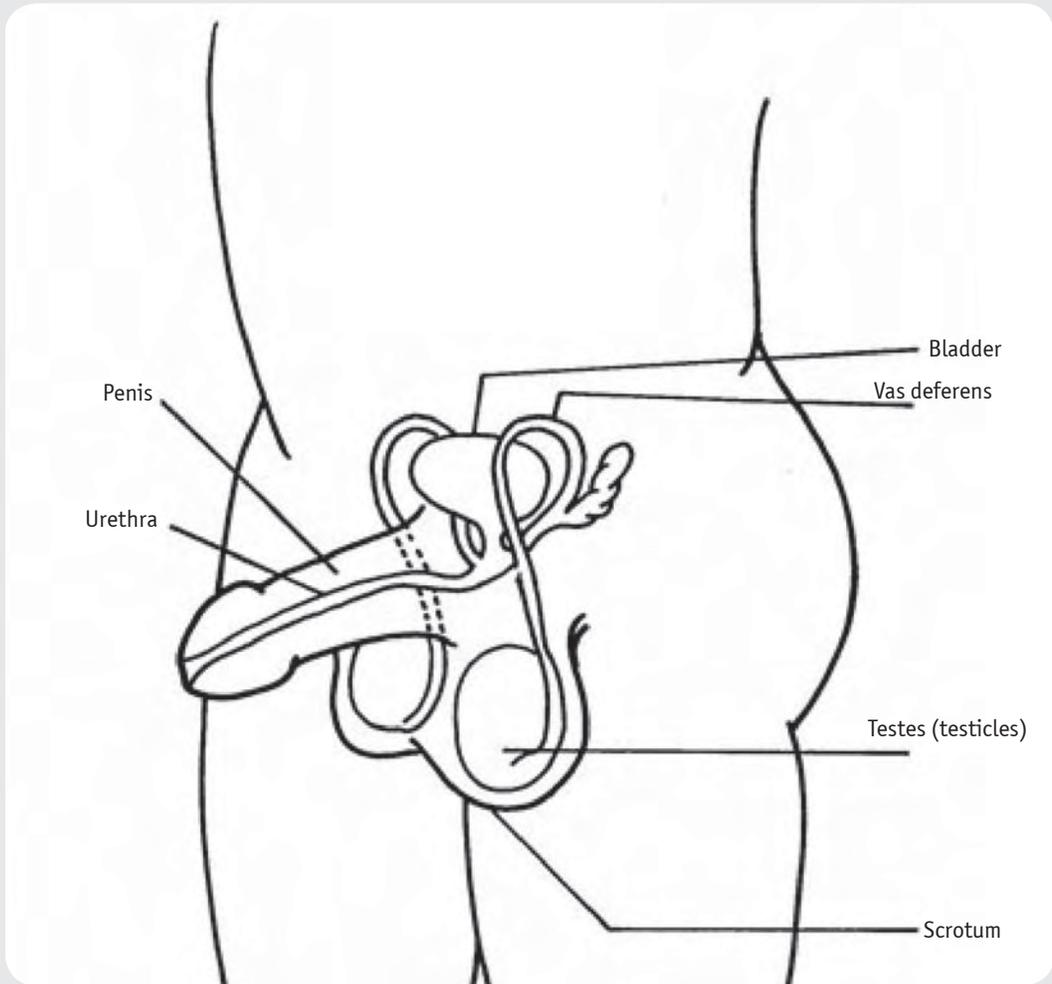
An erection occurs when the penis fills with blood and becomes hard and straight because a man is sexually excited. When the penis is erect, a boy will find that he cannot urinate easily because a muscle closes off the bladder. He will have to wait until the erection goes down before he can urinate. Ejaculation is when semen comes out of an 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 without causing any harm. Boys are not born with sperm; they begin to produce them during puberty and then continue to produce them through their entire life. If the sperm are ejaculated into the woman's vagina, she may become pregnant. The semen can also carry diseases that could infect another person.

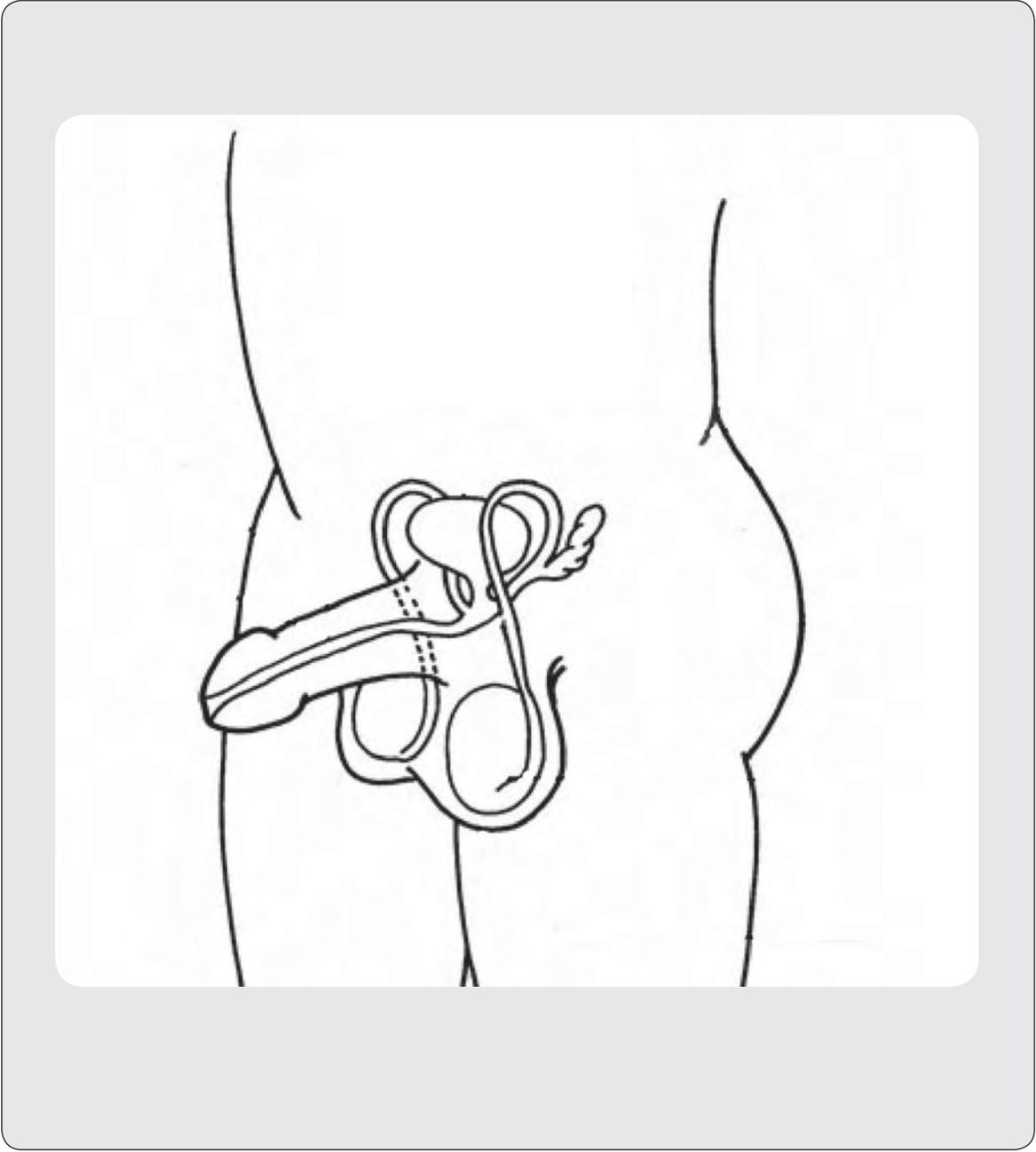


Session guide

1. Hold up the illustration of the male reproductive system at the end of this session. Point to different parts of the male reproductive system and ask participants to name the part and what it does. Correct any incorrect information.
2. Ask participants what sperm is. Allow them to share their ideas. Then ask what they know about how sperm is produced.
3. Ask: Which parts of the male and female anatomy are the same or similar? [Possible responses: Both males and females have a urethra and an anus; the female clitoris and the male penis are similar because they are very sensitive to sexual pleasure.]
4. Ask: In what ways are the male and female reproductive systems different? [Possible responses: The female system has more parts inside. The female system is more complex and there is more potential for things to go wrong. Women have babies and men do not.]
5. Ask: Why do men generally feel more comfortable than women about their genitals? [Possible responses: The penis is more visible and young boys are taught to touch and handle their penis in order to urinate. Girls are often discouraged from touching themselves and cannot easily see their own genitals. In many societies there are cultural taboos relating to the female genitals and menstrual blood.]
6. Ask: Why is it important to feel comfortable touching your own genitals? [Possible responses: It is important to know how your genitals look and feel when they are normal, so that you can recognize if something is wrong or if you develop an infection. Boys and men need to touch their testicles to feel for lumps that might be a sign of testicular cancer; girls and women may want to use tampons, or some forms of contraception that are put inside the vagina; for both sexes, there are methods of contraception that require touching the genitals. Genitals are sources of sexual pleasure and touching the genitals for pleasure (masturbation) is a risk free way of exploring your own sexuality. There is no shame in touching yourself for sexual pleasure. It is a natural thing that many people do. In order to receive sexual pleasure from someone else, you need to know what kind of touching makes you feel good. Sexually touching your own genitals is a good way to get to know your body.]

Male reproductive system





Menstruation and fertilisation



Session objectives

By the end of this session, participants will be able to:

- Describe the menstrual cycle.
- Explain how fertilisation and implantation occur.



Background notes

An important event in the life of a female is the beginning of her menstrual period. This shows her body is able to become pregnant and bear a child. Sometimes, it can represent a change in the role she plays in her family, her community, and with her male peers. Many young women do not have the information they need to understand what is happening inside their bodies. Without the facts, women may not know when something is wrong, fail to seek health care when they should, and take unnecessary risks without knowing they are doing so. For example, without completely understanding fertility and implantation, many women might get pregnant when they thought they were protected by their “safe period.” This session is designed to clarify participants’ understanding of menstruation and fertilisation.



Session guide

1. Ask: When is a girl first able to become pregnant? [Answer: When a girl begins ovulating she is able to become pregnant.]
2. Ask: What is a menstrual cycle (kuona mwezi) and when do women get it? Allow participants to discuss. Ask: What are some different names for what people call a menstrual cycle?
3. After participants discuss, correct any incorrect information and summarise what they have said using the following information:

When a girl is born, her ovaries contain hundreds of thousands of eggs. When a girl enters puberty, she begins to release eggs as part of a monthly period called the menstrual cycle. The menstrual cycle is not the same thing as a period. A period is the time when there is menstrual bleeding. The menstrual cycle starts the first day of the menstrual period and ends the day before the next period. The length of the menstrual cycle is different for each woman and can even be different for the same woman.

Once a month, an ovary sends a tiny egg into one of the fallopian tubes. Unless the egg is fertilised by the sperm while in the fallopian tube, the egg dries up and leaves the body about 2 weeks later through the uterus. Blood and tissues from the inner lining of the uterus combine to form the menstrual flow (or monthly period). In most girls this lasts 3-7 days.

4. Ask: How does a woman become pregnant?
5. After participants discuss, correct any incorrect information and summarise what they have said using the following information:

Each month, in preparation for a fertilised egg, the uterus builds up a thickened lining made up of blood and body tissue to nourish the egg. After sexual intercourse sperm cells travel to the fallopian tubes. If the egg cell is met by a sperm cell, the egg cell is fertilised. The fertilised egg then travels to the uterus and attaches itself to the lining of the womb. When this happens, it is called implantation and is when pregnancy begins. If the egg is not fertilised, this lining is not needed and is shed through the vagina during menstruation.

6. Ask: What is most fertile time of the month for women? Allow participants to discuss, but be sure the following information is mentioned:

In the menstrual cycle there are days when the woman is at greater risk of becoming pregnant (these days are called “fertile days”) and other days when she is not at risk of becoming pregnant (these days are called “infertile days”). The woman is fertile when she produces an egg in each cycle (ovulation). Although the egg only lives 24 hours, there are several days during each cycle when a woman can become pregnant.

This is possible because she doesn’t know exactly when ovulation will occur and sperm can live for several days inside the woman and fertilise the egg.

Many women think that their fertile period is right in the middle of their menstrual cycle, but this is only true for women with a 28-day cycle. For women with shorter or longer cycles, the fertile period will not be in the middle of the cycle. This is because ovulation (the release of the egg) occurs about 14 days before the next menstrual bleeding begins. This means that a woman who has a 21-day cycle probably ovulates around Day 7, whereas a woman with a 35-day cycle probably ovulates around Day 21.

7. Ask: Can awareness of their fertile period help women avoid pregnancy (or become pregnant), if desired? Why can it be difficult to depend on this as a reliable form of family planning?

Women and couples can avoid unplanned pregnancy by knowing on which days they should avoid unprotected sex because of a woman’s fertility. Depending on their goals, couples may choose to time unprotected sexual intercourse so that it falls during the fertile phase (to become pregnant) or the infertile phase (to avoid pregnancy). To prevent pregnancy, couples should avoid unprotected sex on these days. On all other days, when pregnancy is very unlikely, couples can have unprotected sex. Women must be very familiar with their menstrual cycle and also have a regular menstrual cycle. Couples should talk with a health worker to decide if this could work well for them.

8. Explain that John and Margaret are trying to get pregnant. They have been trying for more than one year. John thinks it’s Margaret’s fault and Margaret thinks it’s John’s fault. Who do you think is to blame? Why?
9. After participants have discussed, explain that fertility is a problem involving two people. On average, the cause of the problem is with the man 40% of the time and with the woman 40% of the time. In the remaining 20% of cases, both the man and the woman contribute to the problem.

Reproduction myths



Session objectives

By the end of this session, participants will be able to:

- Differentiate between reproductive system facts and myths.
- Apply knowledge of the reproductive system to dispel myths.



Background notes

A myth is a traditional story or collection of stories told among a group of people, that may be based on a truth or real story, but is not true. It often is based on the cultural ideals or commonly held beliefs or emotions in a community. Myths form part of the beliefs of a community or society. A fact is something that is true and has been proven with evidence.

Although most young people have some basic information about sex and reproduction, they often believe myths about reproduction. It is important to let participants talk about these tales they have grown up with in order to bring the myths out into the open so they can be dispelled and replaced with facts. Myths can range from the less harmful to the highly dangerous ones, like those concerning sexual health. Partial and incorrect information can lead adolescents to make risky decisions for themselves. Long-held, culturally approved beliefs or myths that people believe to be true are often extremely difficult to change. But the misinformation must be cleared away and real facts provided, so that choices can be based on knowledge instead of ignorance.



Session guide

1. Ask participants to define the word "myth." Responses should include: opinions, beliefs, fables, stories or fantasies that are not true. Ask participants to define the word fact. Responses should include: things that are known to be true; events that have actually occurred; and things that are real, actual, and can be proved.
2. Explain that facts are things that are true and can be proven. For example, if you throw a ball in the air, it will come down, or Jomo Kenyatta was the first president of Kenya. Myths are ideas, sayings or beliefs that people create and are not or cannot be proven. Usually, myths are a mixture of truths and untruths passed around verbally within a community to explain an issue that people do not fully understand. For example, in some communities, people say that if a woman thatches a roof, she will go blind. (Use an appropriate example of a myth in your community.) Myths are distorted or misunderstood truths. Emphasise that while some myths are quite harmless, many of them can be dangerous because they are the opposite of known facts and acting on them can lead a person into trouble or negative consequences.
3. Ask: What are some myths or common beliefs in our community about sex? (Note them to yourself.)
4. Once several myths have been shared, divide participants into groups of four or five. Assign one or two myths to each group and ask them to work as a team to use their knowledge to dispel each myth.

5. Ask a representative from each group to present back to the group. Allow others to ask questions.
6. End the session by emphasising that there are many myths and misconceptions about reproduction. Ask: What are some of the risks and consequences when people believe and act on these myths?

Family planning



Session objectives

By the end of this session, participants will be able to:

- List the benefits of family planning for women, men, children, and communities.
- Define family planning.



Session guide

1. Ask: When people talk about family planning, what do they mean? [Answer: Family planning refers to the actions couples take to have the number of children they want, when they want them. Using a method of family planning means couples decide the number of children they have and when they have them.]
2. Ask: Is planning your family a new idea? How did couples space their children in the past? Allow participants to discuss. Participants may mention: husbands and wives not sharing a bed, in polygamous households men would spend time in the other house, or secondary abstinence.
3. Divide participants into four groups and assign each group one of the following: 1) Benefits of family planning to women, 2) Benefits of family planning to men, 3) Benefits of family planning to children, and 4) Benefits of family planning to communities.
4. Allow participants to discuss the benefits in their small group. After five minutes, ask a representative from each group to share the benefits they talked about. Allow other participants to add benefits and ask questions. After each group has presented be sure the following were mentioned:

Advantages of family planning

Women	Children	Men	Communities
Prevents unplanned pregnancy	Reduces the risk of children being born early, low birth weight, and dying	Reduces financial, emotional and physical responsibilities (less people to feed, more money available to health care and education of children)	Less demand for health, educational and social services
Reduces chances of death and illness	Better chance for older children to survive	Reduces the worry of having to provide for many people	Less competition for food, land and clean water
Reduces the need for unsafe abortions	Older children can be breastfed longer	More time available for earning income, community involvement and other activities	Improves quality of women's lives, allowing them to participate more fully in community life
Time to complete education	More time and resources to care for older children (food, clothing, housing, and education)	Can spend more time with fewer children	Access to communal services and social amenities guaranteed
Can spend more time with fewer children			
Get relief from pregnancy			
Have time to show love to husband and children			
Able to remain healthy and active			
More time available for income generating activities			

5. Ask: Who is responsible or usually makes the decision about family planning within a family? (If people do not mention both partners, ask them why both partners are not involved? Should both partners be involved in this decision? Why or why not?)
6. Emphasise: Planning a family is done with two people – the man and the woman. Decisions about your family should be discussed together and are not the responsibility of one person alone. These kinds of decisions will impact both people, and each person should be comfortable with what is decided. Male involvement in family planning is also important. A man has just as much responsibility for his children as the woman does. A couple should consider how many children they would like to have, and if they can afford to support those children with food, shelter, health care and education. To have healthy, productive children requires an investment of time and money. In addition, it is important to remember that women have the right to make decisions about their body. Giving birth is not an easy task and a woman's feelings about this process and her body must be considered.
7. Ask: Have you talked with your husbands about how many children you would like to have? For those of you who have, would you like to share how that discussion went?
8. After those participants have shared, ask: Have any of you not talked with your husband about how many children you would like to have? Why not? Allow participants to share their feelings.
9. Ask for two volunteers to role play a conversation between a husband and a wife where the wife would like to start going for injections to prevent pregnancy.
10. Facilitate a discussion using the following questions:
 - Was the role play realistic? Why or why not?
 - What would you have done differently?
 - Do you know couples who have had a similar discussion? What did they do?
 - Would anyone else like to role play this scenario in a different way?
11. Allow 1-2 other pairs of volunteers to role play the scenario and facilitate a discussion with the group after each role play using the questions above.



Optional activity: The ideal number of children

Note: This activity could be facilitated during a session when husbands are present.

Advance preparation: On separate pieces of paper, write the numbers 1,2,3,4,5, and 6 (one number per piece of paper). On another piece of paper, write “more than 6.” Tape these pieces of paper at different locations around the room. (If paper is not available, use piles of sticks or stones to represent the numbers.)

1. Ask participants to think about the following question for a couple of minutes: “If you could have your way, how many children would you choose to have?”
2. Then ask the participants to go stand next to the number that corresponds to the ideal number of children they chose.
3. Once everyone has moved to their number, have them discuss their reasons with others who are standing next to the same number. After 10 minutes, ask representatives from each group to explain the reasons why their number is ideal.
4. Ask for volunteers to role play the following scenarios. Encourage participants to play roles different from their own, for example men can play women.

Scenario 1: A husband and wife are discussing whether or not to use family planning. They already have three children, and the parents want to ensure a good life for them. The husband wants to practice family planning and the wife does not.

Scenario 2: A woman is talking to her friend and neighbour. She is thinking about starting a family planning method, but she has some fears about it. The friend has been on family planning for many years, and talks about the benefits she has experienced.

Scenario 3: A chief is talking about family planning during a baraza. He tells them about the benefits of family planning for the community.

Scenario 4: A mother is talking with her married daughter about the importance of having more children. The daughter and her husband have two healthy children and have decided that the husband will go for a vasectomy. The daughter explains all of the benefits of having a smaller family to her mother.

Contraception



Session objectives

By the end of this session, participants will be able to:

- Define contraception.
- List different methods of contraception.
- Explain the difference between permanent and temporary methods.



Background notes

Contraception means preventing pregnancy while continuing to have sexual intercourse. A contraceptive is a drug, device, or method used to prevent pregnancy or reduce the chances of getting pregnant while still having sexual intercourse. Contraceptive use saves women's lives and improves their health by allowing women to avoid unwanted and poorly timed pregnancies. Contraceptive use saves children's lives by allowing parents to delay and space births – when births come too early or less than two years apart, the health of infants and their siblings is in danger. Contraception allows women to decide the number and spacing of children, which gives them more opportunities to participate in educational, economic and social activities.

