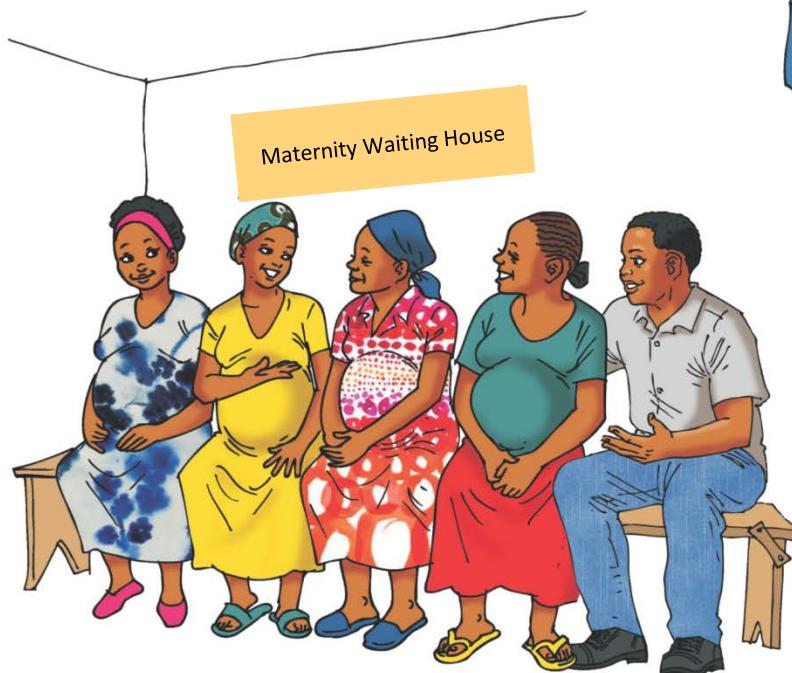


# Our First Baby

## Health Education for Adolescents Who Are Pregnant or First-Time Parents

Facilitator's Guide  
December 2019



MCSP is a global, \$560 million, 5-year cooperative agreement funded by USAID to introduce and support scale-up of high-impact health interventions among USAID’s 25 maternal and child health priority countries, as well as other countries. MCSP is focused on ensuring that all women, newborns, and children most in need have equitable access to quality health care services to save lives. MCSP supports programming in maternal, newborn, and child health, immunization, family planning and reproductive health, nutrition, health systems strengthening, water/sanitation/hygiene, malaria, prevention of mother-to-child transmission of HIV, and pediatric HIV care and treatment.

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# Abbreviations

ANC	antenatal care
ART	antiretroviral therapy
EC	emergency contraception
GBV	gender-based violence
HIV	human immunodeficiency virus
HPV	human papillomavirus
HTSP	healthy timing and spacing of pregnancies
IUD	intrauterine device
LAM	lactational amenorrhea method
MCSP	Maternal and Child Survival Program
OFB	Our First Baby
PNC	postnatal care
SRR	sexual and reproductive rights
STI	sexually transmitted infections
USAID	United States Agency for International Development

# Introduction: For the Facilitator

Dear Facilitator,

You will soon start the important job of facilitating nine sessions on sexual, reproductive, and child health for first-time parents (adolescents who are pregnant or parents for the first time). Many things in the adolescent mother's or father's life, and the lives of their families, change when they become a parent for the first time.

Studies show that participating in a support group has many benefits for pregnant adolescents. Support group participation can improve their health and that of their babies during pregnancy, increase the number of adolescents that give birth at a health facility, reduce the risk of complications with their babies, and improve babies' development. We encourage you to facilitate these group sessions dynamically, to allow all participants to feel free to share, listen, learn, and have fun.

Let's start with some pointers on how to use the Facilitator's Guide and Flipbook.

## How to Use the Facilitator's Guide

The Facilitator's Guide was developed to support you in facilitating the sessions. It consists of three modules divided into nine sessions, each lasting about 2 1/2 hours.



All sessions target pregnant adolescents and adolescents who are first-time mothers. For sessions 4, 6, 7, 8, and 9, young men (participants' partners or husbands,<sup>1</sup> or other interested adolescents who will be fathers soon) should be invited to attend.<sup>2</sup> The group will decide whether to hold these sessions with men and women together or have them meet in separate groups (either on the same day or on different days). When male and female adolescents are together in one group, please ensure that the voices of both are heard.

The Flipbook is designed to complement the Facilitator's Guide. Each page has pictures on one side and an explanation to be used by the facilitator on the other side. The Flipbook follows the discussions for each session detailed in the Facilitator's Guide. The facilitator will explain each topic to participants, guide participants through the activities, answer their questions, and lead the discussions. The participants will not receive a participant's manual, but will receive a pamphlet with key information.

The sessions include informative, interactive activities such as games, theater, questions and answers, and discussion prompts to stimulate the conversation and support learning about pregnancy, childbirth, newborn/infant care, sexual health, HIV prevention, family planning, gender equality, and other issues.

1. Before the start of the session, the facilitator should read through the entire session to become familiar with the information and activities. At the beginning of each session description in this Guide, you will find the session title and subject, the material needed to conduct the session, and the estimated time for each activity.
2. Read the instructions carefully. Each activity has instructions for the facilitator to read aloud to the group before beginning.
3. Follow the steps outlined in each session. Some steps say "read aloud," which means that the facilitator should read what is written for all members of the group to hear. Other steps give instructions for an activity or discussion. Please follow all directions.

<sup>1</sup> The Portuguese version of this guide frequently used the term "husband" or "partner" to refer to the male partner of the young pregnant or parenting women, with the understanding that not all young women will be formally married. Pretesting of the term "partner" in the Mozambique context suggested a more casual sexual relationship that the young women and men felt was not always appropriate for the Guide. Adaptations of these materials for different contexts will need to select an appropriate term for the young men/young fathers.

<sup>2</sup> You can decide what will work best for your program and your community. Some groups decided to invite the men to every session as they felt the information was important for both women and men.



4. Don't lecture; rather, have a conversation with the group. The activities include questions that the facilitator should ask to stimulate discussion. Ensure that all members of the group have the opportunity to speak and that the conversation is not dominated by just a few participants.
5. Read the final summary. After the discussion, the facilitator should read aloud the messages that are in the Flipbook, while showing the respective images. Always provide enough time for participants to ask questions, and ensure they understand what has been discussed before ending the session.

What does a good facilitator do? Read page 4 of the Flipbook (tips for successful facilitation).

## Modules

- **Module I: Preparing for Your Newborn (Sessions 1–4)**



- Module I starts with the introduction of each participant and an explanation of the rules. Sessions 1 to 3 cover the changes that occur in an adolescent's life during pregnancy, and include discussions of fertility, pregnancy, antenatal care, HIV, and nutrition. Session 4 is devoted to a discussion of "how to be a good father." The fathers of the babies and/or partners of the young women will be invited to participate in this session.

- **Module II: Planning for Delivery and Caring for Your Newborn (Sessions 5 and 6)**



- In sessions 5 and 6, participants will learn how to make a birth plan, how to take care of themselves during pregnancy, how to ensure a safe delivery, and how to care for their newborn. Then, for Session 6, the men are invited again to learn how to take care of the baby and the importance of postnatal care.

- **Module III: Building a Healthy and Happy Family (Sessions 7–9)**



- The last three sessions are intended for mixed groups (young women and their partners). In these sessions, healthy spacing between pregnancies, family planning, sexual and reproductive health, sexually transmitted infections, and gender-based violence will be discussed. The group sessions end with activities on how "we can build a harmonious, happy, healthy family and follow our dreams."

Symbols and meaning			
	Corresponding page in Flipbook		Activity
	Ask		Duration, material, and methodology
	Read aloud		Adapt to your local context

## Composition of the Group

The recommended group size is 5 to 15 participants. In mixed sessions (sessions where men are invited), the group can be between 8 and 20 people, or 4 to 10 couples. Larger groups are not recommended as it may hamper good participation in discussions, reflection, and learning.

## Mixed or Single-Sex Groups



Although many sessions are specifically directed toward women, sometimes it is good to work with mixed groups (men and women) or groups of all men and all women.

The advantages of mixed groups are:

- They allow women and men to listen to their partners' opinions and the problems they face, which may improve communication between couples.
- They allow men and women to jointly explore and understand gender relations and attitudes.
- When the men are involved in the pregnancy, preparation for birth, and care of the baby, they can support their spouses to have the best possible pregnancy outcomes.



# Module I: Preparing for Your Newborn

- Session 1: Changes in My Life: Fertility and Pregnancy
- Session 2: My Pregnancy
- Session 3: Caring for Yourself During Pregnancy
- Session 4: Father for the First Time!

# 1. Session 1: Changes in My Life: Fertility and Pregnancy



**Duration:** 2.5 hours

**Material:** Flipbook:

- Page 5/6: Benefits of Participating in a Support Group,
- Page 7/8: Emotions and the Strength of a Group,
- Page 9/10: Male and Female Reproductive Systems
- Page 11/12: Menstrual Cycle

**Methodology:** Discussion, sharing of experiences

## 1.1. Introduction

- Duration: 20 minutes
1. Welcome participants and thank them for accepting the invitation to join in the group sessions.
  2. Introduces yourself and invite participants to introduce themselves.
  3. Explain the goals and benefits of participating in a support group with other pregnant adolescents and first-time mothers using the following text.

## 1.2. Objectives and Benefits of the Group



**Read aloud:**

This group was created to help each of you, whether you are currently pregnant or a first-time mother, with this important next phase in your life. The group will help you to better understand your pregnancy, the childbirth, and what you can do to take care of yourself and your first baby. It is normal to have a range of feelings and many questions during your pregnancy. This program was prepared to help answer the questions that many young women like you (and your partners) have during their first pregnancy.



*Page 5*



**Show and discuss** the illustrations on page 5 of the Flipbook and read the text on page 6.

## 1.3. Frequency and Duration of Group Meetings



**Read aloud:**

For this group to work well, we should meet regularly for around 2 1/2 hours each time. The meetings should not be longer to ensure they do not become tiresome or boring. It would be good to meet once a week, so you will have time for your other activities, while keeping the discussions and what is being learned here fresh in your minds. Can we all agree on meeting once a week? If so, let's choose a date and time for our meetings.

Have the group agree on a time and day to meet for the next eight sessions.

## I.4. Group Rules

Guide the group in discussing and defining the rules of the group, and then summarize and write them in a notebook (alternately, have the members memorize the rules).

If participants have trouble coming up with rules, suggest the following:

- **Punctuality:** All participants must arrive at the agreed starting time to avoid delays as much as possible.
- **Commitment:** Try to attend all nine sessions so you do not miss any of the information that will be discussed.
- **Confidentiality:** The content discussed by the group should stay within the group. Health information and lessons learned may be shared with other people outside the group, but personal or individual information should not be shared outside this group.
- **Respect:** It is important to respect and appreciate the contributions of all participants. There are no right or wrong questions or answers. It is the role of the facilitator to provide the correct information after the discussions.
- **Talk one at a time:** Take turns speaking so all voices and opinions can be heard.
- **Active participation:** Each participant should actively engage in the sessions to stimulate the discussion and exchange experiences.

Once participants have agreed on the group's rules, assist the group in selecting a leader and assistant leader. Explain the roles of each.

Leader:

- Leads the group to organize and clean the space where the sessions will take place (if applicable).
- Supports group members and brings concerns or questions from the group to the facilitator.
- Ensures that participants comply with the group's rules.

Assistant leader:

- Supports the leader with his or her duties.
- Takes notes or memorizes the group's decisions and recommendations.



### Read aloud:

You all now understand why you are in this group, agree on how the group will work, and recognize who is the leader and assistant leader of the group.

Now, let's start with our first topic of the day: The changes a pregnancy brings in the life of an adolescent.



## I.5. Activity I: You're Pregnant! Now Everything Is Different

**Duration:** 25 minutes

**Material:** Flipbook:

- Page 7/8: Emotions and the Strength of a Group,

**Methodology:** Discussion, sharing of experiences



### Read aloud:

Now you are pregnant. What does this mean for you? It's a new reality; things are different now. What are some of the social and emotional changes that are happening in your life? What are the good things that are happening in this new phase of your life? What are the hard or difficult things that have been happening since you discovered that you are pregnant?

**Ask** each participant to share a positive and a negative thing that they went through since discovering their pregnancy. **Probe**, giving some examples if needed:

- You were afraid to tell your parents.
- The father of your baby did not accept the pregnancy.
- You have gained more respect from the community and other women because you will become a mother.
- You left your home to live with the father of your baby.
- You continue going to school or you had to drop out.



**Ask** the following questions, giving participants time to think and respond:

- Who can you talk to about these issues?
- What did you do to feel better? Did that change how you feel about your pregnancy?
- What did the father of your baby think about your pregnancy? Can you talk about it together? Was it a planned or unplanned pregnancy?
- What is the opinion of your family about your pregnancy? (grandmother, mother, father, aunt, sister, etc.)
- Does your community respect you like they did before you were pregnant?
- What good changes happened since you became pregnant? What has not been so good since you became pregnant?



### *Page 7*



After discussing these questions with the group, **show** page 7 of the Flipbook, “Emotions and the Strength of a Group.” Ask the group what they understand of the illustrations. Read the text on page 8.



## 1.6. Activity 2: Theater



**Duration:** 45 minutes

**Material:** None

**Methodology:** Theater

1. Divide participants into groups of three or four. Explain the activity: Each group will prepare a short play/skit. In each group, one participant will have the role of an adolescent who just discovered that she is pregnant. The second person will take the role of the baby's father. The third participant will take the role of the mother/grandfather/aunt/godmother. The fourth person's role is the best friend of the pregnant adolescent.
2. Give each group about 10 minutes to prepare a short play about how the young woman talked to the baby's father, her family, friend, or other trusted person when she found out she was pregnant, and what their reactions were.
3. After 10 minutes, ask participants to come back to the circle where each group will present its play for the others.
4. When all groups have had a turn to present their play/skit, ask participants whether or not these plays reflect their own experiences. How did they deal with their families? What is their situation now? Give all participants a chance to speak.





### Read aloud:

It is normal to go through many different emotions when you are pregnant. Your feelings can change from the pressure you feel in your new life. You can feel happy at one moment and then become very sad or even cry the next. This group is here for you to share how you feel and receive support from other young women in the same situation.

## 1.7. Fertility: Reproductive System, Menstrual Cycle, and How You Become Pregnant



**Duration:** 45 minutes

**Material:** Flipbook:

- Page 9/10: Female and Male Reproductive Systems
- Page 11/12: Menstrual Cycle

**Methodology:** Explanation and discussion



**Explain:** We will now talk about the female and male reproductive systems to understand how a woman can become pregnant and what happens to a woman's body before, during, and after menstruation (also known as your period, monthly bleeding, or other local term).



**Ask:** Does anyone know how a woman can become pregnant?  
Allow some time for the participants to think and respond.



### *Page 9*

**Show** participants page 9 of the Flipbook. Explain the female and male reproductive systems using the illustrations on page 9 of the Flipbook and the text on page 10.



**Ask:** Are there any more questions about the reproductive systems? Respond to any questions that arise.

**Ask:** What do you know about menstruation? Allow some time for participants to think and respond. Then **explain:**



Do you remember when your body went through a lot of changes and you started growing breasts and more body hair? These changes occur during a stage called **puberty**. During puberty, your body and your feelings go through many changes as you began to develop and mature. During puberty, girls have their first menstruation, also known as a period or monthly bleeding. In the beginning, a girl's menses may be irregular in timing and the amount of bleeding, from spotting to heavy bleeding. This is normal. Menstruation, even when light or irregular, means that a girl can have a baby. Boys also undergo changes during puberty (body hair and a deepening voice, for instance). Once puberty has started, a boy is capable of getting a girl pregnant if they have unprotected sexual intercourse (meaning having sex without using a condom or other contraceptive).



Menstruation lasts from 3 to 7 days, and occurs every month (around every 26 to 32 days). The **menstrual cycle** is the interval between the first day of one menstruation and the first day of the next menstruation. Since it happens regularly, it is called a **cycle**.

During the menstrual cycle, the lining of the uterus, which is made of tissue and blood, gets thicker to prepare for a pregnancy. The blood in the lining is full of nutrients, and if a woman becomes pregnant it will help the baby grow. If a woman does not become pregnant, her body does not need the thick lining, and it will flow out of her vagina—this is the period or menstruation.

It is recommended that even when not pregnant, adolescents and women take iron supplements from time to time. Every month when a woman menstruates, she loses some blood and with that, iron. If you don't have enough iron in your body, you can develop anemia, which makes you feel tired and weak. Iron pills will help to replenish the iron lost during menstruation.



### *Page 11*

**Show** the illustrations on page 11 and explain the menstrual cycle using the text on page 12 and below:

There are certain days during the menstrual cycle when you can get pregnant. Generally, between 11 and 18 days after menstruation begins, a clear or whitish fluid is secreted from a woman's vagina. The secretions are completely normal and a sign of good health when they are whitish or transparent, do not smell or itch, and do not cause pain. This is called the **fertile period** and is the period during which a woman can become pregnant if she has unprotected sex. The secretions help keep the sperm alive in the woman's reproductive system. The sperm can only survive and fertilize the egg when there are secretions. Sperm can live up to 5 days inside a woman.