Contraception prevents pregnancy when a man and woman have sexual intercourse. A contraceptive is a drug, device, or method used to prevent pregnancy. There are many different contraceptive methods. Most are reversible; that means a woman can still be able to become pregnant after she has stopped using the method. Some methods, such as surgical sterilisation, are permanent, meaning a woman will not be able to become pregnant in the future. All methods are designed to work in one of two ways: either they prevent the man's sperm and the woman's egg from coming together, or they prevent the fertilised egg from implanting in the womb.

Women and men should be able to determine the number and spacing of their children freely and responsibly. To do so, they should have a wide choice of contraceptive methods appropriate to their needs. There are many contraceptive methods to meet all the different needs of users. The variety of methods benefits the users because they are able to select the method that best meets their needs and can change to a different method as their needs change or if they experience difficulties.

There are many different family planning methods, including condoms, implants, injectables, IUCDs, oral contraceptives, spermicides, natural family planning, voluntary surgical sterilisation, and withdrawal. Each of these has their advantages and disadvantages. Some provide temporary protection against pregnancy while others are permanent. Some, such as condoms, protect the user against sexually transmitted infections (STIs), while others do not. Some are for women and some for men. Some must be used at the time of sexual intercourse, while others are used independently of intercourse.

Some contraceptive methods are more effective at preventing pregnancy than others. How well a method protects against pregnancy can depend on how well and how often a user uses some methods, such as condoms, injectables, natural family planning, oral contraceptives, spermicides, vaginal barrier methods, and withdrawal.

Having a choice of contraceptive methods is important because each person's decision is influenced by personal concerns, health considerations, cost, and convenience. These factors are different for each person. Remember, individuals and couples have the right to decide whether to use family planning and which method to use. Personal factors that influence contraceptive choice include age, marital status, number of children, reproductive intentions (spacing or limiting childbearing), frequency of intercourse, relationship with partner, influence of others in the decision-making process, importance of method convenience, and the user's familiarity and level of comfort with her or his body.

A person's general health, reproductive history (including history of contraceptive use), and history of STIs may influence which methods are appropriate. Certain conditions – including anaemia, presence of infection or STI, cervical and uterine abnormalities and circulatory disorders – can affect the suitability of some methods of contraception.

When choosing a contraceptive method, a woman/couple should ask herself/themselves the following questions:

- Is it easy to use?
- Does it work well?
- Is it safe for me/us?
- Is it affordable?
- Is it permanent?
- Does it protect against STIs and HIV?

The costs to people of using contraception include not only the actual cost of the methods, if any, but also costs associated with obtaining the method, including time, transportation, and psychological costs such as feelings of embarrassment or not being respected.

Cultural traditions, such as the status of women, female authority in decision-making, women's freedom of movement and the role and influence of men in contraceptive decision-making affect a user's ability to seek or use contraceptives. Other cultural factors, such as myths or misconceptions about various methods, religious beliefs and availability of female family planning providers also can influence a person's willingness or ability to use a method. The decision about which contraceptive method to use should be made by the individual or couple, with information and support from family planning providers. The decision to stop using a method also should be made by the individual or couple and should be respected by the health care provider. This is particularly important for methods that require provider assistance to discontinue, such as IUCD's and implants.

Choosing a contraceptive method

The best contraceptive method is the one that the user can and will use correctly all the time. How well a contraceptive method works does not only depend on the method itself, but also how well the user follows the instructions. It is important for family planning users to find a method that protects against pregnancy and is easy for them to use the right way all the time. For most people, the most important thing to think about when deciding to use a contraceptive method is how well it protects against pregnancy. Most unplanned pregnancies among contraceptive users happen because they are not using the method correctly, not because the method did not work.

Some contraceptive methods are more difficult than others to use correctly all the time. Methods that require the user to do something every day, like oral contraceptives, or that interrupt sexual activity, like condoms, can be difficult for users to use correctly all the time. Not using a method correctly or not using a method all the time can increase users' risk of pregnancy.

Effectiveness

Contraceptive effectiveness means how well a contraceptive method works at preventing pregnancy. Effectiveness is measured in two different ways: how effective it is when used perfectly (this is called perfect use) and how effective it is when used normally (this is called typical use). Each individual user can have a much higher or much lower risk of pregnancy, depending on how well and how often they follow the method's instructions. How well a method works depends on how well users follow instructions.

Methods are grouped into four categories:

- **Very effective:** methods that have high protection against pregnancy and are very easy to use perfectly.
- **Effective:** methods that have high protection against pregnancy when users follow instructions carefully and use them all the time.
- **Somewhat effective:** methods that have high protection against pregnancy but can also have low protection against pregnancy because how they are used determines how effective they are at preventing pregnancy. This is different between users because some users will always follow the instructions carefully and others do not follow directions carefully or do not use the method all of the time.
- **Least effective:** Methods that do not provide very high protection against pregnancy, even when they are used properly.

Breastfeeding and contraception

Contraceptive methods are safe to use during breastfeeding. However, some methods should not be used by breastfeeding women soon after giving birth. Methods that use hormones can affect breastfeeding.

Contraceptive methods for the breastfeeding mother

Immediately after delivery	6 weeks after delivery	6 months after delivery
<p>Condoms, spermicides, and lactational amenorrhea method (LAM) can be used right away</p> <p>IUCDs can be provided up to 48 hours after delivery with specially trained providers, or after four weeks postpartum.</p> <p>Tubal ligation (sterilisation) can be provided immediately postpartum in certain settings with specially trained providers or anytime thereafter with specially trained providers.</p> <p>A vasectomy can be provided any time with specially trained providers.</p>	<p>Progestin-only pills (POPs), Depo-provera, and implants</p>	<p>Pills or injections with estrogen</p>



Session guide

1. Ask: What is contraception?
2. Explain: Contraception means preventing pregnancy. A contraceptive is a drug, device or method that prevents pregnancy when a man and woman have sexual intercourse. There are many different contraceptive methods. Most are reversible; that means a woman can still be able to become pregnant after she has stopped using the method. Some methods, such as surgical sterilisation, are permanent, meaning a woman will not be able to become pregnant in the future.
3. Ask: What are methods of contraception that you have heard about? Write down participants' responses on a flip chart if available, or note them to yourself for further discussion.
 - Abstinence
 - Condoms (male and female)
 - Emergency contraception
 - Female sterilisation (tubal ligation)
 - Implants
 - Injections (Depo Provera)
 - IUCD

- Lactational amenorrhea method
- Male sterilisation (vasectomy)
- Natural family planning or periodic abstinence or fertility awareness
- Oral contraceptives (pills)
- Spermicidal foams, cream and jelly
- Withdrawal

4. For each method, ask the following questions:

- How is this method used?
- How well does it work at preventing pregnancy?
- Does it have any side effects?
- What are the advantages and disadvantages of this method?
- What are your fears about this method?
- What are some of the beliefs and myths about this method?
- Where can we get this method?
- Do you have to visit a doctor or health facility to get this method?
- Are there certain women or men who should not use this method?
- What are some of the myths (or things you have heard people say) about family planning in your community? Are they true? What is the truth? Why do you think these myths develop?

Correct any information that may be stated incorrectly, and add additional information as appropriate.

5. Ask: What is the difference between permanent methods like vasectomy (male sterilisation) and tubal ligation (female sterilisation) and other methods?
6. Explain: When someone makes a decision to use a permanent method, it means that they will not be able to produce children. It is a final decision and not a temporary measure. Permanent methods are not reversible. With all other contraceptive methods women can become pregnant again.
7. Ask: Are all contraceptive choices safe for all women all the time? Allow participants to discuss.
8. Explain that it is important for women and men to talk with a health worker about which contraceptive methods are best for them. Explain that all contraceptive methods are safe for women to use at any age, but permanent methods are not recommended for young people. Explain that it is also important for women who are breastfeeding to talk with a health worker about the method that is best for them, because there are some methods that interfere with breastfeeding.
9. Ask: What is the role of men in using contraceptive methods? Allow participants to discuss.
10. Explain that men's involvement in sexual and reproductive health is very important. This includes using male methods, making decisions about using contraception and family size, and supporting their partners in using other methods. Men can help their partner remember

to take a pill every day or to return to the clinic for regular injections. Men also can help their partners by organizing transportation to the clinic, paying for family planning methods and services, and taking care of children during clinic hours.

11. Ask: How do you think we can encourage men to become more involved in decisions about sexual and reproductive health? Allow participants to discuss.



Optional activity: Myths and misconceptions about contraceptives

1. Ask participants to talk about the different rumours or myths they heard about how to prevent pregnancy. After each participant brings up one myth they have heard for avoiding pregnancy, ask them if what they have heard is true or false, and why, and correct any misinformation with facts. (For instance some participants feel that using witchcraft, using pawpaw leaves in the vagina, or using herbs from elders or from an herbalist can prevent pregnancy. Other myths about preventing pregnancy include use of prayer, not being able to get pregnant the first time you have sex, not getting pregnant if you have sex while standing up, or not even knowing that unprotected sexual intercourse is what causes pregnancy.)
2. Ask participants to stand up from their seats. Explain to participants that you will read the following statements. If the participants believe the statements are true ask them to continue standing. If they believe the statements are false ask them to sit down. Read each statement one at a time and wait for the participants to move. For each question, ask a couple participants to share why they think the statement is true or false. Go through each statement and respond with the correct answer after the participants have shared their reasons. All of the statements below are myths that are false.
 - Oral contraceptives can accumulate in a woman's body and make her sick.
 - A condom can get lost in a woman's body.
 - Oral contraceptives can cause cancer.
 - An IUCD can leave the uterus and travel through a woman's body.
 - Use of contraceptives makes a woman not want to have sex.
 - Use of contraceptives makes a woman want to have sex with someone other than her husband.
 - Using a condom makes a man less of a man.
 - The first time you have sex you cannot get pregnant.
 - You cannot get pregnant if you go to the bathroom after having sex.
 - If you pray before and after you have sex you can't get pregnant.
3. Ask: Are there any other myths about contraceptive methods in our community? Encourage participants to share.
4. Ask: What would you say to someone who told you one of the myths we discussed?

Risks of early pregnancy



Objectives

By the end of this session, participants will be able to:

- List risks women under 18 years of age face by becoming pregnant (both to their health and their futures).



Session guide

1. Ask: How common is it for women under the age of 18 years to get pregnant in our community? Allow participants to discuss.
2. Ask: Are there any health risks for women under the age of 18 who are pregnant? Allow participants to discuss.
3. Participants should mention the following during their discussion. If they do not, present the following information:
 - Young women are more likely to suffer from complications during pregnancy and childbirth because their bodies are not fully developed.
 - Much more likely to die during childbirth.
 - Likely to have high blood pressure, fits, low-birthweight babies, sick babies, and problems during delivery.
 - Unsafe abortion can lead to immediate and long-term health problems, including death.Allow participants to ask questions and discuss the information above.
4. Ask: Are there any other risks for women who become pregnant before they are 18? Allow participants to discuss.
5. Participants should mention the following during their discussion. If they do not, present the following information:
 - Young girls who become pregnant have fewer opportunities for education, training, and employment.
 - Pregnant girls are often expelled from school or do not return to school after giving birth.
 - Young women have less access to jobs and income-earning opportunities.
 - Unmarried young women who are pregnant may be rejected by the father of the child, or even by their own families.
6. Ask participants if they know anyone who was pregnant before she turned 18 and to share her story.
7. Ask: Has anyone felt pressure from their families to start to have children before they were ready? Encourage participants to discuss and share experiences.

Sexually transmitted infections (STIs)



Session objectives

By the end of this session, participants will be able to:

- Describe signs of STIs.
- Name common STIs.
- List consequences of STIs.
- Explain why women are more at risk of STIs.



Background notes

Germs, viruses, and bacteria

Germs are tiny living organisms, or things, that cause disease when they enter the body. They are so tiny you cannot see them. Bacteria and viruses are both types of germs. Viruses are the smallest germs known to exist. In order to multiply, viruses must find a home inside a living organism, like a human cell. Some of the diseases caused by viruses include measles, polio, hepatitis, chicken pox, the common cold (homa) and HIV.

Many bacteria are useful, such as those that ferment beer or turn milk into yoghurt. However, many also cause disease in humans. Some diseases caused by bacteria include gonorrhoea, syphilis, meningitis, diarrhoea, pneumonia, and leprosy.

What are STIs?

Sexually transmitted infections (STIs) are infections transmitted by having unprotected sex with an infected partner. STIs are some of the most common communicable diseases in Kenya, particularly amongst young people aged 15-24. The human immunodeficiency virus (HIV) is an STI that leads to AIDS, which is fatal. (See Module 26 for more information on HIV and AIDS). In addition to HIV, there are more than 20 other diseases that can be transmitted sexually, including chancroid, chlamydia, gonorrhoea, genital herpes, the human papilloma virus, syphilis, and trichomoniasis, among others.

A sexually transmitted infection occurs when bacteria, viruses, or other disease-causing organisms pass from one person to another. STIs can have devastating health consequences, including pelvic inflammatory disease, infertility, chronic abdominal pain, cervical cancer, and in some cases, death. In addition some STIs can be transmitted to infants during pregnancy or birth.

It is possible to be infected with an STI even after only one act of sexual intercourse with an infected person. Some STIs can no longer be treated successfully with the medicines that were used in the past, because the germs that cause the disease are now resistant to the medicines.

Why are women more at risk?

Women are at higher risk for and more affected by STIs than men for several reasons. Differences in their bodies make detection more difficult in women, infection has more serious consequences

for women than for men, the risk of transmission is greater from a man to woman, and many women have little power to protect themselves in sexual situations. Additionally, because a man's sexual fluids stay inside a woman's body after sex, she is more likely to get an infection. Younger girls are even more at risk for getting an STI because they are more likely to suffer from tears in the vagina during sex.

Signs and symptoms of STIs

Most men can tell when they have an STI because there are usually clear signs. Women, however, often have an STI without knowing it, because there are often no signs that they have the disease. Sometimes only an experienced and trained health care provider can find signs of an STI in a woman. This is especially true during pregnancy, when many STI symptoms (for example, an increase in the amount of fluid produced in the vagina) are mistaken for side effects of pregnancy. Sometimes it is necessary to examine samples of a woman's blood or vaginal discharge to learn if she has an STI, and which type of STI she has. For this reason, it is important to recognise the signs of an STI and to visit a doctor as soon as possible if you see any of the signs or suspect that you have been exposed to an STI.

Risk factors for STIs include:

- Having a partner with an STI.
- Having more than one partner.
- Having had a new partner during the last three months.
- Suspecting a partner has other partners.

Many STIs can be cured or treated. A health provider will give medicine to a person who has been diagnosed with an STI. It is essential that a person with an STI finish all the medicines that the health worker gives and abstain from sexual activity or have protected sex until the health worker says they are cured. If a person finds out that they have an STI, they should also make sure that their partner (or partners) goes for treatment.

Any of the following may be a sign for a person who has had sexual intercourse that she or he may have an STI and should consult a doctor or clinic:

- Redness or soreness of the genitals.
- Pain at urination or cloudy or strong-smelling urine.
- A sore or blisters on or around the genitals, near the anus, or inside the mouth.
- Excessive itching or a rash.
- Abdominal cramping/pain.
- A slight fever and an overall sick feeling.
- A sexual partner with symptoms.

Note: Both men and women can have an STI without physical symptoms. Women are more likely to be symptom-free. The complications from STIs are more severe in women than in men.

STI prevention

The only completely effective way to prevent STIs is to abstain from oral, anal, and vaginal sexual intercourse. Contact with another person's body fluids can result in STI infection.

For people who have decided to engage in sexual activity, condoms can protect against many, but not all, STIs. For minimal protection, inspect your partner's genitals, wash your genitals after sexual intercourse, use contraceptives jellies, limit your sexual partners to one person, avoid partners who have sex with other partners, and talk to your partner about his or her sexual habits and health. Get tested for STIs with your partner if you have worries or concerns.

Men can help prevent STIs by being faithful to one partner or using condoms to protect their partner and themselves. Maintaining a mutually monogamous relationship – one way of preventing STIs – requires the commitment of both partners. Men can show respect for their partners' health by limiting their sexual relations to one partner.

If you have an STI:

- Seek medical treatment immediately and complete all of your treatment. Do not share your medicine with a partner or anyone else.
- Inform your sexual partner(s).
- Strongly encourage your partner(s) to get treatment.
- Abstain from sexual contact while infectious.
- Abstain from sex or protect yourself every time you have sex.



Session guide

1. Ask: What does STI stand for? [Answer: sexually transmitted infection.] What is an STI? [Answer: Sexually transmitted infections (STIs) are mainly transmitted through sexual contact with an infected partner. STIs occur when infection-causing germs pass from one person to another.] What are examples of STIs? [Possible answers: HIV, Chlamydia, gonorrhoea, or herpes.]
2. Ask: Is sexual contact the only way STIs are spread? How else can they be spread? [Answer: some STIs can be transmitted to infants during pregnancy or birth.]
3. Ask: How do STIs impact your health? [Possible answers: diseases, infertility, chronic pain, cervical cancer, and, in some cases, death.]
4. Ask: What are signs that someone may have an STI? Are they different for men and women? Be sure participants mention all of the signs in the table on next page.

Signs of STIs in Men	Signs of STIs in Women
<ul style="list-style-type: none"> • A wound, sores, ulcer, rash or blisters on or around the penis. • A discharge, like pus, from the penis. • Pain or a burning feeling when passing urine. • Pain during sexual intercourse. • Pain and swelling of the testicles. • Abnormal swelling or growths on the genitals. 	<ul style="list-style-type: none"> • A discharge from the vagina that is thick, itchy or has a funny smell or colour. • Pain in the lower abdomen. • Pain or a burning feeling when passing urine. • Pain during sexual intercourse. • Abnormal bleeding from the vagina. • Itching in the genital area. • Abnormal swelling or growths in the genitals. • Vaginal secretions that change colour, have a bad smell, become much thicker or much more watery, or cause irritation.

5. Explain that most men can tell when they have an STI because there are clear signs. Women can have an STI without knowing it, because there are often no signs. Sometimes only a trained health worker can find signs of an STI in a woman. Sometimes it is necessary to examine samples of a woman's blood or vaginal discharge to find out if she has an STI, and which type of STI she has.
6. Ask: What should people do if they think they have an STI? (Answers: They should consult a health worker for advice, tests, and treatment. Since most people have few or no symptoms of an STI, it is important to go for treatment even if you think you are at risk for STIs.)
Ask: Why do some people wait to be tested and treated for STIs? Allow participants to discuss.
7. Ask: How can STIs be prevented? [Answers: abstaining from sexual activity, being in a mutually faithful relationship with a partner who is not infected, and using condoms can prevent some STIs.]
8. Ask: Why is it easier for women to be infected with an STI? Allow participants to discuss.
9. Explain that the differences between men and women's bodies, as well as social and economic status, cause women to be infected with STIs more than men.
 - During sex, the man's penis goes inside the female and his sexual fluids, which may carry infection, stay inside her body.
 - It can be very difficult for a woman to refuse sex with her husband or to insist that he use a condom.
 - Women and girls are more likely to have experienced unwanted/forced sex.
10. Ask two volunteers role play what they would do or say if they noticed that their sexual partner had sores or an unusual discharge or smell in the genital area. One person can role play the wife, the other can role play the husband. After the role play, facilitate a discussion using the following questions:
 - Do you agree with what the character decided to do?
 - Would you have done anything differently? If so, what?

- Was this role play similar to what would happen in real life? Why or why not?
- How will the decisions made in the role play influence the lives of the characters?

Allow several pairs of volunteers to role play the situation and participants to discuss each one. Facilitate a discussion after each role play using the same questions as above.

11. Ask: What should you do if you think that you have been infected with an STI? [Answers: seek proper medical treatment right away; inform your sexual partner(s); and abstain from sexual contact until there is no evidence of infection and you have finished all the prescribed medicine.]
12. Divide the group into pairs and ask each pair to role play a situation where they are husband and wife. One of them has an STI (they can choose which person). The person with the STI needs to inform his or her partner about the infection and encourage their partner to go for testing. Then ask them to switch roles so the other person now has the STI.

Ask the group to come back together and facilitate a discussion with the following questions:

- What did you find difficult about this situation (for example, telling your partner about the STI)?
- Was there anything that made it easier to talk with your partner about the STI? If so, what?
- What are some good ways to start a discussion with your partner about STIs?
- What can someone do if their partner reacts badly to the information about an STI?

Understanding HIV



Objective

By the end of this session, participants will be able to:

- Explain how people become infected with HIV.
- List ways to protect themselves against HIV.
- Describe the difference between exposure to HIV and infection with HIV.



Session guide

1. Ask: Is HIV a problem in our community? Why or why not? How are we affected? Allow participants to discuss.
2. Ask: What is HIV? Encourage participants to discuss. After the discussion, share the following information:

HIV is a virus that is passed between people through blood and other body fluids. HIV weakens the immune system, making it easier for people to become sick. HIV is the virus that causes AIDS. A virus is the smallest type of germ. Viruses live inside of living things. Some of the diseases caused by viruses include measles, polio, hepatitis, chicken pox, and colds(homa).
3. Ask: What is the difference between HIV and AIDS? Encourage participants to discuss. After the discussion, share the following information:

HIV is a virus, AIDS is a disease. HIV causes AIDS. It takes several years for someone with HIV to develop AIDS. When a person becomes sick with many illnesses that do not go away, then he or she is said to have AIDS. AIDS is a word used to describe the most serious stage of a person's infection with HIV and is when a person has a collection of symptoms.
4. Ask: How do people become infected with HIV? Encourage participants to discuss.
5. Explain that HIV is passed between people in three ways:
 - **Sex.** Penetrative sex with an HIV-infected person where the penis enters the vagina, anus, or mouth of another person.
 - **Blood to blood.** From an HIV-infected person's blood to another person's blood through an opening in the body such as a cut, from a transfusion or by sharing something that cuts or pierces the skin (knife, razor, or needle). This includes sharing circumcision knives, needles, tattooing, or ear piercing, with someone who has HIV. If you or your child is getting a jab, be sure the health worker uses a new needle each time.
 - **Mother to child.** HIV can be passed from a mother who is HIV infected to her baby during pregnancy, at the time of birth, or through breastfeeding.
6. Ask: How can you protect yourself against HIV? Allow participants to discuss. [**Answer:** The only certain way to protect against HIV transmission is to abstain from sexual intercourse, but being in a mutually faithful relationship with an uninfected partner and using a latex condom correctly for every act of sexual intercourse can significantly reduce the risk of HIV infection.]

7. Ask: Can you tell by looking at someone if he or she is infected with HIV? [**Answer:** No, many people who are infected show no signs of HIV infection.]
8. Ask: How can someone know if they are infected with HIV? [**Answer:** the only way to tell if a person is infected with HIV is by testing.]
9. Ask: Why is it sometimes difficult to ask questions or talk about HIV and AIDS?
10. Ask: Where else in the community can you go to get information about HIV and AIDS?
11. Ask: How can you bring up the topic of HIV and AIDS in your home with your husband?
12. Ask: What is the difference between exposure to HIV and infection with HIV? Let participants express their opinions.
13. Ask: When one member of a household has a cold (homa), does it mean that everyone in the house will get infected with the cold?
14. Use this discussion to make the point that when a family member has a cold, everyone is exposed, but not everyone will get infected. Explain that if a soldier steps out of his trench on to the battlefield, then he is exposed. However, he may not be shot unless there are enemy soldiers who can see him, and decide to shoot at him.
15. Ask: What are other examples of the difference between exposure and infection?
16. Ask: When is a person exposed to HIV? Allow participants to discuss. [**Answer:** A person is exposed to HIV when he or she has unprotected sexual intercourse with a person who is HIV-infected, is given blood that has been infected with HIV, or when she or he is a baby in an HIV-infected mother's womb.]
17. Ask: How can you tell whether a person has been exposed to HIV? Allow participants to discuss. [**Answer:** It is not possible to tell by looking at someone whether he or she has been exposed to HIV.]
18. Ask: How long does it take to go from being exposed to HIV to being infected with HIV? Do you have to be exposed a certain number of times before you are infected? Allow participants to discuss views. [**Answer:** There is no time period between exposure and infection. When a person is exposed, he or she is either infected at that time or not infected at all. You can be exposed to HIV one time and then get infected with HIV. Repeated exposure increases the chance that you will get infected with HIV.]
19. Ask: Why is it important to know the difference between exposure and infection? [**Answer:** The surviving partner of someone who has died of AIDS has been exposed, but may not be infected. Many people who have been exposed also assume they are infected, but this is not necessarily true. Knowing the difference between exposure and infection can help prevent stigma. The only way to know for sure that you have HIV is to be tested. Knowing your status is important.]

HIV risk



Session objectives

By the end of this discussion, participants will be able to:

- Understand risk.
- List activities that put people at risk.
- Suggest ways to reduce the risk of HIV within a marriage.



Session guide

1. Ask: What are some of the naughty and forbidden activities that you did when you were a small boy or girl under 10 years? What were some activities that were specifically not allowed by parents or teachers or that were thought to be dangerous in some way?
2. Choose one or two of the activities on the list that can be dangerous and ask: Why was this activity forbidden? Was there any danger in it for you? Why did you still choose to do it? What made it enjoyable for you even though it was forbidden or dangerous?
3. Ask: What were some of the forbidden or dangerous activities that you did when you were older, but before getting married? Write all of their activities on a flip chart. [Possible examples: Smoking, going to a bar, kissing, having sex, trying drugs or alcohol.]
4. For each activity listed, ask: Why was this activity dangerous? Then, ask: Why did you do it if it was dangerous? Did you do anything to make it less dangerous?
5. Ask: Is there any activity in your daily life that is completely safe? Use the following questions to facilitate a discussion:
 - Is there any danger in eating sweets? Travelling by matatu? Crossing a road? Riding a boda boda?
 - Is there any danger in drinking water? In eating food? What do people do to make drinking water or eating food safer?
6. Ask: What is meant by the word risk? After a few have shared their definitions, explain that risk refers to the possibility of harm or danger in an action. For example, when someone drinks unclean water, there is a risk of falling ill.
7. Explain that there is no activity that can be called completely free of risk. Breathing air puts you at risk of airborne infections. Crossing a road puts you at risk of a road accident. People decide how much risk is acceptable for them. When a person chooses to do a risky activity and understands the risks, it is because he or she thinks there is a benefit in doing it. When the benefit is seen to be greater than the risk, then the person will usually choose to take the risk.
8. Ask: What are some of the risks that you have knowingly taken in your lives? Why did you decide to do them? Did you do anything to make it less risky?

9. Explain that now participants will have a chance to think about the risk of being infected with HIV for different activities. You will read out loud the following questions, one by one. For each statement, participants should stand, if they think the activity is a risk for HIV infection, and stay seated if they think it is not a risk of HIV infection.

For each statement, ask representatives from those standing to explain why they are standing and then ask for someone to explain why he or she is seated.

- Hugging or massaging someone. (no risk)
- Handling blood without protection. (risk)
- Having a sexual partner who has sex with other people. (risk)
- Drinking beer or other kinds of alcohol. (could lead to poor decision making - risk)
- Masturbating (touching your own genitals). (no risk)
- Touching your partner's genitals. (no risk)
- Being bitten by mosquitoes. (no risk)
- Allowing semen or vaginal fluid to touch normal skin (not around the penis, vulva, anus or the mouth). (no risk)
- Having sex before you are married. (risk if not using condoms)
- Having a sexual partner who has had an STI in the past. (risk)
- Eating meals and sharing plates and utensils with a person with AIDS. (no risk)
- Having sex with only one partner who is also faithful. (no risk if you both are HIV negative when you start your relationship)
- Living, working, and playing with a person with HIV. (no risk)
- Not always using a condom for sex. (risk)
- Having unprotected sex with a partner and not knowing if he or she is infected with HIV or an STI. (risk)

10. After the activity, ask participants the following questions:

- Does knowing that some things can be a risk worry you?
- Did you learn any new information? Do you have any questions about any behaviours that we did not talk about?

11. Explain that not all activities are equally risky. Some activities are riskier than others.

Some activities that are risky at some times may be risk-free at other times. For example, sexual intercourse may be risky when the HIV status of the partner is unknown, but may carry hardly any risk if both people know their HIV status or use condoms.

12. Ask: Does doing a risky behaviour mean that someone will become infected with HIV? Allow participants to discuss and remind them of the difference between exposed and infected.

13. Ask: Are there any factors that increase someone's risk of becoming infected with HIV if they have done something risky?

14. Explain that there are many factors that can increase the likelihood that someone would become infected with HIV, as well as whether or not someone who is infected will pass HIV to someone else. Ask: Does anyone know what some of them are? Participants should mention the following, if after their discussion any one of these was not mentioned, mention it.

- **Sexually transmitted infections:** People who are HIV infected persons and have an STI are more likely to pass HIV to their partner; and partners are more likely to be infected with HIV if they have an STI.
 - **Amount of virus:** The more HIV the HIV-positive person has in his or her body, the more likely it is that he or she will pass HIV to a sexual partner. When someone has AIDS, they are ill because they have very high levels of HIV in their body and low numbers of immune system cells. Patients who take their ARVs as directed will have a lower level of virus, but are still able to transmit the virus.
 - **Recent HIV infection:** When someone is recently infected with HIV, he or she will have a higher amount of virus in his or her body. This increases the chance of passing HIV to others.
 - **How often they are exposed through sex:** Each time an uninfected person has sex with someone who is HIV infected, he or she is at risk of getting HIV. The more exposure to HIV he or she has, the more likely it is that he or she will become infected.
 - **Genital injuries:** Partners with cuts or scrapes on the genitals are more likely to be infected with HIV.
15. Explain that these factors make it more likely for a person to pass HIV to someone or for a person to become infected with HIV. In couples, these factors can explain why one partner may be infected but the other is not. These factors can also explain how long the uninfected partner stays uninfected.
 16. Ask: Does being in a marriage reduce your risk of HIV infection? Why or why not? Encourage participants to discuss.
 17. Explain that in some places women who are married are at an increased risk of becoming infected with HIV. Ask: Why do you think this would be? Encourage all participants to share their opinions.
 18. Explain that many people do not think about their partners' behaviour and how it can also put them at risk. Many people still believe that HIV infection is something that only happens to sex workers, drug users, or men who have sex with men. Once we get married, we experience intercourse much more often than before and condoms are rarely used between husbands and wives. When husbands are much older than their wives, there is a higher chance that the husbands could be HIV infected, if he is has had many sexual partners.
 19. Encourage participants to think about this information and then share their thoughts about marriage and the risk of HIV infection.
 20. Ask: What could people do to reduce the risk of HIV infection within their marriage?

HIV testing



Objectives

By the end of this discussion, participants will be able to:

- Explain that the only way to know if someone has HIV is through testing.
- Describe the HIV testing process.



Session guide

1. Ask: How can a person know if he or she is infected with HIV? Allow participants to discuss.
2. Explain that a person cannot tell by looking at his or her body if they have HIV. A person cannot tell whether other people are infected with HIV by looking at them. This is because most of the illnesses that come with AIDS can also come by themselves to people who do not have HIV. For example, someone can get TB whether or not they have HIV. There is only one way for people to know if they have HIV, and that is to test for HIV. In Kenya, HIV testing is accompanied by counselling.
3. Ask: Where can people in our community go to be tested for HIV?
4. Ask: What happens when someone goes for HIV testing?
5. Explain that a health worker takes a small amount of blood from a person's finger. The test is reliable, accurate, safe and painless. The person tested cannot get weak from blood loss because so little blood is taken. Depending on the type of test used, the result may be available in 30 minutes, or after one or two weeks. In order for an individual to know whether they are truly free from HIV, they will be asked to come back in another 3 to 6 months for another test when the window period is over (see below for description).
6. Ask: If a person gets infected with HIV today, and goes for an HIV test tomorrow, will the test be negative or positive? If anyone answers, "negative," ask why they think it will be negative.
7. Explain: Most tests for HIV do not test for HIV directly but rather test for the antibodies that are produced by the immune system after HIV infection. The body makes antibodies to fight infections. It is assumed that if a person has HIV antibodies, then the person must be infected. However, it can take up to 3 months before the immune system produces enough HIV antibodies to be noticed on an HIV test. This period of time, when a person is HIV positive but does not yet have enough HIV antibodies, is called the window period.
8. Ask: If a person gets infected with HIV today, can he or she infect other people immediately? Allow participants to express their views.
9. Explain: A person can infect others as soon as he or she is infected, even though the HIV test will only give a positive result after the window period.
10. Ask: When should a person consider going for HIV testing? Allow participants to discuss.
11. Explain that health workers currently recommend HIV testing for people with high-risk behaviour such as:

- Anal sexual activity (male or female).
 - Frequent heterosexual activity with more than one partner.
 - Sexual activity with prostitutes.
 - Previous treatment for STIs.
 - Blood transfusions (especially before 1985).
 - Injection drug use.
 - Sex with partners having any of the above.
 - Infants born to women with any of the above or who were HIV positive.
 - Pregnant women.
12. Ask: What are the advantages of knowing your HIV status? Possible answers include:
- The sooner people know their status the sooner they are able to make healthy choices to live longer if they are positive.
 - If people are positive they can protect their partners (and children) from infection.
 - If they are negative, they can continue to protect themselves from infection.
13. Ask: What are some reasons people do not want to know their HIV status? Encourage participants to discuss
14. Explain that it is normal to feel afraid about going for an HIV test. All of us are afraid of what the result may be. We fear we might be positive because being HIV positive will change our life and the lives of our family and friends. If we go for HIV testing, there are counsellors who will help us cope with the test and the results. They will give us information about HIV and AIDS, how to stay healthy and how to prevent infection.
15. Divide participants into five groups. Explain that they will role play a situation where a group of friends are talking. In each group there is one person who is worried that he or she may be infected with HIV, but is afraid to be tested. The other participants should role play what they would say to this person to help convince him or her to go for testing:
- A pregnant woman is worried her husband is having sex with other women.
 - A young man has had unprotected sex with three different partners, and he did not always use condoms.
 - A young woman is planning to get married, but has had sex with her previous boyfriend when she was in form 3. She is worried that her fiancé will call off the wedding plans if she tests positive.
 - A woman went to see a traditional healer who gave her a jab with a non-sterile needle.
 - An older man used to be a drunkard and had sex with many women. He has stopped drinking and wants to start a relationship with a woman from his church. He is afraid she will not want to be with him if he tests positive.
16. After 10 minutes, ask participants to come back in a large group. Ask a representative from each group to share what they talked about during their role plays.

Couples HIV testing



Objectives

By the end of this discussion, participants will be able to:

- List benefits for couples who go for HIV testing together.
- It is possible for one partner to be positive and the other to be negative, it is important to go for testing to know for sure.



Session guide

1. What do you think about the suggestion to go together with your husband for HIV testing? What do you think your husband would say? Is this common in our community? Do you know any couples who were tested for HIV together?
2. Ask: What are some of the good things that could happen when going together for testing?
3. Ask: What are some of the bad things that could happen when going for testing together?
4. Ask for two volunteers to role play a conversation between a husband and wife. The wife wants the husband to go with her for an HIV test, the husband does not want to go.
5. Facilitate a discussion using the following questions:
 - Was the role play realistic? Why or why not?
 - What would you have done differently?
 - What are some other ways to encourage your husband to go with you for HIV testing?
 - Do you know couples who have had a similar discussion? What did they do?
 - Would anyone else like to role play this scenario in a different way?
6. Allow 1-2 other pairs of volunteers to role play the scenario and facilitate a discussion with the group after each role play using the questions above.
7. Ask: Is it possible for a husband and wife to have different test results? Allow participants to discuss.
8. Explain that it is possible, and remind participants of the difference between exposure to HIV and infection with HIV.
9. Explain that for a couple with different HIV test results, it is very important for the HIV-negative partner to stay negative. The negative partner can be a source of support for the positive partner, both emotionally and with HIV care and treatment. Should the HIV-positive partner become ill or die, having an HIV-negative, healthy partner can help ensure the well-being of any children or the household.
10. Ask: If one partner is positive and the other is negative, does that mean the negative partner will never become positive? Allow participants to discuss.
11. Explain that although couples may have different results for a long time, if they do not take steps to protect the negative partner from HIV, that partner is at very high risk for becoming infected. By taking steps to protect the negative partner, such as not having sex or always

using condoms during sex, the HIV-negative partner should be able to remain negative for much longer, if not forever.

12. Ask: What would you do if your husband tested positive and you tested negative? Allow participants to discuss.
13. Ask: What do you think would happen if you tested positive and your husband tested negative? Allow participants to discuss.

Staying healthy with HIV



Session objectives

By the end of this discussion, participants will be able to:

- Describe what anti-retroviral therapy (ART) is and how it works.
- List what an HIV-infected person can do to stay healthy and productive for as long as possible.



Session guide

1. Ask: Does a person with HIV also have AIDS? After participants discuss, remind them that testing positive for HIV does not mean that someone has AIDS. It can be many years before their infection turns into AIDS and there are ways to stay healthy for a long time. HIV is the virus and AIDS is a condition that develops after a person has had HIV for a long time and the body can no longer fight off other infections.
2. Ask: Is there a cure for HIV? Allow participants to discuss. [**Answer:** A cure means that the germ that causes a disease has been completely killed or eliminated from the body and will not return unless a person is re-infected. There is no cure for AIDS; however, there are ways to treat the symptoms. Treatment is using a drug or doing something that can cause symptoms to become less painful or pronounced or cause them to disappear altogether. But a treatment is not the same as a cure.]
3. Ask: What are opportunistic infections? Allow participants to discuss. [**Answer:** When a person's immune system begins to weaken because of HIV infection, that person begins to get infections that a person with a healthy immune system would be able to fight off. These infections are called opportunistic infections. Examples include tuberculosis, pneumonia, etc.]
4. Ask: What is ART? Allow participants to discuss. [**Answer:** ART, which stands for anti-retroviral therapy, is a combination of medicines that slow down HIV from spreading in the body. ART helps the immune system get strong so it can fight infections and illness. When someone starts ART, they will be given information on eating healthy, exercising, avoiding stress, alcohol and drugs and generally living positively. ART is not a cure for HIV. ART reduces the amount of HIV in the blood, but cannot eliminate it. ART does not prevent re-infection with HIV.]
5. Ask: Who should be on ART? [**Answer:** If someone's immune system is very weak, his or her doctor may recommend starting ART. If someone's immune system is still strong, there are other ways to protect against opportunistic infections and stay healthy. However, it is important for a person not to wait until they are very sick and almost dying before visiting a doctor. In this case, the medicines (ART) might not be able to help the person. Talk with a health worker often to make the best decision for your health.]

6. Ask: What are some of the ways for people with HIV to stay healthy without medicine? Allow participants to discuss. Be sure they mention the following:
 - Eat a healthy diet.
 - Do physical activity.
 - Get enough sleep.
 - Practice good hygiene.
 - Avoid smoking and drinking alcohol.
 - Have protected sex.
 - Go to the doctor immediately for treatment of illness and infection.
 - Only take medications given by a doctor and follow the directions carefully.
7. Ask: What is a healthy diet? Are there foods that people with HIV and AIDS should eat? Are there foods they should avoid? Allow participants to discuss.
8. Ask: What are some healthy foods that are available and commonly eaten in our community? What does it mean to eat a variety of foods? What are some examples of meals with a variety of foods?
9. Explain that it is important for people with HIV and AIDS to eat a variety of foods to be sure their body gets the energy, protein, vitamins, and minerals it needs. The main food groups people need to eat to stay healthy are body-building foods, protective foods, and energy foods. Share the information in the table below.

Body-building foods	Protective foods	Energy foods	Foods to avoid
Beans, lentils, peas, nuts, milk, yogurt, cheese, fish, eggs, chicken, and meat. These foods have protein for cell repair and growth, help build strong bones and cells, and help fight infection and repair the body.	Greens, spinach, sukuma wiki, cabbage, mango, paw paw, sweet potato, carrots, tomato, avocado, oranges, lemons, and bananas. These foods help the body absorb and use protein and carbohydrates and help fight infections and digest nutrients.	Maize, ugali, rice, matoke, millet, cassava, taro root, potato, and sweet potato. These foods give the body energy so it will work and people can stay active.	Raw eggs, unpasteurized (unboiled) milk, undercooked meat or chicken, sweets, alcohol, coffee, expired food, oily foods, fatty meats, junk food, and acidic foods should all be avoided. Smoking should also be avoided.

Note: The foods to avoid are to help protect the health of a person who is HIV infected and has a weakened immune system. Although there are some communities that do not allow women and children to eat certain foods, that is very different. In this case, these are foods that can harm the health of a person with HIV, and not related to cultural practices and beliefs.

10. Explain that people who are HIV positive need to eat more in order to maintain a healthy immune system. Their bodies need more vitamins and minerals because they are constantly fighting HIV. It is important for people to eat when they are sick, because illnesses can cause the body to not use food properly and lose weight. When recovering from illness, people, especially those with HIV, need to eat more to make up for the lost nutrients and weight.