However, young women often have irregular menstrual cycles. One month the menstruation may come a few days earlier and another month it may come a few days later. (The cycle is normally between 26 and 32 days, but it can be around 35 days.) Therefore, the days when a young woman is fertile may vary each month. So, using the menstrual cycle is not a safe way to avoid pregnancy. Meanwhile, a man is fertile every day after he reaches puberty and has had his first ejaculation (the release of semen from the penis).



**Ask** if participants have any questions about the menstrual cycle. Answer any questions and then continue with the next activity.



## **I.8. Activity 3: Game of True or False**

- **Duration:** 10 minutes

Read each sentence and give the participants time to think and respond. Then read the right answer.

1. Menstruation is when a woman discharges blood through the vagina during her menstrual cycle.  
**Answer:** TRUE: Every month, the inner walls of the uterus thicken with blood as it prepares to receive a baby. If the woman does not become pregnant, the blood leaves the body during menstruation.
2. A menstrual cycle is usually 15 days long.  
**Answer:** FALSE: Most menstrual cycles last about 1 month, or between 26 and 32 days.
3. A woman can become pregnant while she is having her menstruation (her period).  
**Answer:** TRUE: A woman is more likely to become pregnant during her fertile days in the middle of her

menstrual cycle. However, it is possible to become pregnant any time she has sex without using contraception.

4. A man is only fertile once a week.

**Answer:** FALSE: A man is fertile every day after his first ejaculation. This means he can always make a woman pregnant when his sperm meets a woman's egg during unprotected sex.

5. A man's sperm can live up to 5 days inside a woman.

**Answer:** TRUE: Sperm can stay alive within a woman for up to 5 days. The vaginal secretions produced during the woman's fertile period (in the middle of her menstrual cycle) help keep the sperm alive. A woman's egg (ovum), however, only survives for about 24 hours after leaving the ovary.

## Conclusion of Session I

- Duration: 10 minutes

Before closing the first session, ask participants if they have any questions, doubts, or worries about the topics discussed today. Ask two or three group members to share one thing they learned or one thing that surprised them.

**Ask:** What are you going to do with the information you learned today? Who can you share this information with?

Close the session by thanking the group members for their participation. Make sure everyone knows when and where the next group session will be held the following week.

## 2. Session 2: Stages of My Pregnancy



**Duration:** 45 minutes

**Material:** Flipbook:

- Page 13/14: Development of the Baby
- Page 15/16: Antenatal Care
- Page 17/18: Danger Signs During Pregnancy

**Methodology:** Explanation and discussion

### 2.1. Introduction

Ice breaker game, review of Session 1, and introduction to the theme of today's session.

Welcome all participants to the support group and ask everyone repeat their names, if necessary.

#### 2.1.1. Ice Breaker Game (5–10 minutes)

**Explain:** Before we start our second session, let's play a short game (5 minutes) to get energized.

Introduce a short energizer or ice breaker game to the group or ask one of the participants to lead the group in a short game.

#### 2.1.2. Review of Session 1

**Ask:** During the first session last week, we talked about how a woman can become pregnant. Can anyone explain this to the group?

Give participants time to think and respond. Answer any questions that they may have and then continue with the themes of Session 2.



**Read aloud:**

Today we are going to talk about what happens during pregnancy, how a baby grows inside your uterus, and what you can expect during this time. We will discuss what you can do to stay healthy and how to take care of the baby growing inside you.



**Ask:** Does anyone know how long a pregnancy lasts until the baby is born? After participants give their answers, **explain:**

A pregnancy lasts 9 months, or 280 days—40 weeks from the time of fertilization of the egg until a baby is born. Often among adolescents, a baby is born earlier.

A pregnancy is divided into three trimesters, each with a duration of 3 months.


### 2.2. The First 3 Months of Your Pregnancy (first trimester)

- Duration: 15 minutes



**Ask:** What changes in your body and feelings did you start to notice in the first 3 months of your pregnancy?



Give participants time to think and respond. If needed, use the following **prompts**:

- You feel tired or dizzy, or have headaches.
- Your menstruation stops. (This is most noticeable for women whose menstrual cycle is regular every month. If an adolescent has an irregular menstrual cycle, she may not immediately notice that it has stopped.)
- Your breasts become bigger, fuller, and more sensitive, and the area around the nipple is darker.
- You need to urinate more often.
-  You have nausea and vomiting (often in the morning, sometimes called "morning sickness," but some pregnant women feel nausea during the day as well).
- You have stomach acidity and heartburn (a burning feeling in the throat and chest area).
- You want to eat specific foods or don't want to eat foods you normally like.
- You experience changes in your feelings. (You may feel happy one moment, and sad or tearful the next.)

**Say:** All these changes in feelings, pain, and emotions are normal at the beginning of your pregnancy.

**Ask:** What did you do to deal with these changes and physical problems?

After the discussion, summarize how one can deal with the changes in feelings and physical problems:

- **Tiredness:** You may often feel tired in the beginning of your pregnancy. Rest as much as possible, even during the day.
-  **Nausea:** Normally the feeling of nausea goes away in the second half of pregnancy. Eating something light in the morning when you wake up or drinking ginger, lemon, chamomile, or lemongrass tea (if they are available in your community) can alleviate some of the nausea. If you feel very nauseous and feel you have to vomit, eating small quantities of food or fruits during the day can help. You should seek medical care if the symptoms are prolonged, persistent, distressing, and not relieved by simple options.
- **Heartburn:** Diet and lifestyle changes can prevent or relieve heartburn in pregnancy. Antacid preparations can also help women who have troublesome symptoms that are not relieved by lifestyle modifications.
-  **General well-being:** Drink lots of clean water during the day, do light and regular exercise such as walking, increase the frequency of your meals (continue eating three meals a day [breakfast, lunch, dinner] and add a snack in the morning and one in the afternoon). Increase the variety of foods you eat, if possible. A pregnant woman should eat healthy foods such as fruits, vegetables (including dark green leafy ones), beans, lentils, soya, fish, chicken, seafood, sweet potato, rice, nuts, coconut milk, etc.
- **Remember:** As an adolescent, you are still growing, and what you are eating also feeds your baby! A nutritious diet will help your baby grow strong and healthy. And when you eat well, you stay strong and healthy, which reduces your risks of getting sick during your pregnancy.

**Explain:** Next week, we will learn more about nutrition and what you should eat while pregnant.

However, if you have any of the following problems, please seek care at the nearest health facility because they are signs that something is not right with you or the baby:

- Continuous vomiting lasting more than a day
- Weakness/dizziness

- High fever
- Severe headaches
- Stomach pain
- Bleeding from your vagina



**Ask:** How does your baby grow in your uterus?  
Then **explain:**

Your baby starts out about the size of a grain of rice. He or she will slowly grow arms and legs, eyes, ears, a brain, and a heart. By the end of the first trimester, your baby will grow to 7–10 centimeters long. Even though you may not feel it yet, your baby's arms and legs are starting to move. The risks of malformations or problems for a baby are greater when a woman drinks alcohol, smokes, or uses drugs during her pregnancy.

Your baby grows within your uterus in a sack with water, and receives all the necessary nutrition via a "tube," called the umbilical cord. This cord will be cut right after birth. When it is healed, it will become the belly button or navel.



### *Page 13*

**Show** the illustrations of the first to third month of pregnancy on page 13 of the Flipbook.

## 2.3. Fourth to Sixth Month of Your Pregnancy (second trimester)

- Duration: 15 minutes



**Read aloud:**

Your baby grows quickly during the second trimester. The baby's brain develops and, by the fourth month, your baby is already learning about the environment in which he or she will be born!

At 5 months, your baby can feel when something is touching your belly—the baby likes when you put your hand there! At 6 months, the end of the second trimester, your baby will be over 30 centimeters long and weigh about a half a kilo. Your baby has eyelashes and some hair on his or her head. You will also begin to feel the baby move inside of your belly. By the end of this trimester, you should feel your baby moving every day.



**Ask:** Has anyone already felt their baby kick or move in their belly?

**Attention:** If a participant is 5 or 6 months pregnant and has not felt her baby move yet, advise her to go to the nearest health facility to seek advice. It is not normal for a baby not to move frequently at this stage of pregnancy.



### *Page 13*

**Show** the illustrations of the fourth, fifth, and sixth month of pregnancy on page 13 of the Flipbook.



### **Read aloud:**

As your baby grows, your body will also grow and change during the second trimester. You will continue to experience some of the changes you had during your first trimester, but you may also experience or feel:

- The baby moving
- White discharge from your vagina that does not smell or itch
- Feeling hungrier
- Feeling out of breath easily, which did not happen before you were pregnant
- Stuffy nose or nose bleeds
- Swollen ankles, feet, veins in your legs
- Backaches
- Difficulty falling asleep
- Small amounts of liquid (milk) start coming from your nipples (this is normal)



**Ask** the following questions, one at a time, and give participants time to think and respond. Make sure that several participants have a chance to talk and that the same participants are not the only ones answering.