11. Ask: Can what you eat and drink make you fall ill? Why? Have you ever fallen ill after eating something? Why did it make you sick? Allow participants to discuss.
12. Ask: What are things that you can do to food and water so that they are safer for you to eat and drink? Allow participants to give examples. Be sure participants mention the following:
 - Only take water that is from a clean source.
 - Boil water for at least 5-10 minutes to kill germs.
 - Store water in a container with a lid.
 - Always wash hands with soap before and after touching food.
 - Cook animal products at high temperatures until cooked through. Avoid soft-boiled eggs or meats that still have red juice.
 - Thoroughly wash utensils and surfaces.
 - Cover meat, poultry, or fish with a clear cover or cloth and keep it separate from other foods.
 - Use clean water to wash all fruits and vegetables that will be eaten raw or remove the skin.
 - Remove the bruised parts of fruits and vegetables to avoid any mould or bacteria.
 - Cover food that is not eaten.
 - Keep hot foods hot and cold foods cold.
 - Do not eat food after the expiry date.
 - Store cooked food at most for one day and re-heat before eating.
 - Use bowls, plates, glasses, and utensils that have been cleaned and well dried.
13. Ask: Why is it especially important for people with HIV and AIDS to avoid food and water that may cause them to fall ill? [**Answer:** They already have weakened immune systems and it is important for them to avoid infections and illness.]
14. Ask: What are other things we can do every day to avoid infections and illness? Allow participants to give examples. Be sure participants mention the following:
 - Take baths to keep the body clean.
 - Wear shoes to avoid small injuries that could cause infection.
 - Brush teeth after meals.
 - Wash hands with soap and water after going to the toilet.
 - Keep animals and pets outdoors.
 - Wash hands after handling pets and animals.
 - Avoid contact with young animals and animals with diarrhoea.
15. Ask: Do you think that people with HIV and AIDS should do physical activity or avoid it? Why? Allow participants to discuss.
16. Explain that for people with HIV and AIDS, being active plays an important role in maintaining good health. Ask: What are some of the benefits of physical activity? Allow participants to discuss. Participants should mention the following:
 - Improves appetite.
 - Develops muscle.

- Reduces stress.
 - Increases energy.
 - Maintains overall physical and emotional health.
17. Ask: What are some everyday activities that people with HIV and AIDS can do to stay active? [Examples include walking, cleaning, collecting firewood and water, and taking care of children.]
18. Ask: Should people with HIV and AIDS have sexual relations? Why or why not? Allow participants to discuss.
19. Explain that it is important for people with HIV and AIDS to use condoms and avoid unprotected sexual intercourse. People with HIV and AIDS can protect against HIV re-infection by abstaining from sexual intercourse or using condoms for every sexual act. Having protected sex can lead to healthier and more productive lives by:
- Reducing further spread of the virus.
 - Reducing the risk of repeated exposure to HIV infection.
 - Preventing exposure to other sexually transmitted infections.
 - Avoiding pregnancy, which puts a greater strain on a woman's health and risks possible HIV infection of the baby.
 - Avoiding infection in women and therefore the possibility of transmitting HIV to their babies.

Stigma²



Session objectives

By the end of this session, participants will be able to:

- List examples of how we stigmatise people with HIV.
- Describe ways to address stigma as individuals, families, and community members.



Session guide

1. Ask participants to sit on their own at a distance from other participants. Then say: "Close your eyes and think about a time in your life when you felt alone or rejected for being seen to be different from others or when you saw other people treated this way." Explain that this can be any form of "isolation or rejection for being seen to be different." Ask them to think about: "What happened? How did it feel? What impact did it have on you?"
2. Ask participants to sit on their own. Then say: "Close your eyes and think about a time in your life when you isolated or rejected other people because they were different. Think about what happened? How did you feel? What was your attitude? How did you behave?"
3. Bring participants back to the larger group and ask participants to share examples of when they felt alone or rejected for being different. Allow several participants to share. Then, ask for volunteers to share when they rejected someone for being different.
4. Ask: What is stigma? Allow participants to discuss. [**Answer:** To stigmatise is to see people as bad because of a condition they have. Stigma has many forms: thoughts, comments, gossip, name-calling, actions, and exclusion. It causes people to feel rejected, isolated, alone, or guilty.]
5. Ask: Do people in our community experience stigma for being HIV positive? How? Encourage participants to share examples.
6. Ask: Why do people stigmatise? Allow participants to discuss. [Participants should mention that stigma is caused by fears about their own death and disease, not having correct information, and moral judgements about people.]
7. Ask: Can anyone share examples of stigma around HIV that you have seen or experienced? For each example that is shared, ask what could we do to fight stigma in this case?
8. Divide participants into three groups. Assign each group one of the following: individual, family, and communities. Ask each group to talk about specific things we can do to fight stigma at their level.
9. After each group has had time to talk about their topic, bring participants back together and ask each group to have a representative talk about specific things that can be done at their level to fight HIV stigma. After each group has presented, ask the other participants: Are these ideas possible? Are there any other things we can do to fight stigma at this level? Allow each group to report on their discussion.

Having a healthy pregnancy



Session objectives

By the end of the session, participants should be able to:

- Describe what women can do to help have a healthy pregnancy.
- Identify ways to overcome obstacles to proper care during pregnancy.



Session guide

1. Ask: What can a women and her partner do to have a healthy pregnancy? [**Answers:** Go for antenatal care, reduce her workload, get plenty of rest, eat healthy foods, eat more, get medicines to prevent malaria, avoid STI and HIV infection, and not drink alcohol or smoke.]
2. Ask: Do most pregnant women in our community do all of these things? Why or why not? Allow participants to discuss. Note reasons why women do not take care of themselves during pregnancy.
3. Ask: How can pregnant women take better care of themselves during pregnancy? Allow participants to discuss. Refer to the reasons given earlier for why women do not take better care of themselves and ask how women can overcome them.
4. Ask: How can partners and other family members help pregnant women to take better care of themselves? Refer to the reasons given earlier for why women do not take better care of themselves and ask how partners and family members can women overcome them.
5. Ask: What happens during an antenatal care (ANC) visit? How many times should pregnant women go to the health facility for ANC before giving birth? [**Answer:** 4 times.]
6. Ask: Why is it important for a pregnant woman to go for 4 ANC visits, even if they are going to deliver at home? Participants should mention the following:
 - Although pregnancy is a normal process, complications can occur.
 - Many complications can be prevented by following the advice of the health care provider and attending regular antenatal consultations for information and services.
 - Early detection of complications is important. Complications that are detected early are more easily treated and managed.
 - In addition to finding out about possible problems and treating them, a woman who goes for regular antenatal care receives other important information and services on how to improve her health and that of her baby.
7. Ask: Do most women go to the facility four times before giving birth? Why or why not?
8. Ask: How can we encourage women to go to the facility for all four of their antenatal care visits? What can partners and family members do?
9. Ask: Where do most women in our community give birth? Why?

10. Ask: Why is it recommended that women give birth in a facility? Participants should mention the following:

- Complications can develop at any time during delivery without warning.
- A facility has staff, equipment, supplies and drugs available to provide best care.
- HIV-positive women will need appropriate ARV treatment for themselves and their babies during childbirth.
- If giving birth at home, gather everything required for the delivery in advance. To have a clean delivery and avoid infections in your baby, keep the following materials in a clean covered box or container well in advance:
 - o Five clean cloths.
 - o A bar of soap.
 - o A new razor blade (kept in its original wrapping).
 - o Clean thick cotton thread – at least three pieces to tie the cord. (Plan to boil the blade and the cotton ties for ten minutes when the labour pains start.)

11. Summarise the key actions a woman can take to protect herself and her baby during her pregnancy:

- Go for 4 ANC visits.
 - o Get vaccinated against tetanus.
 - o Get tested for HIV/AIDS and other STIs to receive care and protect your infant.
- Take the iron and folate tablets to avoid anaemia (take iron tablets with meals to reduce side effects, such as nausea, vomiting, and diarrhoea).
- Protect yourself and the baby from malaria by sleeping under insecticide-treated bed nets and taking the recommended doses of antimalarial medicine.
- Add foods of high nutritional value (such as milk, cheese, eggs, meat, fish, oils, nuts such as peanuts, seeds, cereals, beans, vegetables, and fruit) especially during the last months of pregnancy. Among these nutritious foods, women can give priority to those that are more readily available and affordable.
- Use iodized salt when cooking to prevent miscarriages, the early death of the newborn and damage to the baby's brain.
- Avoid doing heavy work and get plenty of rest.
- Engage in safer sex, including using condoms when pregnant and breastfeeding.
- Avoid alcohol and smoking during pregnancy.
- Do NOT take medication unless prescribed at the health centre/hospital.
- Whenever possible, the woman should be encouraged to bring her partner or family member to at least 1 visit.
- Delivery in a health facility or with a trained, skilled birth attendant.

12. Stress that even if women are not planning on delivering in a health facility, it is still very important to go to a health facility for ANC visits.

Malaria during pregnancy



Session objectives

By the end of the session, participants should be able to:

- Explain why malaria is especially dangerous during pregnancy.
- List ways pregnant women can prevent malaria.



Session guide

1. Ask: Why should pregnant women sleep under bed nets? Allow participants to discuss.
2. Ask: Do you know any women who have had malaria during pregnancy?
3. Ask: What are the risks of malaria during pregnancy?
4. Explain that pregnant women should sleep inside bed nets to protect themselves from malaria-infected mosquitoes. During pregnancy, it is especially important for women to avoid becoming sick with malaria. Malaria during pregnancy can cause anaemia (weak blood), miscarriage, and low birthweight and premature babies. When women are pregnant, they are less able to fight malaria infection, so they are more likely to become very sick with malaria than other adults. Being treated for malaria is also more complicated during pregnancy. Explain that pregnant women can get malaria and not know they have it, which makes it especially dangerous.
5. Ask: did you know there is a medication that will help you not get malaria during pregnancy? Do you know when you should go to get it?
6. Explain that pregnant women should be given 2 doses of a medicine that helps prevent malaria called SP. SP is safe and works very well. Health workers will give SP to pregnant women when they come for ANC visits.
7. Ask: Are all bed nets the same? Allow participants to discuss.
8. Explain that there are different kinds of bed nets: those with insecticide and those without. Insecticide repels and kills mosquitoes and is the best option for pregnant women. The insecticide treated bed nets are safe for people to use and provide a high level of protection from mosquitoes. These nets kill mosquitoes that touch the net; reduce the number of mosquitoes in the house, inside and outside the net; and kill lice, ticks, and pests such as bedbugs and cockroaches. Untreated bed nets are also safe and provide some protection from mosquitoes, but do not kill or repel mosquitoes and can let mosquitoes in to bite when a person enters or leaves, if there is a hole or tear in the net, if the net is badly hung, or when skin touches the net.
9. Ask: Do most pregnant women in our community sleep under a bed net? If not, why not? Allow participants to discuss.

10. Explain that insecticide treated bed nets are available for pregnant women at government health facilities for Ksh. 50/= . Ask: How can we encourage women to purchase these bed nets and sleep inside them? Allow participants to discuss.
11. Divide participants into pairs. Ask each pair to role play a conversation between a pregnant woman who does not want to sleep under a mosquito net and her friend. The “friend” is responsible for trying to convince the pregnant woman to use the bed net.
12. After 5 minutes, ask for a few volunteers to share the ways they tried to convince their partner. Ask if they think it is a realistic way.

Eating well during pregnancy



Session objectives

By the end of this session, participants will be able to:

- Classify foods into the three food groups and give examples of each category.
- Explain how adolescent, pregnant and breastfeeding women can get enough to eat.



Session guide

1. Ask: How does the food that we eat affect our health? Allow participants to discuss.
2. Explain that our health and development are affected by the kind and amount of food that we eat. People who do not eat enough healthy foods are more likely to become sick. People who eat a variety of healthy foods – which means eating the right amount and the right kinds of food – have stronger immune systems, less illness and better overall health.
3. Eating enough food is one part of healthy eating, but eating different kinds of healthy foods is also important. Present the following information about different food groups.

Body-building foods have protein for cell repair and growth, help build strong bones and cells, help to fight infections, and repair the body.

These include beans, lentils, peas, nuts, milk, yogurt, cheese, fish, eggs, chicken, and meat.

Protective foods help fight infections, help the body absorb and use protein and carbohydrates and help digest nutrients.

These include sukuma wiki and other greens, spinach, cabbage, pumpkins, mango, paw paw, carrots, tomato, avocado, oranges, pineapples, and bananas.

Energy foods give the body energy so it will work and people can stay active.

These include maize, ugali, rice, matoke, millet, cassava, taro root, potato, and sweet potato.

Explain that women who are underweight can protect their health by:

- Eating foods from different food groups.
 - Eating more fruits and vegetables.
 - Eating animal products, if possible.
 - Using fortified foods, such as vitamin A-enriched sugar and other products and iron-enriched and vitamin-enriched flour or other staples, when available.
 - Using iodated salt.
4. Explain that it is important for everyone to eat healthy foods all of the time, but there are times when women and girls have special needs. Ask: When would women and girls need to eat more than usual? **[Answer:** During adolescence and before pregnancy.]
 5. Explain that at this time women need to eat more to ensure they grow properly (this is a key time for growth and is often called a “growth spurt”) as well as to establish energy reserves for pregnancy and breastfeeding. It is important for women to wait until they have stopped growing before getting pregnant the first time and to have stores for when they do get pregnant.

6. Ask: Why is it important for women to eat more during pregnancy and breastfeeding?
[**Answer:** Helps the baby grow and develop and it is necessary for producing enough breastmilk.]
7. Divide the participants into three groups. Assign each group one of the following women: an adolescent who is still growing, a pregnant woman, and a breastfeeding woman. Ask each group to talk about the kinds of food that are available in our community and would be good for their woman to eat. Ask each group to plan three meals and two snacks for their woman to eat in one day. Ask them to think about problems women might face in trying to get these foods, and how they can be solved. When the group has discussed for about 10 minutes, ask them to return to the larger group.
8. Ask a representative from each group to present their suggestions for how their woman would eat during a typical day. Allow other participants to make suggestions and ask questions.

Planning for birth



Session objectives

By the end of this session, participants will be able to:

- Explain why it is important for pregnant women and their families to plan for birth and be prepared for an emergency.
- Develop birth preparedness and complication readiness plans.



Session guide

1. Ask: In our community, how do pregnant women and their families usually prepare for birth? Allow participants to discuss.
2. Ask: Do you think this amount of planning and preparation is enough? Why?
3. Ask: Why is planning for birth important? Allow participants to discuss.
4. Present the following:
 - Although giving birth is usually a normal process, it is important to plan for the delivery and to be prepared in case of any complications/emergencies to protect the health of the woman and baby.
 - Not planning can lead to emergency situations that put the mother and the child at great risk, and even death. It is important that women and their families are prepared and get appropriate health care before an emergency.
5. Ask: How should women and their families prepare for childbirth? Allow participants to discuss. Participants should mention the following information:
 - Know what to expect during pregnancy, including their due date and how to stay healthy during pregnancy (eat healthy, work less, and get plenty of rest).
 - Make an individual birth plan and choose a birth partner.
 - Know and recognise danger signs during pregnancy, childbirth, and the post-partum period.
 - Understand the importance of having a skilled provider attend the birth.
 - Know which health facility to go to if she has any problems.
 - Know how to get to that facility and have a plan for transport.
 - Develop a plan to pay (savings/loan) for those services.
 - Understand the importance of immediate and exclusive breastfeeding.
 - Recognise the danger signs for newborns.
 - Learn about their return to fertility and contraceptive options available to them after childbirth.
6. Explain that because dangerous problems can happen at any time during pregnancy, childbirth, or just after the birth, it is important for families to know where the nearest hospital or clinic is and have plans and funds available to get the woman there quickly at any

time. If possible, a pregnant woman should move, temporarily, closer to a clinic or hospital so that she is within reach of medical help if she needs it.

7. Ask: From the seventh month of pregnancy women should have the necessary items for delivery, what would those items be? Participants should mention the following:
 - Five clean cloths.
 - A bar of soap.
 - A new razor blade (kept in its original wrapping).
 - Clean thick cotton thread – at least three pieces to tie the cord. (Plan to boil the blade and the cotton ties for ten minutes when the labour pains start.)
8. Explain that it is also important for each pregnant woman to have a birth plan. A birth plan should be able to answer the following questions:
 - When is the baby due?
 - Where will the baby be born?
 - Which trained and skilled attendant will be there?
 - What supplies are needed to prepare for delivery?
 - Who will be the birth partner?
 - Who will care for the rest of the family?
 - Which health facility will she go to in case of an emergency?
 - How will she get there?
 - How long will it take to get there?
 - How much will it cost for transport?
 - How will you raise funds for transport?
9. Explain that a birth partner is the person who is with the pregnant woman during childbirth. This person will support the woman during childbirth and should help her make the birth plan. A birth partner can be the father, a sister, mother-in-law, mother, other family member or a community health worker. A birth partner should also be able to recognize warning signs during pregnancy and encourage the pregnant woman to get help as needed.
10. Ask participants to share common beliefs and practices in their community, including beneficial and harmful ones, that may influence whether a woman and her family plan for the birth with a skilled birth attendant and prepare for complications during pregnancy. Possible answers include:
 - Some families believe that “preparing” for the birth ahead of time may result in problems in the woman and baby.
 - In communities with high rates of newborn deaths in the first week, some families may consider that the baby has not really “come into the family” until 7 – 10 days have passed. Some families for this reason even wait to name the baby.
11. If planning ahead for the delivery is uncommon or taboo, suggest some of these examples of other ways we plan, reminding participants that people are always preparing for something as it is a natural part of life. For example:

- Those who work in the fields plan and get organized to plant and harvest their crops in different times of the year. This does not mean that the harvest will be poor. In fact it helps them to get a better harvest.
- Preparing ahead allows you to select and arrange for the best available care for the woman and baby.
- If the family does not wish to purchase new clothes for the baby ahead of time, old dresses or even pieces of cloth of the appropriate sizes can be kept aside after being washed well and stored in a clean container.
- All families may not have ready access for money and transport and these too must be saved and put aside. Or, families can join in on any special schemes that may be available in their community or the facility.

12. Ask for two volunteers to conduct a role play based on the scenario below:

Two married sisters are talking. The younger sister is pregnant for the first time. She has many questions about pregnancy and childbirth for her older sister who has two children. The older sister asks her questions and gives her advice. Is she planning to visit the facility for antenatal visits? How will she get there? Is she planning to go to the centre for the delivery? Have she and her husband planned what they would do in case of an emergency? The pregnant sister explains that she may have some difficulties talking about preparing for the birth with her husband since he may not see the reason to spend money on a visit to the health centre if she is not sick.

13. Allow 10 minutes for the role play and then facilitate a discussion using the questions below:

- What were the pregnant woman's concerns about preparing for birth?
- Are these common concerns in our community?
- How can we prepare for giving birth?

14. Divide participants into pairs for a role play. One person will play the husband and the other will be the pregnant wife. They will talk about how they plan to prepare for the birth of their child.

15. After 10 minutes, ask participants to come back to the larger group. Ask participants to share their experience role playing this discussion. Ask: How can we talk with our husband and family about the importance of planning for giving birth and being prepared for an emergency?

16. Ask participants to sit on their own and spend 10 minutes creating a birth plan. After 10 minutes ask for a few volunteers to share their plans with the larger group.

Danger signs during pregnancy



Session objectives

By the end of this session, participants will be able to:

- List danger signs for a pregnant woman during pregnancy, childbirth, and the postpartum period.
- List danger signs for newborns.
- Know where to go in case of danger signs during pregnancy, childbirth and after delivery.



Session guide

1. Explain that although pregnancy is a normal process, complications can occur. What are danger signs? "Danger signs" is a term used to describe symptoms that serve as a warning that something has happened that is not normal during pregnancy and could harm the health of the pregnant woman, her baby or both. When a woman experiences any of these she should go to a health facility immediately.
2. Ask: What are common danger signs during pregnancy? Allow participants to discuss and be sure they mention the following:
 - Leakage of fluid or blood.
 - Fever.
 - Swelling of the face and hands.
 - Convulsions (fits).
 - Severe anaemia (pale lips, tongue and palms).
3. Explain that it is important to notice any problem early. Complications that are detected early are more easily treated and managed. Seeking timely care at a health facility with skilled staff can help keep the condition from becoming worse and can ensure the woman or baby receive appropriate treatment.
4. Ask: Why might some pregnant women and/or their families not get treatment for danger signs immediately? Participants may mention the following:
 - In some places, families will first seek help from traditional healers.
 - Families may be ashamed to bring the woman to a health facility.
 - Beliefs in bad omen or spirits may prevent mothers from seeking care.
5. Explain that wasting time seeking help first from persons who are not equipped to treat the complication could put the woman and/or baby at greater risk of getting seriously sick or dying, which is why it is important to go to a health centre immediately.
6. Ask: Where would you suggest a pregnant woman go if she had any one of the danger signs?
7. Ask: What are danger signs for the mother during and after childbirth? Participants should mention the following:

- A lot of bleeding during and after birth.
- Convulsions or fits.
- Bad abdominal pain.
- Fever with or without chills.
- Labour pains for more than 12 hours.
- Water breaks without labour for more than 12 hours.
- Arm or leg of baby coming out first.
- Placenta not delivered in 30 minutes.
- Foul smelling vaginal discharge.

8. Ask: What are danger signs during and after childbirth for the baby? Participants should mention the following:

At birth

- Not breathing.
- Skin yellow in colour.
- Skin on palms and soles of feet are blue.
- Unable to suck.

First 7 days

- Skin on palms and soles of feet are blue.
- Fever/chills.
- Skin yellow in colour.
- Difficulty breathing.
- Convulsions (fits).
- Unable to suck or poor sucking.
- Diarrhoea/constipation.
- Red swollen eyes with discharge.
- Redness and discharge around the cord.

9. Ask: What should be done if a woman or her child have any of these danger signs? [**Answer:** Go to a health facility immediately.]

10. Ask: Do you know any pregnant women who died during pregnancy or childbirth? Do you know any women who had a baby die during childbirth or soon after being born? Allow participants to share their stories.

11. Explain that many of the problems that women have during childbirth happen because they do not get the medical care they need in time. Often women do not get proper care on time because:

- Women and their families do not know what the danger signs are.
- Women are not being able to make a decision to go to the health facility on their own and the decision maker is not there.
- Women are not able to get to the health facility in time.
- Women are not able to get quality care in time.

12. Divide participants into four groups and assign one of the above reasons to each group. Ask each group to talk about their delay and if it is a problem in their community and how the problem can be overcome. Ask them to think about what they can do as an individual to overcome this problem, as well as what they can do as a community.
13. Bring the group back together and ask a representative from each group to share what their group talked about. Allow participants from other groups to add additional ways to overcome these problems.
14. Ask: Why do health workers recommend that women deliver at the facility or at the very least have a trained and skilled birth attendant (like a doctor, nurse or midwife) at the birth? Allow participants to discuss.
15. Explain that having a skilled birth attendant assist at the delivery in a health facility and check on the mother in the 12 hours after delivery reduces the likelihood of either the mother or the baby becoming ill or dying.
16. Ask: Do most pregnant women in our community deliver in a facility? Why or why not? How can we encourage women to deliver in a facility?
17. Ask: What are some signs that a woman should go to a health facility after giving birth?
18. Ask: What are some signs that a newborn should be brought to a health facility?
19. Explain that all babies born at home should be brought to a hospital within 48 hours of birth, even if both the baby and mother are healthy. At the facility, they will both be examined for infections, the mother will be counselled on feeding and caring for her baby, the baby will be vaccinated, and the mother will be counselled on contraceptive options.
20. Ask: What is some advice you would give to mothers to stay healthy after giving birth? Allow participants to discuss.
21. Explain that mothers need care after birth just like their babies. Oftentimes people are so busy caring for the baby that the mother is not looked after. To stay healthy after childbirth, mothers should get plenty of rest during the first six weeks after giving birth, eat more food than usual, drink a lot of fluids, not have sexual intercourse or put anything in the vagina until the bleeding stops, keep their genitals clean and wash often, and not put plant or herbal medicines inside the vagina.
22. Ask: What can mothers and caregivers do to keep babies healthy? Allow participants to discuss. They should mention keep the home and baby clean, take care of the cord, keep the baby warm, take the baby to the facility within 48 hours of birth, start breastfeeding in the first hour of birth and continue to give only breastmilk for six months, and take the baby for immunisations.

How men can help during pregnancy and after childbirth



Session objectives

By the end of the session, participants should be able to:

- Identify specific ways that men can help their partners have a healthy pregnancy and childbirth.
- Describe reasons why men might not be helpful to their partners during pregnancy.
- Identify ways to encourage men to get involved.



Session guide

Note: This session could be facilitated with husbands and other family members.

1. Ask: Do men in our community traditionally help their wives during pregnancy? What are examples of how they help? If they do not help, why not?
2. Ask: Can anyone share an example of how your husband helped you/you helped your wife during pregnancy? Encourage participants to share their experiences.
3. Ask: How else can men help make sure their wives have healthy pregnancies? Participants should mention the following:
 - Make sure that your pregnant wife gets the food and medical care she needs.
 - Pay for transport, fees and medicine.
 - Escort his wife to antenatal services.
 - Take over physically demanding work.
 - Provide encouragement and emotional support.
4. Ask: How can we encourage men to become more involved? Allow participants to discuss.
5. Ask four volunteers to role play the following situations in front of the group. Be sure to mix up the husbands and wives. Do not put them in a role play together. Explain the scenario to the volunteers, but do not read the scenarios to the group. For each situation, there are two characters, a husband and his wife who is six months pregnant. They have children.
 - Scenario 1: (the “un-supportive” husband, he does not help his wife even though she is pregnant. He thinks she should continue doing the same amount of work, does not need to eat more and that it is too expensive to go to a health facility for exams.) It is a typical evening in a rural community. The wife is just returning from spending the day at the market selling vegetables. The husband is returning from the shamba.
 - Scenario 2: (the “supportive” husband, helps his wife so she does not have to work as hard, he helps make sure she gets rest, he gives her money to buy extra food, and he goes with her to her antenatal care visits at the hospital.) It is morning and the couple is just getting up. The children must get ready for school, the wife is going to the market to sell vegetables and the husband is going to work on the shamba.

6. Ask the couple with the “un-supportive” husband to role play for a few minutes.
7. Ask: Was the scene they acted out typical in our community? Why or why not? Allow participants to discuss.
8. Ask the couple with the “supportive” husband to role play their scenario for a few minutes.
9. Ask: How was the husband different from the husband in the first role play? How did the husband help his wife? What else could he have done? Is this typical in our community? How can this kind of male involvement be encouraged and supported in our community? Allow participants to discuss.
10. Divide participants into two groups, one all men, the other all women. Ask the men’s group to list all the ways they can help their wives (noting them on a flip chart or small piece of paper). Ask the women’s group to list all the ways they would like their husbands to help them (noting them on a flip chart or small piece of paper).
11. Ask for a representative from each group to present their list. After each group, facilitate a discussion about how men can help women.

Preventing mother-to-child transmission



Session objectives

By the end of this session, participants will be able to:

- Explain when mothers can pass HIV to their children.
- Describe ways to reduce the risk of mothers passing HIV to their children.



Background notes

HIV can be passed from HIV-infected mothers to their children, but most children of HIV-infected women will not become infected. HIV can be passed from mothers to their children: during pregnancy, during labour and delivery, or through breastfeeding.

Not all babies born to women with HIV will become infected with HIV. If 100 babies are born to 100 women with HIV, about 20 of these babies will become infected with HIV during pregnancy or at the time of birth if no preventive steps are taken. About 15 more babies may become infected while breastfeeding, if no efforts are made to make breastfeeding safer and if she breastfeeds for a long period of time. This means that about 65 of the 100 babies will NOT become infected, even if no preventive actions are taken and even if they are breastfed for a long time.

If a woman is infected with HIV, she can reduce the risk of transmitting the virus to her baby by staying healthy. Also, giving birth in a health facility with a skilled and trained attendant can reduce the risk that a woman will transmit HIV to her child because the skilled attendant can take steps to reduce the chance of transmission, including giving the mother and baby medicines. Smoking, not eating well, and having other infections like sexually transmitted infections (STIs) can all increase the risk of mother-to-child transmission of HIV. The risk of HIV transmission is also greater if the pregnant woman is very sick or has a high viral load. The viral load is the amount of HIV in the blood.

Testing for HIV

It is important for a pregnant woman to know her HIV status so that she can make choices and go for services that lower the risk of passing HIV to her child if she is positive. It is also important for her to go to a health facility early in her pregnancy for antenatal care. If a woman does not know her status, she will not be able to protect her baby.

If a woman is not infected with HIV, she cannot pass the virus to her child. HIV is passed from mothers to children. If the father is infected with HIV and the mother is not, the baby will not be born with HIV. However, if a woman is pregnant, it means she did not have protected sexual intercourse and could have been infected with HIV. If a woman stays HIV negative during her pregnancy and breastfeeding there is no risk to the baby, even if the father is HIV positive.

Avoiding new infection or re-infection

A woman who is infected or re-infected with HIV during pregnancy or breastfeeding is more likely to pass the virus to her child. Unprotected sexual intercourse while pregnant or breastfeeding places a woman at risk of HIV infection, and increases the risk of HIV infection to her child. When someone is newly infected or re-infected with HIV, the amount of HIV in her blood is very high, increasing the risk of mother-to-child transmission.

Pregnant and breastfeeding women can protect themselves from becoming infected or re-infected with HIV by:

- Abstaining from sex.
- Having sex with only one partner who has tested negative for HIV and remains faithful.
- Using condoms correctly and consistently every time they have sex.

Pregnant women who are HIV positive need support. Husbands and partners have an important role to play. They can help their partners stay healthy and reduce the risk of HIV transmission to the child by:

- Going for voluntary counselling and testing (VCT) together.
- Making sure the woman goes to the health facility for antenatal care and early treatment of infections and illness.
- Talking with a counsellor about how to feed the baby and making an informed decision together.
- Using condoms during sexual intercourse to prevent infection or re-infection.
- Making sure the woman delivers in the health facility or with a skilled and trained attendant.
- Encouraging the woman to eat healthy meals and extra food during pregnancy and breastfeeding.



Session guide

1. Ask: When can HIV be transmitted from mothers to their children? [**Answer:** HIV can be transmitted during pregnancy, during labour and delivery, or through breastfeeding.]
2. Ask: Is it possible for an HIV-positive woman to give birth to an HIV-negative child? Allow participants to discuss.
3. Explain that HIV can be passed from HIV-infected women to their children, but most HIV-infected women will not pass the virus to their children. If 100 babies are born to 100 women with HIV, about 20 of these babies will become infected with HIV during pregnancy or at the time of birth if no preventive steps are taken. About 15 more babies may become infected while breastfeeding, if no efforts are made to make breastfeeding safer and if she breastfeeds for a long period of time. This means that about 65 of the 100 babies will NOT become infected, There are ways to reduce the risk of transmission, which is why it is very important for a pregnant woman to learn her status and then talk with a health workers about services to help reduce the risk.

4. Ask: Why do you think that labour and delivery is the time of greatest risk for HIV transmission? Allow participants to discuss. [**Answer:** During this time babies come in contact with maternal blood or fluids.]
5. Ask: Should all pregnant women be tested for HIV? What are the advantages for pregnant women to know their status? What are the disadvantages? Allow participants to discuss.
6. Explain that it is important for a pregnant woman to know her HIV status so that she can make choices and go for services that lower the risk of passing HIV to the child if the woman is HIV infected. If a woman does not know her status, she will not be able to protect her baby. It is important for all pregnant women to go to a health facility early in the pregnancy for antenatal care.
7. Explain that if women know that they are positive, there are things that can be done to reduce the risk of mother-to-child transmission of HIV. Ask: What can be done to reduce the risk? Allow participants to discuss.
8. Explain that if a woman is infected with HIV, she can reduce the risk of transmitting the virus to her baby by staying healthy, which includes eating healthy foods and not smoking. Also, going for antenatal care and giving birth in a health facility with a skilled and trained attendant can reduce the risk that a woman will transmit HIV. There are medicines for mothers and babies that can help reduce the risk (we will talk about these more later). Also, avoiding other infections, like sexually transmitted infections (STIs), can also help reduce the risk.
9. Ask: If a woman has one child who is HIV positive, does it mean that her other children will also be positive? Allow participants to discuss. [**Answer:** Having one child who is HIV positive does not mean that her other children would be HIV positive. A pregnant woman can take steps (as discussed above) to reduce HIV transmission.]
10. Ask: What is the role of husbands in preventing mother-to-child transmission of HIV? Allow participants to discuss.
11. Explain that husbands and partners can help their partners stay healthy and reduce the risk of HIV transmission to the child by:
 - Going for voluntary counselling and testing (VCT) together.
 - Making sure the woman goes to the health facility for antenatal care and early treatment of infections and illness.
 - Talking with a counsellor about how to feed the baby and making an informed decision together.
 - Using condoms during sexual intercourse to prevent infection or re-infection.
 - Making sure the woman delivers in the health facility or with a skilled and trained attendant.
 - Encouraging the woman to eat healthy meals and extra food during pregnancy and breastfeeding.

12. Ask: If a pregnant woman is already positive, does it matter if she is exposed to HIV again? Allow participants to discuss.
13. Explain that a woman who is infected or re-infected with HIV during pregnancy or breastfeeding is more likely to pass the virus to her child. Unprotected sexual intercourse while pregnant or breastfeeding places a woman at risk of HIV infection, and increases the risk of HIV infection to her child. When someone is newly infected or re-infected with HIV, the amount of HIV in his/her blood is very high, increasing the risk of mother-to-child transmission.

Note: It is important for participants to think of the roles of women and their husbands in preventing transmission to their children. Prevention of mother-to-child transmission (PMTCT) includes preventing HIV infection among parents-to-be and preventing transmission from HIV-infected women to their infants through medicines, safe delivery practices, and infant feeding counselling and support.



Optional activity: Figureheads

1. Before the session, select a participant with good role-playing skills to play the role of the Dilemma Holder. Share the following story and ask her to memorise it. When called upon, she should tell the story realistically before the group, using "I" and his or her own words, but not adding any other details.

I am a pregnant woman and I fear that I may be HIV positive. I am afraid to go for antenatal care because I do not want to be tested for HIV. I think it will be better to try to eat healthy foods during my pregnancy and get some rest so I can stay healthy. I plan to deliver my baby at home. I am worried that my husband will throw me and the baby out if I test positive. I have heard that there are services for HIV-positive pregnant women, but am so worried about my husband's reaction, I do not want to go to the health centre.

2. Ask: What do you understand by the word figurehead? After a few have spoken, explain that in this session, the term figurehead refers to a person in the community or family who has authority or influence. For example, a doctor is a figurehead who is believed to be sensitive; caring; skilled in diagnosis, prescribing, and healing; and committed to delivering health care to all in need without discrimination.
3. Ask: Who are examples of figureheads in your community? Accept the names without judgement. [Examples: elder, policeman, teacher, headman, witch doctor, nurse, father, mother, and priest.]
4. Ask for volunteers to play the role of each figurehead. Ask the figurehead volunteers to sit in a line in front of the other participants.
5. Ask the Dilemma Holder (who was briefed earlier) to come forward. Explain to participants that they are about to hear from a person who has a dilemma and needs help to make a difficult choice. Let the Dilemma Holder tell the story to the group. Then summarise the story, making sure to add any details that were not mentioned.

6. Ask: Can someone explain the problem she is facing? Repeat the problem clearly in your own words, making sure that everyone has understood.
7. Ask the Dilemma Holder to choose one of the figureheads (who will be the Key Figurehead) whom he or she feels could suggest a solution for the dilemma. Ask the Key Figurehead to advise the Dilemma Holder on what he or she should do, speaking from his or her role as a figurehead.
8. Once the Key Figurehead has finished, ask each of the other figureheads the following questions:
 - Do you agree with the advice the Key Figurehead gave?
 - If not, what would be your advice to the Dilemma Holder?
 - If yes, can you improve upon the advice?

Allow each figurehead to speak and offer advice to the Dilemma Holder. In each case, urge them to improve upon the advice that other figureheads have given.

9. Once all the figureheads have presented their advice to the Dilemma Holder, summarise what each figurehead said, focusing more on what was said than which figurehead said it. Then ask the following questions to the participants:
 - Did the advice given by the figureheads address the Dilemma Holder's problem?
 - Which advice do you think was the best?
 - Do you think any of these would be a practical solution for a person in real life?
 - Could you improve upon the advice that was given by the figureheads?

Transmission during pregnancy, labour, and delivery



Session objectives

By the end of this session, participants will be able to:

- List situations that increase the risk of mother-to-child transmission during pregnancy, labour and delivery.
- List ways to reduce the risk of mother-to-child transmission during pregnancy, labour and delivery.
- Explain what nevirapine is.
- Describe how and when nevirapine is given to mothers and children.



Background notes

Transmission during pregnancy

HIV can be passed from a woman to her foetus during pregnancy. Foetus is the technical word used for a baby before it is born. During pregnancy, the mother and the foetus do not share the same blood supply, but sometimes HIV in the mother's blood can cross the placenta and infect the foetus.

Normally, the placenta protects the foetus. The placenta allows food and other helpful substances to pass from the pregnant woman to the foetus, and blocks most germs and toxins. As long as the pregnant woman stays healthy, the placenta helps protect the foetus from infection. If the pregnant woman has other infections or illnesses, if her HIV infection is new, if she has HIV and is sick, or if she is not eating enough, the placenta may not be able to protect the foetus from HIV.

The risk of transmission of HIV during pregnancy is higher if pregnant women have:

- High amounts of HIV in their blood (called a high viral load).
- Late-stage HIV or AIDS, in other words, if they are very sick.
- Low CD4 count (CD4 cells help to fight AIDS, so we want to have lots of them).
- A weak immune system.
- Just been infected or re-infected with HIV.
- STIs (like syphilis).
- Malaria.
- Malnutrition.

Infections like STIs and malaria may keep the placenta from working properly, making it easier for HIV to pass to the foetus.

To lower the chance of HIV transmission during pregnancy, women can:

- Go for voluntary counselling and testing (VCT) so they know their HIV status and can make the best decisions for themselves and their babies.
- Go to the health facility for antenatal care. HIV testing is part of pregnancy care.

- Take medications as prescribed by a doctor or health worker (including ARVs).
- Use condoms to prevent new infection and re-infection.
- Get treated for STIs, malaria and other infections as early as possible.
- Discuss and plan how to feed their baby with a health worker.
- Eat enough healthy foods.

Transmission during labour and delivery

The risk of transmitting HIV during delivery is higher when:

- Women do not deliver in a facility.
- Women deliver in unclean conditions.
- Women are in labour for a long time.
- A lot of time passes between when the woman's water breaks and the baby is born.
- Membranes are ruptured early.
- There is bleeding during delivery.
- Contaminated instruments are used.
- The baby is premature.

To lower the chance of HIV transmission during delivery, women can:

- Deliver at a health facility so skilled staff can help reduce the risk of transmission.
- Take nevirapine during labour and give nevirapine to the baby as soon as possible after birth and always within 72 hours of birth.

What are ARVs?

ARVs (or anti-retroviral drugs) are medicines that attack HIV and keep it from spreading in the body. ARVs help the immune system get strong so it can fight infections and illness. ARVs are not cures for HIV. There are different ARVs that are used to reduce the risk of mother-to-child transmission. Pregnant women should follow their doctors' recommendations about which ARV treatment is best for them. ARVs for preventing mother-to-child transmission are taken by the mother before the baby is born and given to the baby when he or she is born.

Nevirapine is one kind of ARV for preventing mother-to-child transmission. Nevirapine has been shown to reduce the risk of mother-to-child transmission during labour and delivery by half. Nevirapine is given once to the pregnant woman at the start of labour and then given once to the baby as soon as it is born and always within 72 hours of birth.

During an antenatal visit, an HIV-positive pregnant woman should be given a nevirapine tablet for herself and a syringe with nevirapine syrup (without a needle) for the baby. She should keep it with her at all times in case she goes into labour early. She should come to the facility to deliver her baby and bring back the medicine so a health worker can help her take it and also give it to the baby. If she does not have the medicine with her when she goes to deliver at the facility, she should remind the staff that she needs it. If she does not deliver at a facility, she should take her nevirapine tablet when labour begins and put the nevirapine syrup in the baby's mouth as soon as possible after birth, but always within 72 hours of birth.

Nevirapine is not the only medicine given for PMTCT. Another PMTCT treatment is when a doctor prescribes one or two ARV medicines for the mother, and one or two for the baby. Doctors may also recommend a combination of a number of different medicines for mother and baby. Whichever treatment a doctor recommends, it is important for pregnant women to follow the directions carefully.



Session guide

1. Ask: What increases the risk of HIV transmission during pregnancy? Allow participants to discuss.
2. Explain that normally, the mother and the foetus (foetus is the medical word for a baby before it is born) do not share the same blood. The placenta allows food and other helpful substances to pass from the pregnant woman to the foetus, and blocks most germs and toxins. As long as the pregnant woman stays healthy, the placenta helps protect the foetus from infection. If the pregnant woman has other infections or illnesses, if her HIV infection is new, if she has HIV and is sick, or if she is not eating enough, the placenta may not be able to protect the foetus from HIV. Infections like STIs and malaria may keep the placenta from working properly, making it easier for HIV to pass to the foetus.

The risk of transmission of HIV during pregnancy is higher if pregnant women have:

- Late-stage HIV or AIDS, in other words, if they are very sick.
- A weak immune system.
- Just been infected or re-infected with HIV.
- STIs (like syphilis).
- Malaria.
- Malnutrition.

3. Ask: What can be done to reduce the risk of transmission during pregnancy? Participants should list the following, if not mention them:
 - Go for HIV testing.
 - Go to the health facility for antenatal care.
 - Take all medications prescribed by a doctor.
 - Use condoms to prevent new infection and re-infection.
 - Get treated for STIs, malaria and other infections as early as possible.
 - Plan how to feed their baby.
 - Eat enough healthy foods.
4. Ask: Is there medicine that can help prevent mother-to-child transmission? Has anyone heard of nevirapine? What is it? How is it used? Allow participants to discuss.
5. Share the following information about nevirapine and ARVs.

Nevirapine is an anti-retroviral drug or ARV for short. ARVs are medicines that attack HIV and keep it from spreading in the body. ARVs help the immune system get strong so it can fight infections and illness. ARVs are not a cure for HIV.

ARVs to prevent mother-to-child transmission are taken by the woman before the baby is born and given to the baby when it is born.

Nevirapine is one kind of ARV that can reduce the risk of mother-to-child transmission of HIV. Nevirapine has been shown to reduce the risk of mother-to-child transmission during labour and delivery by half. Nevirapine is given once to the pregnant woman at the start of labour and then given once to the baby as soon as it is born and always within 72 hours of birth.