- What were your feelings during this trimester (fourth to sixth month of your pregnancy)?
- With whom can you talk about these feelings and changes?
- Did they offer to help you? Why or why not?

**Explain:** Your moods and feelings will continue to change from the pregnancy hormones but also due to the pressures you might be feeling at home. You may even be used to them by now. You may even start to feel happier because your baby is growing and your nausea and vomiting may be better, but you may also be scared to think about having your baby. These feelings are normal and all girls and women have them, even if they have had several children already. Try to discuss your feelings and fears with someone you trust, like your partner, your mother, the young women in this group, or a friend.

## **2.4. Seventh to Ninth Month of Your Pregnancy (third trimester)**

- Duration: 15 minutes



### **Read aloud:**

During this period, your baby is growing and developing very fast. You can help your baby become healthy and smart! Did you know that by 7 months, your baby can already hear, see, smell, and taste?

### **Explain:**

- During the last trimester, your baby, while still in your belly, already starts to listen to your and your partner's voice. When your baby is born, the baby will recognize the tone of your voice. Therefore, it is very important to talk and sing to your baby while pregnant. Your baby will feel more comfortable and loved when born.
- During this time, the baby will start to smell. They can smell the flowers around your house or the garlic you use while cooking, for example!
- If you put a light (such as a lantern) on your belly, the baby's heart rate will change! However, babies only really start to see when they are 6 months old.



- Even before they are born, babies start to get used to the taste of the food you eat, such as spices and sauces/curries/gravies.

Until the last weeks of the pregnancy, your baby's brain and lungs are developing. When your baby is ready to be born, he or she will be between 45 and 50 centimeters long and will weigh between 3 and 3.5 kilograms. What happens to a woman's body between the seventh and ninth month of pregnancy?

**Explain:** You may feel more discomfort during this last part of the pregnancy since both you and your baby have grown.

Additional changes in this trimester may include:

- You can feel your baby kick and move frequently.
- There is more white discharge from your vagina.
- You have leg cramps.
- You feel a sharp pain in your groin area, especially when lifting, turning, or carrying heavy items.
- You have more difficulty breathing because the baby is higher and close to your lungs. (This is normal.)
- Your belly button is sticking out.
- You have cramping in your womb and your stomach feels hard and tight. This can last up to 60 seconds and happen many times during the day. These are called contractions and usually are not painful. Contractions will be discussed in more detail in Session 6.
- Toward the end of this trimester, your baby drops down lower in the body to prepare for birth. You can breathe easier, but will probably have to urinate more frequently.

### Your feelings

**Explain:** You may be tired, excited, nervous, happy, or a mix of these feelings. Get as much rest as you can and take care of your body. Imagining what your baby will be like may help ease the your mind. Share your feelings with your partner, husband, or other family or friends, and ask your health worker, family, and friends any questions you have.



### *Page 13*

**Show** the illustrations of the seventh, eighth, and ninth month of pregnancy (page 13 of the Flipbook).

## 2.5. Antenatal Care



**Duration:** 45 minutes

**Material:** Flipbook:

- Page 15/16: Antenatal Care
- Page 17/18: Danger Signs During Pregnancy

**Methodology:** Explanation and discussion



### **Read aloud:**

Now we know how a baby grows inside you during your 9 months of pregnancy. Let's talk about what you can do to have a healthy pregnancy and to help your baby be born healthy and strong.

## **2.5.1. Importance of Antenatal Care**



**Explain:** Antenatal means before birth. Antenatal care (ANC) visits, which take place before the baby is born, are important because they allow health workers to monitor the health of the mother and the growth of the baby before birth. It is very important for pregnant women to have at least four ANC visits<sup>3</sup> at a health center.

As soon as you think you are pregnant, you, together with their partner or husband, should go to the health center for your first ANC visit.

**Ask** the following questions, giving participants time to think and respond:

- Who in this group has been to ANC?
- With whom did you go or did you go alone? Did your partner come?
- How was your experience? What was done during the ANC visit?
- Do you know what the nurses do during the ANC visit?



- Do you know why it is important to have at least four ANC visits before your baby is born?



### ***Page 16***

Show the illustrations on page 15 of the Flipbook (ANC visit), and explain what happens during ANC and why (page 16).



**Ask:** Why is it important that your husband or the father of the baby accompanies you to ANC?

Give participants time to think and respond.

**Explain:** Your husband, partner, or the father of your baby<sup>4</sup> should go with you to ANC because he will also need to understand how important it is for you to be healthy and strong so your baby will grow healthy and strong.

When your partner comes with you to ANC, he will learn several health messages, such as the importance of a pregnant woman taking iron supplements, how to prevent malaria during pregnancy, and the importance of good nutrition during the pregnancy and breastfeeding period. The nurses will also explain the danger signs and what you both can do to prepare for your delivery. With this information, your partner can (and should) give you the support you need.

<sup>3</sup> In 2016, the World Health Organization (WHO) recommended eight ANC visits, however not all countries have adopted the new guidance and recommend at least four.

<sup>4</sup> The father of the baby can be the adolescent partner, boyfriend, or husband depending on the cultural situation.



During ANC, you and your partner will also be able to receive HIV counseling and testing. This is important to prevent your baby from becoming infected with HIV if you are HIV-positive. Next week, we'll learn more about HIV during pregnancy.

## 2.6. Danger Signs During Pregnancy

- Duration: 15 minutes



### Read aloud:

You should be aware of signs in your body that indicate possible health problems with you and/or your baby. These are called danger signs. If you experience any of these signs, go to the nearest health facility immediately.



### *Page 17*

**Show** the illustrations on page 17 of the Flipbook and explain them using the text on page 18.

## Conclusion of Session 2

- Duration: 10 minutes



### Read aloud:

Today, we learned how a baby grows inside the mother's womb. We learned that we can talk and sing to our babies before birth, and we learned how important it is for pregnant women to go with their partner or husband for ANC at the health center. We also learned the danger signs during pregnancy, and when to go and seek care at the nearest health facility without delay.

**Ask** participants if they have any questions, doubts, or worries about the topics discussed today.

**Ask** two or three group members to share one thing they learned today or something that surprised them. What will you do with the information you learned today? With whom can you share it?



**Continue:** In 2 weeks, we will invite your partner or husband to participate in a joint session of this support group. We will then talk more about the role of parents and the benefits of the husband or partner being involved in the lives of the mother and baby during pregnancy and after the baby is born.

Close the session by thanking all the group members for their participation. Make sure that everyone knows when and where the group session will be held the following week.

## 3. Session 3: Caring for Yourself During Pregnancy



**Duration:** 2.5 hours

**Material:** Flipbook:

- Page 19/20: How Is HIV Transmitted?
- Page 21/22: Importance of Getting an HIV Test and Taking HIV Medication
- Page 23/24: A Balanced Diet
- Page 25/26: Do's and Don'ts During Pregnancy

**Methodology:** Explanation and discussion

### 3.1. Introduction

- Duration: 15 minutes
- Ice breaker, review of last session, and introduction of the themes of Session 3.

**Say:** Welcome all participants. I am happy to see you all again for today's session. Before we begin the session, let's play a short game.

#### 3.1.1. Ice Breaker

- Duration: 5 minutes

Introduce a short energizer or ice breaker game to the group or ask one of the participants to lead the group in a short game.

#### 3.1.2. Review Session 2



**Review:** During the previous session, we talked about the three trimesters of pregnancy and learned that you can talk and sing to your baby during your pregnancy because babies learn even before they are born, and this will help the baby become very smart! We also talked about the importance of attending at least four ANC visits, why the baby's father should be involved, and how to recognize the danger signs during pregnancy.

**Ask** if anyone has questions or doubts about the different stages of the pregnancy, and give participants some time to think and respond. **Answer** any questions they may have.

Then read the following questions, one at a time, and give participants the opportunity to respond. Afterward, provide the correct answers to each question.

1. Why is it important that all pregnant women attend ANC?  
**Correct answer:** to verify the health of the mother and the healthy growth of the baby
2. When should a woman start going to the clinic for ANC?  
**Correct answer:** as soon as a woman suspects she is pregnant
3. When does an unborn baby begin to feel, listen, touch, and smell?  
**Correct answer:** during the last trimester, or as of the seventh month of the pregnancy
4. Why is it important that your partner is involved during the pregnancy and accompanies you to ANC?  
**Correct answer:** Your partner will also need to learn how you can stay healthy and strong during your pregnancy so that the baby will grow well (including the importance of taking pills to prevent anemia and malaria), to undergo HIV and sexually transmitted infection (STI) counseling and testing together to prevent passing HIV to the baby, and to be involved in the lives of the mother and the baby.

## 3.2. Human Immunodeficiency Virus and Pregnancy



**Duration:** 60 minutes

**Material:** Flipbook:

- Page 19/20: How Is HIV Transmitted?
- Page 21/22: Importance of Getting an HIV Test and Taking HIV Medication

**Methodology:** Explanation and discussion



**Read aloud:**

Today we will learn more about HIV: how it is transmitted, how the HIV test works, and what we can do to prevent the virus that causes AIDS from being passed from a pregnant woman with HIV to her baby.

**Ask** the following questions, one at the time, and give participants time to think and respond. Ensure that all participants have a chance to talk. Before moving to the next question, read the correct answer.

1. Does anyone know how HIV is transmitted?
  - HIV is transmitted through blood, semen, vaginal fluid, and breast milk:
  - Through unprotected sex (without correct use of a male or female condom)
  - Sharing or reusing needles, syringes, or shaving blades without sterilizing them after each use
  - From mother to child during pregnancy, birth, or breastfeeding
2. How can a pregnant woman protect herself from being infected with HIV or avoid passing the virus to her baby?

We will talk about this in more detail now.



***Page 19***

**Show** page 19 of the Flipbook and explain, based on the text on page 20, how HIV can be transmitted from one person to another.



### Read aloud:

It is important that you and your partner know if you are infected with HIV or not. If one or both of you are HIV-positive, there are things you can do to take care of your health and avoid transmitting the virus to your partner (or your partner to you) or to your child. Therefore, it is important that:

- You and your partner **go together** to the health center to do an HIV test to know your HIV status.
- **If the result of the HIV test is negative (meaning you are not infected with HIV):** You can prevent future infection by using a condom during all sexual relations, being faithful to your partner (and your partner to you), or abstaining from sex (meaning not having sexual relations at all).
- **If the result of the HIV test is positive (meaning you are infected with HIV):** You should go to the health center to get started on treatment and monitoring. When you or your partner (or both) are HIV-positive, you should use a condom during sexual relations to avoid infecting or re-infecting each other.
- **If you are pregnant and your HIV test result is positive:** To avoid transmitting the virus to your baby, you should start and continue taking HIV medicine during the pregnancy and birth.
- **Treatment:** People who are HIV-positive undergo antiretroviral therapy (ART). A pregnant woman who is HIV-positive will have to continue with her ART even after the baby is born.
- **A baby born to an HIV-positive mother** will have to take ART medication right after birth to reduce the risk of becoming infected with HIV.
- Therefore, it is very important that all pregnant women deliver in the maternity ward at the health center. If a woman gives birth at home or on the way to the health center, she should go to the health center as soon as possible but certainly within 3 days of giving birth to receive the proper care and treatment.
- **If an HIV-positive pregnant woman takes her ART medication during pregnancy and birth, and the baby does as well, the risk of the baby becoming infected will be drastically reduced.**



- HIV treatment is free at government clinics.



**Ask:** How can you prevent transmitting HIV when breastfeeding your baby?

Give participants time to think and respond. Then **explain:**

An HIV-positive mother can prevent HIV transmission to her child during breastfeeding through:

- Exclusive breastfeeding: During the first 6 months after birth, feed your baby only breast milk. Breast milk is nutritious and can help protect the baby from infections.
- This means that during the first 6 months you should never give your baby powdered milk, water, other foods or liquids, or traditional medicine. Breast milk is the best food and drink for babies and they will not need anything else, not even water, during this period.
- Follow the instructions from the health providers at the health center regarding any medication the mother and/or baby should take.

When you are pregnant and infected with HIV, it is very important that you:

- Take the medication subscribed to you by your health care provider at the indicated times.
- Discuss your questions and doubts with the nurses during ANC.
- Do not miss an appointment at the health center.
- Use a condom during every sexual relation.
- Invite your partner to also do an HIV test at the health center.
- Plan to give birth at a health facility.

- Take your baby to all postnatal care (PNC) and pediatric checkups at the health center.

A baby born to an HIV-positive mother must take HIV medicine (a syrup) immediately after birth (or in the first 3 days, if the baby was not born in the facility) to reduce the risk of HIV infection. Babies must be taken to the health center regularly for checkups. Follow the advice of the health workers about when to bring your baby back for HIV testing.



### Page 21

**Show** page 21 of the Flipbook and ask participants to explain the images to ensure they understand how to reduce the risk of mother-to-child transmission of HIV.

## 3.3. Activity 4: Game of True or False



**Duration:** 10 minutes

**Material:** Mark one side of the space where you have the session as TRUE and the other side as FALSE.

**Explain:** Now we are going to play a game. I will read a statement, and you have to decide if this statement is true or false. If you think it is true, go to the side of the room that says TRUE. If you think the statement is false, go to the side of the room where it says FALSE. Then I will ask one of you on each side to explain why you gave that answer. Only after that will I give you the correct answer.

1. When a woman is HIV-positive, her husband does not have to take an HIV test anymore because he will also be infected.  
**Answer:** FALSE. When one partner is HIV-positive, the other partner may or may not be HIV-positive. Therefore, it is important for both the man and the woman in a couple to get tested and to always use condoms to avoid (re)infecting their partner.
2. An HIV-positive pregnant woman should take ART during her pregnancy, the birth (labor), and after birth to avoid transmitting HIV to her baby.  
**Answer:** TRUE. When you take antiretroviral medication, you can significantly reduce the risk of transmitting HIV to your baby.
3. A baby born to an HIV-positive mother should start with antiretroviral medication within the first 3 days of being born.  
**Answer:** TRUE. This will significantly reduce the risk of the baby becoming infected with HIV.)
4. Exclusive breastfeeding (feeding your baby breast milk **only** for the first 6 months) reduces the risk of transmitting HIV from mother to baby.  
**Answer:** TRUE. When the baby receives only breast milk the first 6 months of life, it significantly reduces the risk of the baby becoming infected with HIV. Breast milk has all the nutrients a baby needs for the first 6 months.
5. When you are HIV-negative (you do not have HIV), you do not need to use a condom when having sex.  
**Answer:** FALSE. Only when both partners are HIV-negative and are faithful to each other are they not at risk of becoming infected; otherwise, a condom should be used in all sexual relationships.

At the end of the game, ask all participants to come back to the circle, and introduce the next topic: nutrition.

### 3.4. Healthy Nutrition During Your Pregnancy



**Duration:** 30 minutes

**Material:** Flipbook:

- Page 23/24: A Balanced Diet

**Methodology:** Explanation and discussion



Read aloud:

Your baby is developing inside you. What you eat is important to stay healthy and strong, especially during your pregnancy. Remember: what you eat is also what the baby eats!



**Ask** the following questions and give participants time to think and respond:

- Do you know what kind of food is good for you to eat when you are pregnant?
- How do you know this?
- What do you *like* to eat? Has this changed since you became pregnant?
- Are there specific foods that you should or should *not* eat where you live because you are pregnant?



### Read aloud:

A pregnant woman should eat a variety of foods to ensure that she and her baby are strong and healthy. It is important to eat a variety of healthy foods that you can find in your area. You should eat several times throughout the day in small amounts each time (plenty of fruits, vegetables, and protein).



**Proteins**, or foods of animal origin (such as meat, fish, eggs, and milk) and legumes (such as beans, lentils, and peas) help strengthen your blood and will help prevent anemia during pregnancy. Proteins also ensure that both you and your baby will grow (remember that as an adolescent, you are also still growing!).



Foods rich in **vitamins and minerals** such as mango, papaya, pumpkin, orange, carrot, green leafy vegetables, tomato, cabbage, and kale will help your baby grow strong and healthy, and help prevent you from getting sick during pregnancy.



Foods with concentrated (high-level) **energy** such as nuts (peanuts, cashew, etc.) oil, honey, and pumpkin or cucumber seeds will give you and your baby strength. You should continue to eat the rice, maize, cassava (manioc), pasta, bread, and sweet potatoes that you usually eat.

It is also important to **drink plenty of clean water** every day and get enough **rest** to help the baby grow.

It is also important from the beginning of your pregnancy to at least 3 months after giving birth to take the iron tablets that you receive during ANC at the health center daily, for your health and that of your baby. Iron tablets (which include the mineral folic acid) are essential for the proper development of the baby's brain and body, and will help you to have an uncomplicated birth. When you don't have enough iron in your body, your baby could be born too small or too soon. The iron tablets can make some women feel nauseous, but it's important to keep taking them even if they make you feel sick.

If you take iron and folic acid supplements when not (yet) pregnant, you will ensure that once you become pregnant, your baby will have all the iron and folic acid needed to avoid malformations of the brain in the first months of pregnancy.

**Show** the illustrations on page 23 of the Flipbook (regarding healthy nutrition) and ask participants the following questions, giving them time to answer each:

- Which of the foods shown in the illustrations do you eat where you live?
- How many times do you normally eat during the day?
- Who decides in your home/your family what you should or should not eat?
- Who cooks at your home?
- Is it possible to eat a variety (different kinds) of foods? Why or why not?