During an antenatal visit, an HIV-positive pregnant woman should be given a nevirapine tablet for herself and a syringe with nevirapine syrup (without a needle) for the baby. She should keep it with her at all times in case she goes into labour early. She should come to the facility to deliver her baby and bring back the medicine so a health worker can help her take it and give it to her baby. If she does not have the medicine with her when she goes to deliver at the facility, she should remind the staff that she needs it. If she does not deliver at a facility, she should take her nevirapine tablet when labour begins and put the nevirapine syrup in the baby's mouth as soon as possible after birth, but always within 72 hours of birth.

Nevirapine is not the only medicine given to prevent transmission. Doctors may also recommend a combination of a number of different medicines for mother and baby. Whichever treatment a doctor recommends, it is important for pregnant women to follow the directions carefully.

6. Ask: What can HIV-positive women do to reduce the risk of HIV transmission to their child during labour and delivery? Allow participants to discuss, they should mention the following:
 - Deliver at a health facility so skilled staff can help reduce the risk of transmission.
 - Take medicine during labour and give medicine to the baby as soon as possible after birth and always within 72 hours of birth.



Optional activity: Role play

1. Ask everyone to pick a partner. One person should pretend to be a newly pregnant mother who is HIV positive. The other person is a relative, friend, or neighbour, who is providing advice to the mother. Practice what advice you would give and how you could persuade the pregnant mother to seek assistance at a health facility.
2. After the role play, ask participants the following questions:
 - Do they agree with what the characters decided to do?
 - Would they have done anything differently?
 - Is what happened similar to what would happen in real life?
 - How will the decisions the actors made influence their lives?
3. With the same partners, ask participants to role play a different scenario: the person who was the friend, neighbour, or relative last time should be the husband of a pregnant woman who is HIV positive. The other person is his brother, relative, or neighbour and is talking with him about how to care for and support his wife during pregnancy, especially regarding issues of HIV transmission.

Transmission through breastfeeding



Session objectives

By the end of this session participants will be able to:

- List situations that make the risk of mother-to-child transmission higher during breastfeeding.
- Give infant feeding advice to a mother who is HIV positive.
- Explain why giving other foods and liquids in addition to breastmilk to children of HIV-infected mothers increases the risk of HIV infection.



Background information

HIV can be passed from an HIV-infected mother to her child through breastfeeding. However, research shows that exclusive breastfeeding for the first 6 months is the best option for most HIV-positive mothers with limited resources and actually reduces the risk of HIV transmission. Exclusive breastfeeding means not giving any water, liquids, foods, or herbs for the first 6 months of life. Giving water, other liquids, or foods while breastfeeding can increase the risk of HIV transmission during the first 6 months.

The risk of HIV transmission through breastfeeding is higher if a:

- Mother breastfeeds and gives other foods and liquids at the same time during the first six months, which is called mixed feeding.
- Mother has breast infections or sores.
- Mother is infected or re-infected with HIV while breastfeeding.
- Mother breastfeeds for a long time.
- Baby has mouth sores.
- Mother has a high viral load (the amount of HIV in her blood) or low CD4 count.

Encourage HIV-positive women to talk with a health worker to choose the best way to feed their baby. Health workers will help women decide what is best for their baby. Infant feeding options during the first six months of life include:

- Giving only breastmilk for the first 6 months. This is called exclusive breastfeeding, which means giving only breastmilk and no other water, liquids, or food. This is the best option for most women in our community.
- Giving formula and breastfeeding, but only if it can be prepared properly, stored safely, is always available, and is affordable for the family.

Below are questions for a mother who is thinking about not breastfeeding. A mother should answer yes to ALL of the questions; if she cannot, exclusive breastfeeding is her best option. If after answering the questions she still feels like replacement feeding is her best option, she should talk with a health worker to help her make a decision and learn how to safely prepare formula.

- Will you feel comfortable never breastfeeding? Will your family and friends support your decision to never breastfeed?
- Will you or your family have several hours per day to correctly prepare formula to feed your baby up to 12 times in 24 hours?
- Do you know how to prepare formula for your baby? Please describe how to do this.
- Can you afford to buy formula, fuel, and clean water to feed your baby without harming the health and nutrition of your family for at least 1 year? The cost of formula alone is between Ksh 625/= and Ksh 1,000/= a week depending on the age of the child. Water and cooking fuel costs are additional.
- Can you be sure to always have the supplies and all ingredients needed for safe replacement feeding until your baby is one year of age or older?
- Can you prepare, use, and store replacement foods and utensils in a clean and safe way? Please describe how you will do this.
- Do you have access to clean water?
- Are you able to always wash your hands and utensils with soap and regularly boil the utensils to sterilise them?
- Can you bring water to a strong boil for at least 2 minutes to make each of the baby's feeds?
- Do you have easy access to reliable health services? Can you afford those services?

Also, if a baby is HIV positive, very ill, or malnourished, then breastfeeding is the best choice. Babies who are not breastfed are much more likely to get sick with respiratory infections and diarrhoea, and when they do, the illnesses are much more dangerous than in breastfed babies. Unlike non-breastfed babies, breastfed babies can usually recover from diarrhoea without medical attention.



Session guide

1. Ask: What is the best food for a newborn baby? Why? Allow participants to discuss. **[Answer: Breastmilk is the best food for the first six months of life. It has all the energy, nutrients, and water that a baby needs. Breastfeeding should be exclusive, which means that no other water or food should be given.]**
2. Ask: Knowing that breastmilk is the best food for babies and that it can also transmit HIV if a mother is infected, what advice would you give to an HIV-positive mother about feeding her baby? Allow participants to discuss. Ask participants to explain why they would give that advice. Allow several participants to share their advice.

3. Explain that a mother who is HIV positive should talk with a health worker about the best way to feed her baby. Even though there is a risk of HIV transmission in breastfeeding, for many HIV-positive women with limited resources, exclusive breastfeeding for the first 6 months is the best option. Exclusive breastfeeding means only giving the baby breastmilk and not giving any water, liquids, foods, or herbs for the first 6 months of life. Giving water, other liquids, or foods while breastfeeding can increase the risk of HIV transmission during the first 6 months.
4. Ask: What situations make the risk of mother-to-child transmission higher during breastfeeding? Participants should mention the following:
 - Mother breastfeeds and gives other foods and liquids at the same time during the first six months, this is called mixed feeding and is very dangerous.
 - Mother has breast infections or sores.
 - Mother is infected or re-infected with HIV while breastfeeding.
 - Mother breastfeeds for a long time.
 - Baby has mouth sores.
5. Ask: What can a woman do to reduce the risk of HIV transmission to her child through breastfeeding? Participants should mention the following:
 - Only give breastmilk for the first six months. This means no other water or food.
 - Do not feed the baby from a nipple that is cracked or bleeding, express milk from this nipple and throw the milk away until that breast has healed.
 - Position the baby correctly to avoid cracked nipples.
 - Abstain from sexual intercourse or use condoms to avoid re-infection.
6. Ask: Do you know of women who give only breastmilk to the baby for the first six months How could we support women to give only breastmilk?
7. Ask: When would you advise an HIV-positive woman to give formula? Allow participants to discuss.
8. Explain that infant formula is only an option for women who can answer yes to every one of the following questions:
 - Will you feel comfortable never breastfeeding? Will your family and friends support your decision to never breastfeed?
 - Will you or your family have several hours per day to correctly prepare formula to feed your baby up to 12 times in 24 hours?
 - Do you know how to prepare formula for your baby?
 - Can you afford to buy formula, fuel, and clean water to feed your baby without harming the health and nutrition of your family for at least 1 year? The cost of formula alone is between Ksh 625/= and Ksh 1,000/= a week depending on the age of the child. Water and cooking fuel costs are additional.
 - Can you be sure to always have the supplies and all ingredients needed for safe replacement feeding until your baby is one year of age or older?
 - Can you prepare, use, and store replacement foods and utensils in a clean and safe way?

Please describe how you will do this.

- Do you have access to clean water?
- Are you able to always wash your hands and utensils with soap and regularly boil the utensils to sterilise them?
- Can you bring water to a strong boil for at least 2 minutes to make each of the baby's feeds?
- Do you have easy access to reliable health services? Can you afford those services?

If a woman is able to answer yes to all of those questions and starts to give formula, she should stop breastfeeding completely.

9. Ask: Do you think there are women in our community who could answer yes to the 10 questions above? Explain that most women are not able to answer yes to all 10 questions and for that reason exclusively breastfeeding for the first six months is the best option for most women in our community.
10. Ask for three volunteers to role play the following situations in front of the group (ask one to be the husband, one to be the wife, and one to be the mother-in-law).
A husband and wife are both HIV positive, but they have chosen to keep their status private. They have a 3-month-old baby boy. The wife delivered in a facility and she took nevirapine during labour and the baby received his dose when it was born. She has been exclusively breastfeeding since the baby was born. Now that the baby is 3-months-old, the mother-in-law says that it is time to feed him uji (porridge) and that breastmilk alone is not enough and he is hungry. The role play should begin with the mother-in-law talking about making uji for the baby.
11. After the role play, ask participants the following questions:
 - Do they agree with what the characters decided to do?
 - Would they have done anything differently?
 - Is what happened similar to what would happen in real life?
 - How will the decisions the actors made influence their lives?
 - Is this similar to things that happen in our community?
12. Ask: Why do women who are breastfeeding need to use condoms? Allow participants to discuss.
13. Explain that if a woman becomes infected or re-infected with HIV while breastfeeding it significantly increases the risk of HIV transmission to the baby.
14. Ask: How could a woman talk with her partner about using condoms when breastfeeding? Allow participants to discuss.

Feeding children of HIV-positive mothers at 6 months of age



Session objectives

By the end of this session, participants will be able to:

- Explain when children of HIV-positive mothers should begin to eat solid foods.
- Give advice to a woman who is HIV-positive on how to feed her 6-month-old baby.
- List special considerations for a baby born to a mother with HIV.



Background notes

Caring for children at 6 months and beyond

At 6 months all babies need to begin to eat soft foods. At this time breastmilk (or infant formula) alone can no longer give the baby all of the energy, protein, and vitamins he or she needs. More food is needed to be healthy, but babies still need breastmilk or other forms of milk until they are at least two years old. Giving food in addition to breastmilk is called complementary feeding.

At 6 months an HIV-positive mother should talk with a health worker about different feeding options. At this time, stopping breastfeeding may become less difficult for the mother, less likely to cause disapproval or stigma from family and community members, and less expensive than at an earlier age. At 6 months, a baby can begin to drink animal milk and needs to start eating soft foods.

For some HIV-positive mothers, 6 months is a good time to stop breastfeeding. For others, it may be better to continue breastfeeding when starting to give soft foods. The right time to stop breastfeeding must always be a mother's choice and is best made by talking with a health worker.

An HIV-positive mother should continue breastfeeding for a year or more unless she can safely and reliably give replacement foods, including milk and other animal foods. If she is thinking about stopping breastfeeding, she should talk with a health worker about how to do this.

Once a mother stops breastfeeding, it is very dangerous to start again, because it can increase the chance of passing HIV to her baby. Therefore, it is important that a mother does not try to stop breastfeeding before she and her baby are ready. A mother should not stop breastfeeding at 6 months if her baby is HIV positive, seriously ill, or malnourished. A mother should meet with a health worker and be able to answer YES to the following questions before stopping breastfeeding:

- Can you afford to buy milk and appropriate complementary foods, including either an infant cereal that is fortified with vitamins and minerals or animal foods several times a week? Fortified cereals will cost of at least Ksh 30/= per day. Water and cooking fuel costs are additional.
- Do you live in a place where you can buy the necessary food for your baby all the time?
- Are you able to always wash your hands and utensils with soap and regularly boil the utensils to sterilise them? Do you have a clean enough kitchen for safe baby food preparation?

If the mother cannot answer YES to all of the above questions, she should continue breastfeeding and make a follow-up appointment to talk with a health worker about her infant feeding options in a couple of months.

A mother should be able to answer NO to the following questions before deciding to stop breastfeeding:

- Will stopping breastfeeding cause any serious problem for you or with family members who will object?
- Are there any reasons that might make this a bad time to stop breastfeeding, such as potential unemployment or a hungry season coming?

If a mother cannot answer NO to both of the above questions, then she should continue breastfeeding and make a follow-up appointment to talk with a health worker about her infant feeding options again in a couple of months. An exception might be if the mother is extremely ill with advanced HIV or AIDS.

If a mother does decide to stop breastfeeding at 6 months, she should learn to express her breastmilk into a cup in order to avoid breast health problems.

Complementary feeding means introducing available soft foods in small quantities as often as possible to the baby. Mothers can start by giving small amounts of a new soft or mashed food twice each day. Gradually give more and different soft and mashed foods. First foods should be soft or mashed but not be too thin. They should be thick enough to stay on the spoon. In addition to staple foods like porridge (uji), babies need to eat beans, meat, or eggs every day. Vegetables (like sukuma wiki and pumpkin) and fruits have important vitamins for babies and should be given often. At the age of 2 years, the baby should be eating everything that is cooked in the home.

Follow-up for children of HIV-positive women

Children of HIV-positive women must receive early treatment for illnesses and careful growth monitoring to make sure they are healthy.

Mothers and caregivers can:

- Be sure the baby receives nevirapine immediately after birth.
- Bring the baby for follow-up visits.
- Make sure the baby receives all immunisations by one year.
- Bring the baby to the health facility if the baby has a fever, diarrhoea, chronic cough, malaria, hookworm, or other parasitic infections.
- Bring the child to a health facility for HIV testing.

HIV-infected children are at a high risk of getting sick and being underweight. It is important that the following problems receive medical attention:

- Not eating enough (poor appetite, eating very little, or only liking certain foods).
- Stomach pain.
- Feeding difficulties (poor sucking, swallowing, or breathing).
- Nausea, vomiting, or diarrhoea.
- Weight loss.



Session guide

1. Ask: At what age should babies start to eat solid foods? Allow participants to discuss.
2. Explain that at 6 months all babies need to begin to eat soft foods while continuing to breastfeed. Even though many babies start eating foods before six months in our community, it is important to remember that breastmilk provides all the food and nutrients a baby needs up until 6 months and no other foods are needed.
3. Ask: Is this the same for babies born to mothers who are HIV positive? Allow participants to
4. Present the following information:

At 6 months an HIV-positive mother should talk with a health worker about the best way for her to feed her baby. At this time, stopping breastfeeding may become less difficult for the mother, less likely to cause disapproval or stigma, and less expensive than at an earlier age. At 6 months, a baby can begin to drink animal milk with nothing added and needs to start eating soft foods.

For some HIV-positive mothers, 6 months is a good time to stop breastfeeding. For others, it may be better to continue breastfeeding when starting to give soft foods. The right time to stop breastfeeding must always be a mother's choice and is best made by talking with a health worker. A mother should not stop breastfeeding at 6 months if her baby is HIV positive, seriously ill, or malnourished.
5. Ask: What are the first foods that babies should eat? At 6 months, babies should be given soft foods in small amounts as often as possible. Mothers can start by giving small amounts of a new soft or mashed food twice each day. With time, give more and different soft and mashed foods. First foods should be soft or mashed but not be too thin. They should be thick enough to stay on the spoon. In addition to staple foods like porridge (uji), babies need to eat beans, meat, or eggs every day. Vegetables (like sukuma wiki and pumpkin) and fruits have important vitamins for babies and should be given often. At the age of 2 years, the baby should be eating everything that is cooked in the home.
6. Ask: What advice would you give to a woman who is HIV-positive on how to feed her 6-month-old baby? What questions would you ask her? Allow participants to discuss.
7. Ask: Should there be any special considerations for a baby born to a mother with HIV? Allow participants to discuss.
8. Explain that children of HIV-positive women must receive early treatment for illnesses and careful growth monitoring to make sure they are healthy. Mothers and caregivers can:
 - Be sure the baby receives nevirapine immediately after birth.
 - Bring the baby for follow-up visits.
 - Make sure the baby receives all immunisations by one year.
 - Bring the baby to the health facility if the baby has a fever, diarrhoea, chronic cough, malaria, hookworm, or other parasitic infections.

Also, HIV-infected children are at a high risk of getting sick and being underweight. It is important that the following problems receive medical attention:

- Not eating enough (poor appetite, eating very little, or only liking certain foods).
- Stomach pain.
- Feeding difficulties (poor sucking, swallowing, or breathing).
- Nausea, vomiting, diarrhoea.
- Weight loss.

Protecting children's health



Session objectives

By the end of the session, participants should be able to:

- List the 3 “body guards” that keep children healthy.
- Describe the best foods for children at different ages.



Session guide

1. Ask: What are signs that young children are healthy? (Possible answers: grow well, have a good appetite, are alert and responsive, etc.)
2. Ask: What are signs that our children are sick?
3. Ask: What causes our children to become sick? Be sure participants list: germs and not eating enough or not eating the right kinds of foods.
4. Ask: How can we help make sure our children are healthy and do not fall sick? After participants have given suggestions, which should include eating healthy food, staying clean, and going for immunisations, explain: There are three important “body guards” that keep children healthy. The three body guards are: eating the right kind and the right amount of food, staying clean, and going for immunisations.

Explain that in today's session we are going to talk about feeding babies and young children. In later sessions we will talk about, immunisations, staying clean, and preventing and treating illness.

5. Ask: In our community, what food is given to babies when they are first born? Allow participants to discuss. Then ask: What is the best food for babies when they are first born?
6. If there are differences between what participants list for what is given to children and what is best for children, mention them to the group and ask them to talk about why they are not the same.

Explain that mothers should begin breastfeeding their babies within the first hour of birth. The first milk that comes is a sticky, yellow-white milk. It is very important that babies have the first milk. They should not be given water, other liquids, or ritual foods. This first milk has high levels of antibodies, vitamins, and other protective factors. The first milk is so healthy it is often called the baby's first immunisation. Starting breastfeeding soon after birth also reduces the chance the mothers will bleed to death.

7. Ask: What food do doctors and nurses recommend for babies? Explain that when health workers say breastmilk is the best for the baby, they mean giving only breastmilk for the first 6 months. This means the baby does not need take any water, teas, uji, or food during this time – only breastmilk. Breastmilk is all babies need until 6 months of age. At 6 months, babies need to begin eating a variety of foods and continue breastfeeding.

8. Ask: Do you know anyone who has fed her child with only breastmilk for 6 months? Is this the common practice in our community? When do people start giving foods to children? Why do they start? Allow participants to discuss.
9. Share the following information:
 - Breastmilk is the best food for babies – it has all the nutrients and water a baby needs for the first 6 months.
 - Breastmilk protects against many diseases and illnesses.
 - Babies who are fed only breastmilk during the first 6 months of life are likely to have fewer infections and are more likely to survive.
 - Breastmilk is free, always available, and does not need any special preparation.
 - Giving only breastmilk is called exclusive breastfeeding. Exclusive breastfeeding for the first 6 months is not only the best food for babies, but it can also help reduce the chance of women become pregnant during that time.
10. Ask: Why don't women exclusively breastfeed for 6 months? What are things that we can do to help women to breastfeed exclusively for 6 months? Allow participants to discuss.
11. Ask: When should babies start eating food? What are the best first foods for babies? Allow participants to discuss.
12. After participants have discussed, explain: At 6 months all babies need to begin to eat soft foods. At this time breastmilk alone can no longer give the baby all of the energy, protein, and vitamins he or she needs. Additional food is needed for good nutrition, but babies still need breastmilk or other forms of milk until they are at least two years old. Giving food in addition to breastmilk is called complementary feeding. Parents can start by giving 1-2 teaspoons of semisolid food, for example porridge (uji) or mashed potato, and adding other foods to make good meals. By the age of eight months, babies also like foods they can hold themselves, such as a chapati or banana. By the age of 1 year, most children can eat the same foods as other family members.
13. Ask: What are examples of good foods for children at 6 months? How much should young children eat? How can we help children to eat? During the participants' discussion, be sure the following information comes out: Children need a variety of foods (including fat-rich foods; fresh fruits and vegetables of different colours; and eggs, milk foods, and meat, chicken, or fish every day or as often as possible).



Optional activity: Infant feeding quiz

Read the following statements, one at a time, and ask the participants to answer true or false. After each statement, ask participants to discuss why the statement is true or false.

1. Women with small breasts have a hard time producing enough milk to satisfy their babies. **False**
2. Colostrum, or the yellow liquid that comes from the breast immediately after birth, is not really milk and shouldn't be given to the newborn baby. **False**
3. By the time babies are three months old, milk will no longer satisfy them and they should be given porridge. **False**
4. Formula contains more vitamins and minerals and is more nutritious than breastmilk. **False**
5. Breastfeeding babies should be fed on a strict schedule – feeding them whenever they want spoils them. **False**
6. Breastfeeding babies immediately after birth causes pain to the mother, and should be avoided. **False**
7. Breastfeeding is more work than bottle-feeding babies. **False**
8. If a mother has malaria, she should stop breastfeeding her baby. **False**

Immunisation



Session objectives

By the end of the session, participants should be able to:

- List the benefits of immunisation.
- Describe how immunisations work.
- Identify diseases that are preventable by immunisation.
- Explain the immunisation schedule.



Session guide

- 1 Explain: We have talked about how feeding children healthy foods can help keep their immune system strong and healthy. Ask: What is another way to prevent children from becoming ill? (Participants should mention immunisations. If not, introduce it.)
- 2 Ask: How do immunisations protect against diseases? [**Answer:** Children are immunised by vaccines, which are injected or given by mouth. The vaccines work by building up the body's defences against disease. Immunisation only works if given before the disease strikes.]
- 3 Ask: What immunisations should children get? When should they get them? [Refer people to the nearest health facility.]
- 4 Ask: What are reasons why people would not take their children to be immunised? What would you say to someone to encourage them to take their children for immunisations?
- 5 Ask: Are there any common beliefs or myths about immunisations in our community? What are they? What would you say to someone who told you they were not taking their child to be immunized because of their fears and beliefs around immunisation?
- 6 Explain that it is safe to immunize a child even if he or she has an illness or disability or is malnourished. After an injection, the child may cry or develop a fever, a minor rash or a small sore. This is normal. Breastfeed frequently or give the child plenty of liquids and foods. If the child has a high fever, the child should be taken to a health centre.
- 7 Review the following information about immunisations available in Kenya:
 - **BCG** protects against tuberculosis. This vaccine should be given when a baby is born or before he or she is two weeks old. Tuberculosis is an infection that is spread by coughing. It usually affects the lungs and can cause a high fever, sweats, and a deep cough. It can also affect the brain, bones, and other parts of the body.
 - **Polio** protects against the disease, polio. Unlike other immunisations, the polio vaccine is swallowed. The doctor or nurse drops it into the mouth. It should be given four times for the full immunisation: when the child is born, then when it is six weeks old, then ten weeks old, and then when the baby is fourteen weeks old. Polio is spread through the faeces of infected people. It causes fever and may progress to meningitis and/or lifelong paralysis – where you cannot move.

- **DPT** is a vaccine that protects against diphtheria, pertussis (commonly called whooping cough), and tetanus. DPT should be given when a baby is six weeks old, 10 weeks old, and 14 weeks old. Diphtheria is an infection spread by coughing and sneezing that attacks the throat, mouth, and nose, making it hard to breathe and swallow. Pertussis, or whooping cough, is spread through coughing or sneezing. It causes very long spells of coughing that make it hard for a child to eat, drink, or even breathe. Tetanus is an infection caused by bacteria found in dirt or rusty metal. It enters the body through wounds or cuts. It can cause the muscles to move suddenly and if it attacks the jaw it causes lockjaw, so you cannot open and close your mouth.
- **Measles** is one of the most dangerous of all childhood diseases. The measles vaccine only needs to be given once when the baby is 9 months old. Measles is caused by an infectious virus. It can cause a high fever, rash, and cold-like symptoms. It can lead to hearing loss, pneumonia, brain damage and even death. Measles spreads very easily. In fact, the measles virus can remain in the air (and be infectious) for up to two hours after a person with the disease has left the room.
- **HIB (Haemophilus Influenzae Type B)** protects against HIB disease, which can cause meningitis and pneumonia. Meningitis is an inflammation of the brain. Pneumonia is an infection of the lungs and can cause a lot of swelling. HIB vaccine should be given when a baby is six weeks old, ten weeks old, and fourteen weeks old.
- **Hep B vaccine** protects against hepatitis B infection. Hep B vaccine should be given when a baby is six weeks old, ten weeks old, and fourteen weeks old. Hepatitis B is an infection of the liver. It can be passed from an infected mother to her newborn during childbirth and from one person to another through blood or body fluids. It causes extreme tiredness and jaundice (all the white parts on your body, like your eyes, teeth and nails, turn yellow). It can cause the liver to stop working.

8. Ask: Where can you take your children for immunisations? Has everyone had their children immunised? Why or why not? Allow participants to discuss.
9. Divide the group into four teams and ask each team to stand together in a line. Read the following instructions for the game:
 - A statement will be read out to a team. The team must decide if the statement is true or false and one team member gives the team's answer.
 - If they answer correctly, the team takes one step forward.
 - If they can explain why the answer is true or false, they can take an extra step forward.
 - If they answer incorrectly, they take one step backwards.
 - The team that has taken the most steps wins.
 - If the team cannot explain their answer, another team can try for the extra point.
 When all statements have been answered, announce first, second, third and fourth places. This activity can be used to make sure that participants have an accurate understanding of the facts. Allow them to debate different points of view, but make sure that in the end they have the right information.

10. Read the following statements:

- Immunisation saves many lives each year. **True:** Immunisations save three million lives in the world each year.
- It is best to immunise people when they are fully grown adults. **False:** The best time to immunize people is when they are babies. However, if you are an adult and you have not been immunised, you should still go to the health clinic.
- Now, nobody dies from diseases that they could have been vaccinated against. **False:** About three million people die each year from diseases they could have been vaccinated against.
- For each vaccination there should be a clean needle and syringe. **True:** It is very important that there is always a clean needle and syringe, otherwise germs spread and make you sick.
- You cannot be immunised against polio. **False:** You can be immunised against polio and it is very important. The polio vaccine is given four times in the first fourteen weeks of a baby's life. The polio vaccine is given by drops in the mouth.
- A baby should not be vaccinated if they have a mild illness. **False:** It is safe for a baby to be vaccinated if they have a mild illness.
- There are six major vaccines that babies should have. **True:** The vaccines are BCG, polio, DPT, Hep B, HIB, and measles.
- It is best to give all immunisations in the first year of a child's life. **True:** By nine months or soon after, a child should be fully immunised.
- You just need one vaccination for each disease. **False:** Some immunisations need several doses before the child is fully protected from the disease. The measles immunisation is just one vaccination.
- Immunisations are safe. **True:** Immunisations are safe and are getting more effective all the time.
- To be fully immunised against some diseases you must have several vaccinations. **True:** For some immunisations you must have several vaccinations to be fully immunised.
- You should be immunised against diseases when you are a baby. **True:** It is best to immunise people when they are babies before they come in contact with germs that can make them sick.



Optional activity: Immune system game

This activity demonstrates how the immune system tries to fight germs, and the importance of having enough antibodies and a strong immune system.

1. Ask for a volunteer. Explain to the group that this volunteer represents a person. Next ask for five other volunteers. Ask them to form a circle around the first volunteer. Once they are in the circle, ask them to link hands. Explain that they are antibodies and linked together, they are part of the human's immune system.
2. Now ask for three volunteers to be the germs. Ask them to stand outside the circle of antibodies.
3. Explain that the germs must now try to break through the antibodies and touch the human to infect them. The antibodies must try their hardest not to let the germ in – but they must stay with their hands linked.
4. Once the germs have broken through, ask for fourteen new volunteers. One of them should be the person, ten of them are now the antibodies, linked together making up the immune system, and the other three are the germs.
5. Repeat the game with the germs trying to break through the antibodies and the antibodies trying not to let the germs through to the human. It should be much harder and take longer for the germs to get through when there are more antibodies.
6. Once this has been done, get the group to sit down again.
7. To end the activity, ask: Was it easier for the germs to break the ring of antibodies the first or second time? Why?
8. Explain that we have seen that the body has ways of fighting the germs that cause diseases. Sometimes the immune system does not have the antibodies it needs and it is easier for the germs to get in and infect the person. So, we need lots of antibodies to fight disease.
9. This is how an immunisation works. Immunisations help the immune system produce antibodies so that, if a germ tries to infect you, the immune system is strong enough to fight it. You may not even know that the battle is happening, since the antibodies should defeat the germ before infection. There are immunisations for some very dangerous diseases. If you are immunised against a disease, you are protected, so that the germs will not make you sick.

Keeping children clean and healthy



Session objectives

By the end of the session, participants should be able to:

- Describe basic elements of cleanliness to avoid illness in children.
- Explain how to prepare oral rehydration solution (ORS).
- List symptoms of malaria and malnutrition in children.



Session guide

1. Ask: How do we know when our children are sick? After participants discuss, explain: A healthy child gains weight steadily. When children eat enough nutritious food, and do not have a serious illness, they will gain weight every month. A child who gains weight more slowly than other children, stops gaining weight, or is losing weight is not healthy. He or she may not be getting enough of the right kinds of food, or he may have a serious illness, or both.
2. Ask: What are the three important “body guards” that parents should know about to keep their children healthy? [**Answer:** eating the right kind and amount of food, going for immunisations, and staying clean.] Remind participants that we have already talked about the first two, so today we are going to talk about keeping our children healthy by recognizing and treating illness and keeping clean.
3. Explain that in addition to eating healthy foods and getting immunisations to prevent disease, children need to keep clean so they can avoid illness and grow and develop properly. More than half of all childhood illnesses and deaths are caused by germs that get into children’s mouths through food or water or dirty hands. Many of these germs come from human and animal faeces.
4. Ask: How can we help our children to be clean and free of germs? Participants should mention:
 - Dispose of faeces in a safe way. It is best to use a latrine or toilet.
 - Everyone, even children, should wash their hands completely with soap and water after contact with faeces, before touching food, and before feeding children.
 - Only use water that is boiled or is from a safe source. Water containers need to be covered to keep the water clean.
 - Cook food until it is completely done.
 - Keep food, dishes, and utensils clean.
 - Throw away household waste in a garbage pit where trash is buried or burned every day.
 - Keep animals and birds outside the house day and night.
 - Children should wear shoes or sandals.
 - Wash children’s faces every day with soap and water to prevent eye infections.
 - Cut children’s fingernails very short.

- Treat children quickly for scabies, ringworm, intestinal worms, and other infections that spread easily from child to child; and do not let them share clothing or bedding with others.
 - Do not let children put dirty things in their mouths or let animals lick their faces.
5. Ask: What are changes we can make in our own homes to make them cleaner and safer for ourselves and our families? Write down the changes participants list and check with them during the next session to see if they have done them.
 6. Explain that when children have loose or watery stools, they have diarrhoea. If mucus and blood can be seen in the stools, they have dysentery. Ask: What causes diarrhoea?
 7. Explain that diarrhoea is caused by swallowing germs from faeces or unclean water. The germs that cause diarrhoea or vomiting make the body lose important fluids and water that are needed to live. Children with dysentery (diarrhoea), should be taken to a health centre immediately. The greatest danger to children with diarrhoea is losing too much liquid from the body (called dehydration). Infants who are breastfed rarely get diarrhoea.
 8. Ask: What is ORS? Has anyone used it? How do you prepare it? Has anyone ever prepared it? Allow participants to discuss and then share the information below.
 9. Ask: What are other illnesses and diseases that are common among children in our community? [Participants will probably mention malaria, if not introduce it.]
 10. Ask: What are signs that a child has malaria? [**Answer:** Fever, refusing to eat, vomiting, drowsiness, or fits.]
 11. Ask: What should we do in our community when we think a child has malaria? Allow participants to discuss and share examples.
 12. Explain: A child with a fever believed to be caused by malaria needs to get medicine from a health worker immediately. If children with a malarial fever are not treated within a day, they might die. It is important to finish all the medicine a health worker gives.
 13. Ask: Why might going to the kiosk or a chemist and buying a few tablets cause a child to become more sick? [**Answer:** If people take medicines for malaria and they do not have malaria, it can make the medicine not work when they take the medicines at a time when they actually do have malaria and it will not treat whatever they have now.]
 14. Ask: What does malnourished mean? Allow participants to discuss, and then explain:

Not eating enough or not eating the right kinds of foods can cause people to be malnourished. When people are malnourished, their bodies are less able to fight off disease and infection. Children are especially affected when they do not eat properly. If a woman is malnourished during pregnancy, or if her child is malnourished during the first two years of life, the child's physical and mental growth and development may be slowed. This cannot be fixed when the child is older; it will affect the child for the rest of his or her life.

15. Ask: How can we know if a child is malnourished? What are the signs? What should parents do if they think their child is malnourished? Allow participants to discuss. [Participants should mention sad, lack of desire to laugh and play; underweight; dark spots, peeling skin, or open sores; swollen feet (and sometimes the face); thin hair or loss of hair, not developing like other children, dry eyes, or blindness. Refer to information in background notes.]
16. Ask: What else can parents do to make sure their children are healthy and safe? Allow participants to discuss. They should mention watching young children carefully, keeping their environment safe, and keeping poisons, medicines, bleach, acid, and liquid fuels (such as paraffin) out of their reach and not storing them in drinking bottles.
17. What are some common problems children have when they are teething? Allow participants to discuss.
18. Explain that while teething is often believed to cause health problems, it is a normal and healthy part of development, although it is uncomfortable for the baby.
19. How can parents soothe children who are teething? Allow participants to discuss.
20. Explain that putting the child to the breast is the best thing to soothe a child that is upset from teething. Giving traditional herbs or medicines should be avoided. It is common for children to have diarrhoea when they start teething because during this time children start to put things in their mouths and chew on things to help with the pain of teeth coming in. Putting dirty items in their mouths can lead to diarrhoea and other illnesses. How can we prevent this? Allow participants to discuss. Participants should mention the following:
 - Be sure to place a child on a clean blanket or kanga and not directly on the floor.
 - Clean any item that a child likes to chew on with soap and water and then pour the hot water used when making tea to help kill any germs. Clean these items often.

Rearing children together



Session objectives

By the end of this session, participants will be able to:

- List the advantages of sharing responsibility for rearing children together.



Session guide

1. Ask: What are women's roles for raising children? What are men's roles? Allow participants to discuss.
2. Divide participants into two groups. Ask one group to prepare a role play of no more than 10 minutes on how a husband and wife can share equal responsibility for child-rearing. Ask the other group to prepare a role play that shows unequal responsibility. Give the groups 5-10 minutes to prepare.
3. Ask each group to perform their role plays.
4. After the two groups perform, facilitate a discussion with the following questions:
 - How are the role plays similar?
 - How are the role plays different?
 - How do men and women share responsibility in the first role play?
 - How do men and women share responsibility in the second role play?
 - Which role play is more like what happens in our community?
 - Do you think it is possible for men and women to share responsibility for raising children?
 - What are the advantages of men helping to rear children? What are the disadvantages?
5. Ask: Think about the reality of how husbands and wives divide responsibilities for raising their children. What would you like to change?
6. Ask: Do you think men and women could share responsibility for raising children? Why or why not?
7. Ask: Do you think men would want to share responsibility for child-rearing? Why or why not?
8. Ask: How can we encourage men to share equally in rearing of children?

Understanding gender



Session objectives

By the end of the session, participants should be able to:

- Tell the difference between gender and sex.
- Identify at least three sex characteristics and three gender characteristics and roles.



Session guide

1. Ask: What characteristics do you associate with being a woman? What makes someone a woman? [Invite five or six answers.] And what do you think of when you hear the word feminine? [Possible answers might include: She can have children. She can breastfeed. She gets emotional. She is good at taking care of children. She has menstrual periods. She is good at cooking.] List all suggestions on a flip chart if available, or note them down for discussion. Do not comment on the answers. Make sure participants give at least eight suggestions.
2. Ask: What qualities do you associate with men? What makes someone a man? [Invite five or six answers.] And what do you think of when you hear the word masculine? [Possible answers include: He can father children. He is good at making decisions. He is good with money. He is rational. He grows a beard and moustache. He gets bald. He is strong.] List all suggestions on a flip chart if available, or note them down for discussion without commenting on them for the moment. Make sure participants give at least five suggestions.
3. Ask: You've come up with a number of characteristics associated with men and women, male and female characteristics. Which of these characteristics do you think can be changed, which cannot be changed and why? [Read each characteristic and let participants determine whether they are changeable or not. Don't offer an "answer" at this point. If available, use a flip chart to divide the characteristics into three lists: "changeable," "not changeable," and "unsure." Invite discussion if participants disagree, as to why they would place a characteristic in one category.]
4. Explain that certain characteristics are related to a person's biology. These characteristics cannot be changed and make up a woman and a man's sexual attributes. Ask: Which of the characteristics cannot be changed? Invite suggestions and discussion. Highlight from the list, if they have not been raised, the characteristics that cannot be changed. For example: Women can bear children, have menstrual periods, and have breasts. Men grow beards and moustaches, can father children (give sperm through sexual intercourse) and may grow bald.
5. Explain that other characteristics are taught by our parents, teachers and other community members. We are told that this is the way things are, this is the way things are done. These qualities are rooted in particular cultures or traditions, but they can differ widely between cultures, and can also change over time. Ask: Which of the characteristics can be changed? Invite suggestions and discussion. Highlight from the list the characteristics that are learned

and can be changed, if they have not been raised. For example: Women are emotional, are good with children, and are good at cooking. Men are rational, are good with money and at making decisions.

6. Emphasize that gender refers to the characteristics which are taught by society and are considered acceptable, but which can be changed. Just because someone tells us that we are supposed to act in a certain way, or that a woman is supposed to do certain things because it is our tradition or our culture, does not mean we have to follow those roles. We can choose for ourselves what roles we want to take on.
7. Ask: Have there been situations when you have chosen a role that was different from what your family, friends, or community expected? What was the situation? What was the response?
8. Explain that in today's session we will be discussing gender, what it means, and its impact on our lives and health.
9. Refer to one of the characteristics people were "unsure" about and ask: Can someone explain why they feel this (female or male) characteristic can be changed? After one person has explained, ask: Can someone explain why they feel this (female or male) characteristic cannot be changed? [Choose a characteristic that would be useful to highlight gender.]
10. Explain that some characteristics may be very hard to change. They may be deeply rooted in our traditions, our culture, and the social nature of the community. We may not want some of them to change. They may make some of us comfortable. But this is not the same as saying that they cannot be changed or should not be changed. We can choose to change them, and take on different roles and characteristics.
11. Introduce an example such as "women are good at taking care of children" and ask: Would most people agree that women are better at taking care of children than men? If they are better at taking care of children, is this because they are women? [Allow some discussion.]
12. Explain that women may be better at taking care of children, but this may be due to the fact that women are given the responsibility of raising children, are expected to take on that responsibility, and therefore have more experience than most men.
13. Ask: Do you think this can be changed? Can men also take care of children? Facilitate a brief discussion.
14. Explain that this is an example of gender, characteristics which are taught in families, and by society and the community, but which can be changed. Men and women can both take care of children. Nothing prevents men from being good at taking care of children. However, if a community expects women to take that responsibility, they may come to assume women are better than men in that role.

Some participants may disagree with the statement that nothing prevents men from being good at taking care of children. Ask: Can you let me know what you feel might prevent men from being good at taking care of children? Invite some suggestions as to why men might not be good at taking care of children. Then ask: Is that something that really prevents a man

from being good at taking care of children? Could he change his lifestyle so that he is able to take care of children? Highlight that girls and women are taught from the time they are young about taking care of babies and children. In the same way that they learned, boys and men can also learn, and become good at it.

15. The above example can be repeated with other characteristics, such as “men are good with money.” Men and women can both handle money and expenses. Nothing prevents women from being good with money. However, if a community expects men to take that responsibility, they may come to assume men are better than women in that role. Some participants may disagree with the statement that nothing prevents women from being good with money. Ask: Can you let me know what you feel might prevent women from being good with money? Invite some suggestions as to why women might not be good at handling money. Then ask: Is that something that really prevents a woman from being good at handling money? If society changes their expectations about who should be responsible for handling money, and women were given the same responsibility, could they gain experience and become good in this area? Highlight that boys and men are taught from the time they are young about money issues. In the same way that they learned, girls and women can also learn, and become good at it.
16. Ask: What other characteristics and roles do families and communities feel are more appropriate for men or women? Facilitate a brief discussion on the examples raised.

Gender norms³



Session objectives

By the end of the session, participants should be able to:

- Define gender norms.
- Identify and explore at least five gender norms in their relationships, families and community.
- Understand the impact of gender norms in their lives and recognize the importance of addressing those norms.



Session guide

1. Ask the group to stand. Explain that you are going to read some statements. Ask participants to stand to the right if they agree with the statements, and stand to the left if they disagree. [See list of statements below.] Read a statement. Repeat it to make sure everyone understands. After participants have decided whether they agree or disagree, ask a participant from each side to explain why they chose the way they did. Facilitate a brief discussion, asking participants whether they agree.

Pick up to five of the following statements (or make up some of your own) to use:

- The most important thing a woman can do is have babies.
 - A woman should be a virgin when she gets married.
 - It is ok for a man to have sex outside of marriage, if his wife does not know about it.
 - Men are naturally smarter than women.
 - A man's most important roles are to make money and to protect his family.
 - Women should not talk openly about sex or issues related to sexual health.
 - A woman's most important role is to take care of her husband and children at home.
 - Men should try not to show their feelings, especially feelings of vulnerability.
 - Men are the stronger sex because the Bible says that is the way it should be.
 - Men are responsible, as the head of the household, for making decisions regarding money, health, education, and how his wife spends her time.
 - Women need to be married, because they need men to take care of them.
 - Women should listen to their husbands, and not criticise or challenge their decisions.
 - Women are naturally better at taking care of babies and children.
 - It is more important for boys to get an education, as they will have to provide for their families.
 - Women are naturally more emotional than men.
2. After participants have discussed five statements, emphasize the main message that these are all gender norms that have been taught by families and strengthened in the community. They are behaviours, activities, and roles that a given society or community finds acceptable and appropriate for women and men. We learn these norms by observing how others act, and listening to what our parents, friends, and community tell us we should do.

Gender norms show how a community expects men and women to behave and what it expects them to do. They are not the same as sexual characteristics, which cannot be changed.