**Attention:** In many communities, certain foods are associated with beliefs or may be forbidden when you are pregnant. In some cultures, certain foods are feared to make a baby too big or to be delivered late. Some examples given by young women living in communities like yours include:



- A pregnant woman should not eat eggs, or her baby will be born bald.

- If a pregnant woman eats fish, her baby will be born with scales.

These **beliefs are not true**. Avoid following these traditional beliefs associated with pregnancy because they may undermine the healthy growth of the baby during your pregnancy, as you may avoid eating certain foods that would actually be good for your health while you are pregnant.

**Ask:** What can you do to support each other to eat nutritious foods during your pregnancy, even if they are considered taboo?

### 3.5. Other Precautions to Take When You Are Pregnant



**Duration:** 30 minutes

**Material:** Flipbook:

- Page 25/26: Do's and Don'ts During Pregnancy

**Methodology:** Discussion

**Explain,** then let the participants respond and discuss:

Now that you are pregnant, you have to take care not only of yourself, but also of the baby growing inside you.



**Ask:** What kind of precautions do you think you have to take when pregnant?

After the participants respond, **explain** what they can do to take care of themselves when pregnant.

A pregnant woman should take care of her personal hygiene by:

- **Washing your body** every day. Bathing will help you feel more relaxed and will help prevent skin diseases.
- **Brushing your teeth** at least twice a day, when you wake up and before going to sleep, with a toothbrush and toothpaste, a root/stick, or another locally used method.
- **Always washing your hands** with clean water and soap or ashes, especially after using the latrine/bathroom, before and after cooking, and before and after eating, to avoid getting sick with diarrhea, cholera, roundworms, or other diseases that spread easily through dirty hands.

Other things you can do or should avoid:

- **Prevent malaria.** Always sleep under a bed net treated with insecticide.
- **Avoid carrying heavy loads.** Try to avoid carrying heavy loads, for instance, firewood or bags of charcoal, or pounding maize or manioc.
- **Get sufficient rest.** Especially the last few months of your pregnancy, try to rest during the day as well. You will need to be well rested and have all your energy for the birth.
- **Do light exercise.** Going for a walk or getting a massage will help keep your body fit and your mind calm and relaxed.
- **Avoid consuming alcohol or tobacco (no smoking), drugs, or traditional medicines.** These are bad for your and your baby's health. A pregnant woman should only take medicine if prescribed by a health provider.
- **Go to your ANC visits.** Attend at least eight ANC visits while you are pregnant, and have your first visit as soon as you think you may be pregnant.



Use the following questions for discussion:



- What do people in your community, such as your families or other community members, think of a pregnant adolescent or a young woman who drinks alcohol or smokes?
- Do you know of a pregnant adolescent who drinks alcohol or smokes, or have you done so yourself?



### *Page 25*

After the discussion, **show** page 25 of the Flipbook and ask the participants to explain the illustrations regarding the precautions a pregnant woman should take to stay healthy.

## Conclusion of Session 3

- Duration: 10 minutes



### Read aloud:

Today, we learned that it is important to get tested for HIV to avoid passing the virus on to our babies. We have learned it is important for a pregnant woman to eat a variety of foods and to eat several times during the day for her and her baby's health. We also talked about how to take care of our bodies when we are pregnant.



**Ask** a couple of group members (two or three) to share something they learned today or something that surprised them.

**Ask:** What will you do with this information? With whom can you share what you have learned today?

After the discussion, thank everyone for their participation and make sure everyone knows the day and time of the next meeting, and **say**:



We invite your partners or husbands and other adolescents who will become fathers for the first time to join our group next week so we can talk more about the role of the father during and after the pregnancy.

See you all at the next session!

## 4. Session 4. Father for the First Time!



**Duration:** 2.5 hours

**Material:** Flipbook:

- Page 27/28: Role of the Future Father at the ANC Visit
- Page 29/30: A Good Father Takes Care of His Family

**Methodology:** Theater play, games, and discussion

### 4.1 Introduction

- Duration: 20 minutes
- Ice breaker game, review of last week's session, and introduction of today's theme



**Read aloud:**



Welcome everyone! Today we have invited young men, husbands, and partners who will become a father (for the first time) in a few months, weeks, or perhaps a few days. This support group was created to help you, young first-time mothers and fathers, to learn more about pregnancy, birth, and how to take care of your babies. But not only that—we will also talk about how fathers can be involved in the lives of their partners and children, help improve the communication between the couple, and work together to create happy and healthy families.

An important rule in this group is that everyone is equal and we respect each other, so that everyone feels comfortable to speak and share. Therefore, anything that is said or done in this group is confidential and will stay among the group members, so that every participant can feel safe and free to speak. Do we all agree on this?

Ensure that all participants understand how the group functions.

#### 4.1.1. Ice Breaker Game

If this is the first session in which the women's husbands or partners have joined, start by asking each participant to introduce themselves or play an ice breaker game that helps people learn each other's name.

#### 4.1.2. Review of Session 3



**Read aloud:**

Last week we learned about the importance of a pregnant young woman eating nutritious foods, how she can take care of her body to stay healthy, and the importance of going together with her husband or partner for ANC at the health center. We will talk more about this later today.

### 4.2. Activity 5: Father for the First Time!



**Duration:** 15 minutes



### **Read aloud:**

Life changes for men when they find out they will have a child. I would like to invite the male participants (the female participants answered this question in Session 1) to share some of their experiences.

What has changed in your life since you found out that you were going to be a father or since you recently became a father? Can you share one positive and one difficult situation you experienced since your spouse or partner told you you were having a child?

Give several male participants the opportunity to respond, using the examples below if necessary.

- Nothing changed, life continues as before because the pregnancy is not really your responsibility.
- You are proud that you are now a REAL man; this pregnancy has increased the respect your family and community have for you.
- You are happy now because you are married and are (becoming) a father.
- You had to marry your girlfriend, but perhaps you thought it was a bit too soon to get married.
- You had to quit school to start work and earn some money to take care of your new family.
- You cannot hang out with your friends as much as you would like anymore.

**Continue:** A pregnancy changes not only the life of young women, but also of young men. Although some of you may feel that you are still too young to be a parent, it is good to remember that becoming a father is special and fathers are valuable. Boys and men should also take responsibility to care for, raise, educate, and love their children. And of course, men should love and take care of their spouses or partners.

## **4.3. Activity 6: What Kind of Family Do You Want to Have?**



**Duration:** 15 minutes

**Explain:** I will ask you all a few questions. Remember, there are no right or wrong answers, just your opinions.



Ask one question at the time, and give participants time to think and respond. Make sure that you give both female and male participants a chance to respond.

- What kind of mother would you like to be?
- What kind of father would you like to be?
- How many children would you like to have?
- Who should decide how many children to have and when to have these children? You? Your husband or wife? Both? Your parents or parents-in-law? Others?
- What kind of life do you wish for your children?
- How do you see your relationship with your spouse or partner when you are older (say, in 10 years)?

**Continue:** Now we all know a little bit more about each other's ideas of the kind of family and relationship we would like to have. Now we will discuss any questions or doubts you may have about your role as a mother or father.

## 4.4. Activity 7: Role of the Father



**Duration:** 30 minutes

**Material:** Flipbook:

- Page 27/28: Role of the Future Father at the ANC Visit

**Methodology:** Explanation and discussion



**Read aloud:**

Until now, we have talked about your experiences and feelings regarding pregnancy, what a young woman must do to ensure her baby is growing well, and the importance of ANC.



**Ask:** Can anyone explain why it is important for the couple to go to ANC visits together?

Give participants time to think and respond.

**Then continue:** A father-to-be has the right to know how his baby is growing and developing. But it is also important to learn how to have a healthy pregnancy. For example, the father should learn about the importance of his pregnant partner taking the vitamins and pills she receives at the health center, such as iron supplements, to avoid anemia, how to avoid malaria during pregnancy, and what foods are important for pregnant women to eat to ensure that they and their babies are healthy.

At the ANC visit, the nurses will explain how to prepare for the delivery, and how to recognize danger signs during the pregnancy to ensure that you go to the health center to seek care. All of these things will help you support your spouse during the pregnancy. (**Review** page 17, Danger Signs During Pregnancy, if needed)

Also, it is important that the man and the pregnant woman in the couple both know if they are HIV-positive (are infected with HIV) or not. If HIV-positive, you will be given treatment and will have to take care of your health. If a woman is HIV-positive, she has to avoid passing HIV to her baby during pregnancy, delivery, or breastfeeding. (**See** page 21 of the Flipbook if more explanation is needed).



**Ask the men in the group:** Have any of you been to an ANC visit with your partner? If so, can you tell us something about your experience? In what other ways can men be involved in the pregnancy and the life of the baby?

Give several men the opportunity to talk, one at a time.



### *Page 27*

**Show** page 27 of the Flipbook and **explain** using the following text:

It is good when fathers participate in the lives of their pregnant partners and their unborn babies. When the father talks or sings to the baby, even before birth, the baby will recognize his voice after birth and this will help relax and calm the baby.

Both the mother and the father of the baby have an important role in each other's and the baby's well-being and happiness.

## 4.5. Activity 8: Game of Men and Women



**Duration:** 15 minutes

Choose two spots (they can be two corners of the room or two trees with some distance between them if the sessions are outdoors). Tell the group that one side will be called MAN and the other side WOMAN. Choose a spot in the middle of these two places called MAN AND WOMAN.



**Read aloud:**

I will say a word and each of you will go to the place that you think this word belongs to. If, for example, I say the word "mother" everyone will go to the spot marked WOMAN because only women can be mothers. If I say the word "tall" and you think both men and women can be tall, go to the spot marked MAN AND WOMAN.

Read the words in the list below, one by one, and let participants go to the spots marked MAN, WOMAN, and MAN AND WOMAN. After each round, ask two people from each side to explain why they chose their answers. Encourage participants to share their ideas and discuss their answers. Always make sure that the young women and the young men in the group have equal opportunities to speak.

- Strong
- Responsible for the family
- Cook
- Politician/community leader
- Takes care of children
- Violent
- Financially successful
- Makes decisions at home
- Affectionate

When finished, ask the group to return to the circle and **ask:** Which words were difficult to associate with women, men, or both?

After the discussion, **continue:** Many people believe that only men can be strong, courageous, and financially successful or make decisions for the family. Other people believe that only women can do the cooking or are good communicators.

**Ask** the following questions, one by one, giving participants time to think, respond, and discuss before moving on to the next question.

- How do you feel about these beliefs?
- Do you think that a good man can be attentive and kind?

- Do you think that a good woman can be strong and make decisions regarding her family? Why do you say that?
- Does anyone in your family or community occasionally behave in a way that is typically associated with someone from the opposite sex? Is that difficult?

**Explain:** The behaviors associated with being a man or a woman are taught to us by our parents, grandparents, and the community. Assigned roles and behaviors are not always the best for us. As we have seen, a man or a woman can act in a manner typically associated with the opposite sex.

## 4.6. Activity 9: Men as Caregivers



**Duration:** 30 minutes

**Explain:** People often say that women are naturally good at caring for and raising children and men are supposed to earn money and take care of their family. However, the world is changing and the only things that men cannot do for their children is give birth and breastfeed!

Most men have not been taught how to care for babies like women have, but they can learn!



**Ask and encourage all participants to talk and discuss:** In what ways can men help take care of their newborn baby?

**Continue:** A man can (and should) help in the following ways:

- Bring the baby to the mother when she needs to breastfeed (at night, for instance)
- Help with daily household tasks so the mother has more time to breastfeed the baby whenever the baby wants, during the day or night
- Help the baby to burp after drinking
- Hold the baby in his lap or cradle the baby in his arms
- Sing and play with the baby
- Bathe the baby
- Change diapers and dress the baby
- Take the baby to the health center for check ups



**Ask the women in the group:** How do you feel when a man/a father changes diapers, gives his baby a bath, holds the baby in his arms, or carries the baby on his back? Explain your answers.



**Ask the men in the group:** What do you think of other men/fathers who change diapers, give their babies a bath, hold the babies in their arms, or carries them on their backs? Explain your answers.



**Ask both the women and men in the group the following questions, and encourage several to answer:**

- Are there situations where women may make it difficult for their spouses to help take care of their infants or help with domestic chores? Why is that?

- Are there child care-related tasks that your culture or community says a man can't do? Why? What do you think about that?
- Who in your family/community could help others accept that men can also take care of their babies?

**After the discussion, explain:** Men and women should share the responsibilities of the home. Consider starting a daily routine and giving the father and his newborn the opportunity to develop an emotional connection, which is necessary to grow a close father and son/daughter relationship.

**Ask participants the following question and give them time to think and respond:** What are some benefits for a **mother** when the father of her child is involved with the pregnancy and care of the baby?

**Explain:** Benefits for the mother include:

- Less stress during the pregnancy
- Women who are accompanied by their spouses attend more ANC visits than women who go alone (and we know you have to go at least four times!)
- Better health and happiness
- A more harmonious relationship with the baby's father



**Ask all participants the following and give them time to think and respond:** What are some benefits for a **father** who is involved in the pregnancy and the care of the baby?

**Explain:** Benefits for the father include:

- Happier and more motivated to stay involved in family life
- A more harmonious relationship with the baby's mother
- Because a man is more satisfied being with his family, he may go out less often and have better physical and mental health (for example, he may drink or use drugs less)
- Less money spent outside the home

**Ask all participants the following and give them time to think and respond:** What are some benefits for a **child** when both the mother and the father are involved in the child's life?

**Explain:** Benefits for the child include:

- Better performance at school
- Greater self-respect and education, and better equipped to solve problems without using violence
- Feels safe and loved



**Page 29**

**Show** page 29 of the Flipbook and explain using the text on page 30.

## Conclusion of Session 4

- Duration: 10 minutes



### Read aloud:

Today, we talked about what kind of parents you want to be, and the important role of men during pregnancy and in the lives of their children.

**Ask** two or three group members to share something they learned today or something that surprised them.

**Ask** each young man and woman in the group what they will commit to do in the future to help each other and the new baby. Give everyone the opportunity to talk.



**Explain:** Next week, we will learn about the birth and delivery plans. The session will be for **women only**. In 2 weeks, we will again invite all the men to the session on Healthy Timing and Spacing of Pregnancies, Postpartum Fertility, and Family Planning.

Thank everyone for their participation and make sure they all know the day and time of the next meeting.



## **Module II: Planning for Delivery and Caring for Your Newborn**

- Session 5: Birth Planning and Delivery
- Session 6: Newborn Care, Exclusive Breastfeeding, and Postnatal Care

## 5. Session 5: Birth Planning and Delivery



**Duration:** 2.5 hours

**Material:** Paper, markers, and tape; Flipbook:

- Page 31/32: Birth Plan
- Page 33/34: Labor and Delivery
- Page 35/36: Danger Signs During Labor
- Page 37/38: Taking Care of the Newborn, the New Mother, and Exclusive Breastfeeding

**Methodology:** Explanation, group work, and discussion

### 5.1. Introduction

- Duration: 20 minutes
- Review of the previous session and introduction to today's theme



**Read aloud:**

Welcome to another session of our support group. Last week we talked about the involvement of men during the pregnancy and throughout the life of the child. We also discussed how men can take care of their small children.



**Ask:** Since last week, did any of you try to involve your husband more in your pregnancy or the care of your child? Would you like to share that experience with the group? Does anyone have any questions about last week's topics?

Give participants time to share. Then continue with the introduction of the theme of today: birth planning and the delivery.

**Continue:** We always hear that it is important to give birth in the maternity ward of the health center. Why do you think this is better than giving birth at home?



Give several participants the chance to discuss and answer. Then **read aloud:**

It is safer to give birth at the health center because there are trained health workers who can help you and your baby. You may know what month and day your baby is expected to be born, but most babies are not born exactly on that day. Therefore, you, your husband, and the family have to prepare for the delivery. Then, when the time comes for the birth, you will not have the problem of, for instance, finding money for transport, or deciding who will accompany you to the health center, who will stay with you during the birth, or where your baby will be born.

It is important to have a birth plan in which you plan everything related to the birth. It is possible you or your baby may have a problem during the pregnancy, delivery, or the period right after birth. For example, your baby may be born too early (at 7 or 8 months) or you may have to stay a few days or weeks at the maternity ward or nearby with a friend or relative so you can deliver your baby in a clean, safe space.

**Remember:** You, your husband, and/or family should be ready for the arrival of the new baby and should be able to solve any problems—like knowing where to go and how—that may arise during your pregnancy or delivery.

## 5.2. Activity 10: Group Work: Making a Birth Plan



**Duration:** 45 minutes

**Material:** Paper and markers

**Methodology:** Group work and presentation



### Read aloud:

We will now make a birth plan together. What do you think should be in a birth plan? I will give you an example. When I am pregnant, I need to decide who will come with me to the health center when it is time for the birth and ask that person ahead of time if she or he is willing to do that. What else do we need to organize before the birth?

Invite all participants to say what they think should be part of a birth plan.

Divide participants in small groups (two or three young women each) and give each group a piece of paper and a marker. Tell them to write or draw their ideas of what should be part of a birth plan.

After 15 minutes, ask participants to come back to the circle, and **ask each group to present** their birth plan to the other participants.