Emphasise that we do not have to follow what society expects of us because we are women and men. We can choose the roles that we would like to take on.

3. Ask: What are some other socially learned gender norms? Facilitate a brief discussion on the examples raised.
4. Ask: Why is understanding gender and gender norms important? Facilitate a brief discussion on suggested responses. If it has not been raised during the discussion, you should introduce the idea that gender norms greatly limit people's opportunities and choices simply because they are women or men.
5. Explain that gender norms greatly limit a person's opportunities, choices and decisions, because they are a woman or a man. [Some participants may say that the community needs to place limits on choices and decisions, as some of those choices and decisions may be harmful. If this is raised, you may want to acknowledge that communities have the right to limit certain decisions. We cannot choose to injure or kill someone or steal, for example. But these limitations are the same for men and women.] Gender norms limit choices and decisions women and men can make specifically because of the different expectations and obligations placed on women and men.
6. Explain that these limitations have negative consequences for individuals, families and the community. They can have particularly severe consequences on a person's health, which can impact the health of their families, and the health of the entire community.
7. Ask: Can you think of some of the negative health consequences of gender norms? How can limiting someone's opportunities, choices, and decisions affect their health?
8. Ask: Let's take for example the gender norm that women should remain virgins until they are married. That "good girls" don't engage in any sexual activity, and that any girl who has engaged in sexual activity before being married must therefore be a "bad girl." What impact might this gender norm have on girls and women? What impact might it have on boys and men? Facilitate a discussion asking participants for any consequences they can think of.
9. Explain that this particular gender norm, this expectation for girls, is shared by a lot of communities and religions. Emphasise that it is not your intention to judge or advocate one way or another regarding a woman's free choice to remain a virgin until she is married. You would like to highlight the impact and possible consequences for girls and women who do not appear to live up to that expectation. Highlight some of the consequences raised by participants in the previous discussion. If they haven't been raised, make sure the following are emphasised:
 - Girls may not want to ask questions about sexual health, leading to possible reproductive health problems.

- Girls do not learn how to negotiate and discuss safe sex, leading to possible infection with HIV or other STIs or unplanned pregnancy.
 - Girls may be pressured to marry early to ensure their virginity at the time of marriage. Early marriage, before a girl is emotionally and physically ready, can result in a range of mental and physical health problems.
 - Women who are not virgins when they get married may face abuse at the hands of an angry husband.
 - Girls and women who are sexually abused or raped may not seek or receive the full range of assistance, including medical care, counselling, support and legal protection they need.
10. Repeat the above with two or three other gender norms, including some for men. Ask for example: What impact might the gender norm that “men should not discuss their feelings, especially those that may make them appear vulnerable” have? Is this a value you hold? [Discussion should include that such a norm prevents men from addressing their feelings and fears, which has consequences for emotional and physical health, and may result in using violence to express themselves. Men may also refuse to seek assistance for emotional, physical or other concerns.] What impact might the gender norm that “men are responsible, as the head of the household, for making decisions regarding money, health, education and where his wife can go” have? Is this a value you hold?
 11. Explain that the fear of stigma, being shunned by the community, or being subjected to violence can also limit a person’s choices and affect their decisions. Gender norms and expectations might, for example, make a woman hesitate about getting tested for sexually transmitted infections including HIV, or seeking treatment. She may fear being laughed at, abused, or abandoned. Women who have been sexually abused may fear stigma and prejudice, and refuse to seek assistance or tell someone about the abuse.
 12. Ask: Have gender norms affected your choices, decisions and actions? How? And what were the consequences? What was the impact? Facilitate a discussion.
 13. Explain that gender norms change over time and differ widely among and within cultures.
 14. Ask: What choices did your grandmothers and grandfathers have? What choices do you, your brothers and sisters have? What choices do your children have? Are they different? What has changed? What role did your grandfather or your father play as a husband? Have a husband’s responsibilities changed in your society? Have a wife’s responsibilities changed since the time of your grandmother and mother? How do they differ in other cultures? How do they differ in your own community?
 15. Explain that gender norms also impact overall personal and community development and have consequences at all levels. Some examples include:
 - Laws that discriminate against women, including laws that prevent women from inheriting property, laws regarding child custody and the dividing of property upon divorce, and the absence of laws regarding violence against women.

- Traditional practices such as bride price, dowry, widow inheritance, and early marriage.
- Restrictions on women's education and ability to work outside the home.
- Restrictions on women's involvement in community and nationwide leadership roles.

16. Ask: In what other ways have gender norms impacted your community?

17. Ask: Think about the harmful gender norms that we discussed earlier. [You might want to refer back to the list from the gender norms game.] How might these harmful norms in your community be changed? Facilitate a discussion on this issue.

Violence in marriage



Session objectives

By the end of this session, participants will have:

- Shared their perceptions of violence in their community.
- Categorised acts of violence into four categories.



Session guide

1. Ask participants to think to themselves about violence within a marriage and specific examples of violence.
2. After 2-3 minutes, facilitate a discussion by asking participants to share their thoughts.
3. Ask participants to list the different kinds of violence that happens within marriages. Encourage participants to discuss. After everyone has responded, explain that there are four different kinds of violence:
 - Physical (hurts the body).
 - Emotional (hurts feelings).
 - Sexual (controls sexuality).
 - Economic (controls access to money, property, or resources).
4. Ask participants to give examples of all the different kinds of acts that belong in each category. Start with physical, examples could include hitting, biting, kicking, etc. Encourage participants to come up with long lists for each different category. Call attention to the large number of acts of violence that we know about.
5. Facilitate a discussion about violence in marriage by asking the following questions and encouraging participants to talk about their thoughts.
 - Does violence within marriage happen in our community?
 - Do you see it in your neighbours' marriages?
 - Did you see it in your parents' marriage?
 - Is it something that people talk about? Why or why not?
6. After participants have had a chance to share their thoughts on violence in their communities, emphasise that whether or not we talk about it, violence exists and has a very real impact on everyone in our community.
7. Ask for one volunteer to share a story of someone they know who has been physically abused by their partner. After that story is told ask each person to think to themselves about how the person being abused felt in that situation – allow 2-3 minutes of silence. [Do not comment or ask for comments after someone tells the story.]
8. Ask for one volunteer to share a story of someone they know who has been affected by emotional abuse. After that story is told ask each person to think to themselves about how the person being abused felt in that situation – allow 2-3 minutes of silence. [Do not comment or ask for comments after someone tells the story.]

9. Ask for one volunteer to share a story of someone they know who inflicted abuse on someone else. After that story is told ask each person to think to themselves about how the abuser felt in that situation – allow 2-3 minutes of silence. [Do not comment or ask for comments after someone tells the story.]
10. Ask: Can rape happen within a marriage? Allow participants to discuss. Explain that rape can happen within a marriage. Marital rape is any unwanted sexual act by a partner, committed without the person’s permission or against a person’s will, obtained by force, or threat of force, intimidation, or when a person is unable to consent. Ask participants if they agree with this and to discuss.
11. Ask for one volunteer to share a story of someone they know who has been affected by sexual abuse within their marriage. After that story is told ask each person to think to themselves about how the person being abused felt in that situation – allow 2-3 minutes of silence. [Do not comment or ask for comments after someone tells the story.]
12. Ask for one volunteer to share a story of someone they know who has been affected by economic abuse. After that story is told ask each person to think to themselves about how the person being abused felt in that situation – allow 2-3 minutes of silence. [Do not comment or ask for comments after someone tells the story.]
13. Ask: When you imagined yourself in the place of the character, how did you feel? How do you think your life would have been impacted?
14. Ask: What can we do to address violence in our homes and communities? How do you report it? How can a woman get help? How can women help each other? Support each other?
15. Close the activity by emphasising that:
 - Violence affects everyone.
 - Violence often affects us in way that may be hard to understand at first.
 - Becoming aware of violence in our community is an important first step to addressing it.
16. Thank all the participants for sharing and listening.

Understanding violence⁴



Session objectives

By the end of this session, participants will have:

- Identified root causes that lead to domestic violence.



Session guide

1. Divide the participants into two groups. Ask each group to create a role play that shows a situation where a woman is experiencing domestic violence from her partner. Ask participants to create the story using their own experiences or what they have seen in their own community.
2. Ask the first group to create a role play from a woman's perspective, including information that answers the following questions:
 - What is her history? (How was she treated as a child? Was she abused?)
 - What do her parents say about the abuse?
 - What did people say to her when she was experiencing violence?
 - How does she cope with the abuse?
3. Ask the other group to create a role play from the man's perspective, including information that answers the following questions:
 - What was his life like, beyond the incidence of violence?
 - What did people say to him when he was being violent?
 - How did he treat other people?
 - How did he feel when he was being violent?
 - Did he grow up in a violent home? Was he exposed to this or taught it was acceptable and expected?
4. Emphasise that differences in points of view are important and ask each group to really imagine the perspective they are trying to portray. For example, the group role playing the man has to imagine what the man is feeling and thinking, what has led him to be in this situation, and not what they think he should do.
5. Encourage both groups to think of real people they know or have seen experiencing violence. Give the groups time to discuss, create and practice their role play before coming back into the main group.
6. Ask the first group, portraying the female perspective, to act out their role play.
7. Ask the audience to look for reasons why the woman was vulnerable to violence from her partner. The participants may suggest the following:
 - The woman's community said nothing.
 - Her parents told her it was to be expected.
 - She was dependent on her husband for money and support.

- She has no support system, no where else to go.
 - She has children that she doesn't want to leave behind, but can't support alone.
8. Emphasise that the woman was vulnerable because the community assigned a low status to her and her worth as a human being. Emphasise also that the woman is not responsible for the violence committed against her.
 9. Ask the second group, portraying the male perspective, to act out their role play.
 10. After they finish, ask the audience to explain why man was violent. The participants may suggest that:
 - He felt entitled to do whatever he wanted to her.
 - He wanted to assert his authority where he could (i.e., over her).
 - He was angry and took it out on his wife.
 - Nobody stopped him.
 - He was drunk.
 - It is normal in our community.
 11. Explain that all of these ideas stem from the fact that he wanted to feel powerful and was attempting to feel this at the expense of someone he saw as less powerful than him. Emphasise that despite other factors that may be contributing to the man's frustration, ultimately he is responsible for his behaviour. Emphasise that men, like women, choose how to respond in different situations and that, no matter what, a violent response is never acceptable. No one can "make" another person be violent.
 12. Summarise the work by explaining the following:
 - Domestic violence occurs because men feel entitlement over women and because the community does not value women equally to men.
 - Men are taught to feel entitled to have control over women and many feel justified in demonstrating their power over women through violence.
 - The difference in status between women and men is the root cause of domestic violence.
 - Poverty, alcohol, unemployment (and other such factors) may be the context of violence, but the difference in status between women and men is the root cause of domestic violence.
 13. Ensure that all participants understand these concepts. Explain that the work of preventing domestic violence is to influence the nature of relationships between women and men by working to raise women's status in the family and the community and by changing the belief that men's violence toward women is acceptable. The aim is to create equality between women and men, not to have one sex dominate.

Alcohol and drug abuse



Session objectives

By the end of the session, participants should be able to:

- List health risks associated with alcohol abuse.
- Describe how alcohol abuse can affect a family.



Background notes

When a family member (especially a parent) drinks too much alcohol it can destroy a family.

The other family members cannot easily predict how someone will behave when they are drunk.

Families can fall apart when a parent is drinking too much alcohol. To keep alcohol abuse from destroying a family, family members should try to get outside help and support.

Drugs are chemicals that change the way a person's body and mind work. When people talk about hard drugs, they usually mean abusing legal drugs or using illegal drugs. Common drugs in Kenya are marijuana or bhang, miraa, glue, alcohol, and cigarettes.

Not all drugs are bad or illegal. When we are sick, we may take medicines. Medicines are legal drugs that can help us. Doctors can recommend patients take them, stores can sell them, and people can buy them. But it's not legal, or safe, for people to use these medicines any way they want or to buy them from people who are selling them illegally. Cigarettes, alcohol, and miraa are legal drugs that can cause serious health problems.

Drinking alcohol can affect your coordination, judgement, vision, and memory. Alcohol affects your brain and can damage every organ in your body. When you drink alcohol it goes straight into your blood and can increase your risk for a variety of diseases, including cancer. Alcohol affects your self-control and can lead to risky behaviours, such as having unprotected sex. Drinking large amounts of alcohol at one time or very fast can cause alcohol poisoning, which can lead to a coma or even death.

There are many people who brew illegal alcohol like kumi kumi or changaa. Such brews even more dangerous because they are not regulated. They can cause headaches, blindness, or even death.



Session guide

1. Ask: What are some common problems in marriages in our community? Allow participants to discuss for several minutes.
2. Ask: What are some of the causes of these problems? Allow participants to discuss for several minutes. Participants should mention alcohol at this point, if not, ask if alcohol contributes to any of these problems.
3. Ask: What happens to a person who takes too much alcohol? Allow participants to discuss.
4. Ask: What happens to the family of a person who takes too much alcohol? Allow participants to discuss.

5. Ask: How does drinking alcohol affect a person's health? Allow participants to discuss.
6. Ask: Is there any connection between alcohol and HIV? Allow participants to discuss.
7. Explain that drinking alcohol can affect people's ability to make good decisions and can make them more likely to put themselves in risky situations. When people are drunk they may make decisions that are very different from the decisions they would make if they were not drinking.
8. Ask: Do you know anyone who has made a decision while drinking that affected them negatively? Encourage participants to share experiences.
9. Explain that in addition to making decisions that could impact our health, alcohol lowers immunity and can lead to alcohol-related malnutrition. Ask: With that in mind, if someone is HIV infected, how would drinking alcohol affect them?
10. Explain that for people who are on AIDS drugs (ART), there is no safe level of alcohol that they should drink. Alcohol affects the way these medicines are used by the body.
11. Ask: How does drinking during pregnancy affect a woman's health? How does drinking during pregnancy affect the foetus? Participants should mention: When a pregnant woman drinks, alcohol passes swiftly through the placenta to the foetus. The alcohol stays in a foetus longer than in an adult. Drinking alcohol during pregnancy can cause physical and mental birth defects. Consuming alcohol during pregnancy also increases the risk of miscarriage, low birth weight, and stillbirth. No amount of alcohol has been proven to be safe to drink during pregnancy.
12. Ask: What can we do to address the problem of alcohol in our families and community? Allow participants to discuss. Encourage them to come up with solutions they can actually use.

Setting goals



Objectives

By the end of this session, participants will be able to:

- Explain the purpose of goal-setting.
- Describe the process of setting and achieving goals.
- Set clear goals.



Background notes

A goal is something that you want to achieve or accomplish. It can be something to do, someplace to go or something to have. Goals give us something to look forward to and can motivate us and give us energy. To set a goal, we must gather information and make decisions and choices. We must learn about what we want to achieve. Goals should be specific, practical and have a deadline. Something realistic and easy to manage makes achieving it easier and creates confidence to make other, greater goals. Thinking about the expected benefits can be motivating. To help reach a goal, it is helpful to have a plan with steps to achieve it, and also think about possible difficulties and how they can be overcome.



Session Guide

1. Facilitate a discussion about goals. Ask the following questions to generate discussion:
 - What is a goal?
 - What are examples of goals?
 - Why do people set goals?
 - When do people set goals?
 - How do people set goals and work towards them?
 - What are the advantages of making a plan?
2. Explain that goals should be specific and practical. An example of a specific goal is to learn how to do something new. A non-specific goal would be to become more clever.
3. Ask for someone to give an example of a goal. Ask the following questions to explain goal-setting:
 - When do you want to accomplish this goal?
 - If you reach this goal, how will it help you?
 - What are the steps that you will take to reach your goal?
 - What are the things that might prevent you from achieving your goals?
 - What actions can you take to overcome these difficulties?
4. Encourage participants to continue thinking about goals with the following questions:
 - Do all people set goals for their lives?
 - What happens to those who do not?
 - Is it really necessary to set goals in order to be able to achieve what we want?

- Do most people achieve all their goals? Why or why not?
 - Who can help you reach your goals?
5. Emphasise the following:
 - To achieve something, we need to work hard, have faith, security, determination, and hope.
 - A negative way to look at a problem is to see it as an obstacle.
 - A positive way to look at problem is to think about it as a challenge and plan how to overcome it.
 - We cannot manage and plan our future if we see our lives as a random set of events that we have no have control over.
 6. Ask each participant to write the ending to each statement in his or her notebook. Read each statement one at a time and allow time for participants to answer.
 - I would like to finish....
 - By the end of the year, I want to....
 - By next month, I'd like to....
 - I'd like to have enough money to...
 - What I want to change most about myself is...
 - Some place I'd like to see is...
 - One of my good qualities I'd like to develop further is...
 7. Ask participants to spend a little more time answering these questions on a piece of paper. Which goal do you most want to achieve? What are you doing now to make it happen? Have a couple of volunteers read their responses to the rest of the group.

Budgeting together



Session objectives

By the end of this session participants will be able to:

- Describe a household budget.
- Explain ways husbands and wives can make a budget together.



Session guide

1. Ask: What kinds of decisions do couples have to make about how money is spent?
2. Ask: Who currently makes decisions about money in most households in our community?
3. Ask: What is a household budget? Allow participants to discuss. Their definition should be similar to the following:

A budget is a plan for how money will be used over a period of time. It is used to try to estimate money that is made by members of a household and money that is used for costs and expenses.
4. Ask: Why is it important to have a budget? [Possible answers: To have an understanding of your financial situation, to help identify priorities and match spending accordingly, to help save money, to become aware of problems and be able to solve them.]
5. Facilitate a discussion about household budgets by asking the following questions:
 - Does your family keep a budget? Why or why not?
 - Do you know of any couples who keep a budget?
 - Who is in charge of the budget and why?
 - How can a budget help a couple?
 - What are the benefits of both the husband and the wife being involved in budgeting? Is this something that could happen in your home? Why or why not?
6. Ask participants to imagine a normal couple in our community.
 - How many children do they have? How old are the children?
 - What do members of the family do to make money? How much money does each person make?
 - What does the family usually spend money on each month?
 - Who makes decisions about how money is spent?
7. Divide participants into pairs to role play budgeting as a couple. One person plays the husband and the other plays the wife.
8. Based on the imagined couple, ask each group to create a budget (or a plan for how they will spend their money that month). As a couple, first make a list of all the expenses you have in a month. Once both people agree on that list, decide how much you can spend on each item in a month.

9. After 15 minutes, ask each group to share the budgets they created. After each group presents ask the following questions:
 - Were you all able to agree on items and expenses?
 - What did you leave out?
 - What might not be realistic?
 - Did you put any money away for savings (for example, future health problems, school fees, etc.). Why or why not?
10. Ask: If the expenses increased by Ksh. 200 per month, how would the budget change?
11. Ask: What would happen if partners disagree about what is most important to spend money on (for example if the husband goes out to drink and does not leave any money for transport to a health facility in case of an emergency?) What can a wife do?
12. Ask: Do you think your husband would be willing to create a budget with you? Would he include you in the decisions made around money? Why or why not? What could you do to address these challenges?
13. Ask: What are problems couples face related to money and finances? Encourage participants to talk about them and how couples can address these challenges.
14. Ask: What resources are available in our community to help couples with savings and budgeting?

Income generation and the family



Session objectives

By the end of this session participants will be able to:

- Describe a savings plan.
- List resources in their community to help with savings and accessing credit.



Session guide

Materials: 20 stones

1. Ask: Has your family ever needed money for a fairly large purchase or expense? What did you do? How did you obtain the money that you needed?
2. Explain that you would like them to think about someone who has a money problem. Read the following story:

Julia sews clothes and sells them at the market. Her neighbour is selling a sewing machine with a foot pedal for Ksh 2,000. Her current sewing machine only has a hand crank and she thinks the sewing machine with a foot pedal could help her to sew many more clothes and make more money at the market. She currently earns about Ksh 1,000 per week selling her clothes; after she pays her expenses, she is able to save about Ksh 100 a week. At this rate, it will take her 20 weeks to save enough money for the better sewing machine. She is worried that someone else will buy the machine before she is able to save enough money. She calls together four of her friends and ask their advice. How can she save the Ksh 2,000?
3. Divide participants into groups of five. Ask them to talk about ways to solve Julia's problem for about 10 minutes.
4. In the larger group, ask for a representative from each group to present their ideas. Let them use the 20 stones (each stone represents Ksh 100) if that will help illustrate their plan.
5. If the idea of group savings has not been presented, explain it to the group using the stones. Each of the five friends saves Ksh 100 a week; if they combine their money that makes Ksh 500 a week. In four weeks they will have Ksh 2000. Julia can get the whole 2,000 in 4 weeks instead of 10. Each member gets a turn at using the whole of the savings.
6. Facilitate a discussion by asking the following questions:
 - Are there saving schemes like this in our community? How do they work?
 - Where can we learn more about savings?

Merry-Go-Round Savings: A group of people join together to save small amounts each month. At the end of the month, these sums are combined and the money handed over to one group member. She then has a sum of money slightly larger than normal and can make one significant purchase or use the funds to start a small business. The next month another group member gets the funds. This continues until everyone has received payment. When everyone has received a payment the group may start again, change its members, or disband.

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