After every group has presented their plan, discuss as a group what should be in a birth plan:

- I will deliver in health center (name) \_\_\_\_\_.
- \_\_\_\_\_ (name) will come with me to the health center.
- I will need (\$\$) \_\_\_\_\_ to pay for transport to the health center and back home, and for any additional costs.
- I have my antenatal registration card/booklet from the health center.
- I have clean and dry clothes for both me and my baby, and a blanket/wrap and a small hat for my baby to wear after the birth.
- I will use \_\_\_\_\_ as transport to go to the maternity ward when the time comes for the delivery. I will call \_\_\_\_\_ if I have an emergency or the pains begin before the planned delivery date.
- Because I live far away from the maternity ward, I will go 2 weeks before the expected delivery date to stay with \_\_\_\_\_ (friend or relative)<sup>5</sup> near the health center.
- If I live far away but there is no maternal waiting house at the health center, I will organize another home close to the maternity ward where I can stay until the delivery.



A young couple thinking of their birth plan

<sup>5</sup> If a maternity waiting house exists, the women should be encouraged to include this in their birth plan



## Page 31

**Show** page 31 of the Flipbook and ask participants to explain each illustration. When finished, read the text on page 32.

**Continue:** Now that we have seen what should be part of a birth plan, we will have another 10 minutes to finalize our own plans to make sure that we have included everything that is necessary to plan for a safe delivery.



**Ask** the following questions one by one, giving participants time to think and discuss before moving to the next question.

1. Who should decide where you will deliver your baby? Why?
2. With whom can you discuss preparations for your delivery? Is this easy or difficult? Why?
3. What parts of the birth plan are the most difficult to organize? Who can help you with that?
4. **True or false:** Only when you feel that the birth has started (you feel the pains) should you start organizing transport to the hospital. Why do you think that?  
**Answer:** FALSE. You must make a birth plan **in the months before** your planned delivery date. The birth plan should include how much money to save (for transport, clothes, diapers, etc.), who will come with you, how you will get to the health center, etc. Then, when the birth actually starts, you are ready and prepared.
5. **True or false:** If you live far away from the health center, it is better to give birth at home.  
**Answer:** FALSE. At least 2 weeks before the expected delivery date, you should go to stay with a friend or relative near the maternity ward if you live far away.
6. What should you do if you live far away, but you don't have a friend or relative near the maternity ward or there is no maternal waiting house at the health center?  
**Answer:** You will have to find and organize another place to stay that is near the maternity ward.

**Explain and end activity:** Now we know that it is important for a pregnant woman not to wait until the labor pains begin to think about how to ensure a safe delivery and healthy baby. All pregnant women, with the support of their husbands and family members, must prepare a birth plan so when the time comes for delivery, they do not encounter problems and they arrive on time and prepared at the maternity ward. You can start planning for your birth from the moment you know you are pregnant. Be sure to share the birth plan with the other family members in your household so they all know what to do.

## 5.3. Danger Signs: When Do I Have to Go to the Health Center?



**Duration:** 30 minutes

**Material:** Flipbook:

- Page 35/36: Danger Signs During Labor

**Methodology:** Explanation and discussion



### **Read aloud:**

In the previous sessions we learned how the baby grows within your womb, what kind of changes your body goes through during pregnancy, and what you can do so you and your baby stay healthy. We also talked about your emotions and discomforts you may experience when pregnant.



**Ask** participants what kind of discomforts are normal during pregnancy. Who has experienced these?

After participants have discussed this for a couple of minutes, **explain** that the following discomforts are normal when a woman is pregnant:

- Nausea
- Need to urinate frequently
- Back pain
- Sensitivity and increased volume of your breasts
- Desire to eat certain foods and a dislike for foods you normally like
- Tiredness
- Feeling sad or irritated or experiencing rapid changes in emotions
- Heartburn (a burning feeling in your stomach and throat)

These are all normal. But there are also other signs that something is wrong with you or the baby, called **danger signs**. When you experience one of the danger signs, you must seek immediate help at the nearest health facility.



**Ask:** Does anyone remember some of the danger signs during pregnancy?



### ***Page 17***

**Show** page 17 of the Flipbook. The danger signs during pregnancy are:

- Heavy bleeding through your vagina
- Fluid that looks like water coming out of your vagina
- Sweating and chills with a fever
- Unusual or severe pain at the top of your belly that does not go away
- Feeling breathless or extremely tired, having a rapid heartbeat, or if your hands look whiter than normal
- No movement or less movement than usual from your baby
- Strong headache with nausea or blurring of vision

**Remember:** It is very important to share this information with your husband and family because then they will be better prepared to take you to the health center if you experience one or more of these signs.

## 5.4. The Birth Is Beginning!



### Read aloud:

We made a birth plan so you are prepared to have a safe delivery and a healthy baby. As the date of birth approaches, you may be asked to come back more frequently for ANC care. During your ANC visits, the nurse will assess your and your baby's health and check the baby's growth and development over time.

Now, let's talk more about childbirth. There are questions you may have.

**Start the discussion** with the first question below. Give participants time to think and respond. Let them ask questions, and then read the correct answer.

**1. I have heard many scary stories about childbirth. Are these stories true?**

Many scary stories are not true and many of them are caused by lack of information and fear of pregnancy and childbirth. It is important that you know the danger signs during pregnancy and delivery and that you have a birth plan. So, if a problem arises, you're ready. You have to trust the information you receive at the health center and from our group. This will help you relax and feel confident in giving birth. Make the birth plan and you will be very well prepared to receive your new baby.

**2. Will childbirth hurt a lot?**

Labor and delivery can hurt a lot. Each woman experiences the pain of childbirth differently. The pain of the contractions comes and goes. Sometimes contractions are very painful, but you can relax in between. It's good to have a family member or someone you trust with you during labor to help you manage the pain. This person can massage you, talk to you to, help you stay calm, give you water, or do other things to help you.

**3. How will I know that labor is beginning?**

Signs that you are entering labor vary. Labor often begins with contractions, which are cramps or pain in the lower part of your belly, making it feel hard and tight. Contractions last between 30 and 60 seconds at the beginning of labor.

You may have already had small, painless contractions during the last months of your pregnancy that come and go several times a day. This is normal and is not a sign of labor. Labor contractions are different. They start in the lower part of the abdomen and move toward the back. They come in waves and become stronger, longer, and painful; they come back every 5 to 10 minutes and don't go away after 2 hours.

It is not possible to know, exactly, when labor begins, but it is usually between the 38th and 40th week of pregnancy. However, it is quite common for adolescents to begin labor earlier (36 weeks or before). You may see a mucous-like discharge with a little blood coming out of your vagina a few hours or days before the onset of labor. Sometimes labor begins when your water breaks and fluid comes out of the vagina. This is a sign that you are in labor.

**4. Will the baby tear my body? Are there ways to avoid this?**

Some new mothers will tell you that they had some tearing of the birth canal when the baby came out. This should not happen. Having a nurse with you to help you through the delivery to tell you when to push and to make sure that the baby has enough space to come out will help prevent this. Sometimes the nurse will notice that you do not have enough space for the baby to come out and will make a small cut on the side of the entrance of the birth canal so you have more space.

If the nurse has to make a cut to create more space, you may need some stitches to help it heal. The healing usually takes up to 6 weeks. You should not start having sexual relations until the tear heals because it can open again and become infected. If this happens, you will need to go to a health center right away for treatment.

## 5.5. The Birthing Process

- Duration: 20 minutes



### Read aloud:

Now we will continue to learn about the birthing process, or how a baby is born. There are three stages of the birthing process:

- First stage: The cervix opens and the baby moves down to the birth canal
- Second stage: The baby is pushed out—the actual birth
- Third stage: The placenta is pushed out of the uterus and your body

**Explain**, referring to the following text:

### 5.5.1. First Stage

The contractions you are feeling prepare your body for your baby to come out of the uterus. The first phase is generally the longest part of the birthing process. This is the time to go the health center/maternity ward. At the end of the first phase, the contractions will be very strong and last from 1 to 2 minutes each. The baby is ready to be pushed out of the birth canal.

### 5.5.2. Second Stage

The pressure of the baby's head in the birth canal makes you want to push down. You may feel very tired now with some nausea and cramping in your legs. This is normal, and you are almost finished! It can take between 15 minutes and 4 hours to push the baby out.

You will need to try and push down as hard as you can during your contractions. Taking a deep breath in through your mouth and blowing it out hard can make it easier for you to push down. It is normal to push between one and three times during a contraction. Each contraction and push will help move the baby closer to being born, so it is important to push every time if you can.

Some women like to sit upright, squat down, or lie on their side when they deliver the baby. The nurse/midwife should allow you to deliver in the position most comfortable for you.

You may feel a stinging or burning sensation when the baby's head comes out. Hold on—you are almost there. During the next few contractions, the rest of the baby's body will come out and you will be a new mother. As soon as the baby comes out, it is good for both you and the baby to have the baby put directly on your chest while the birth attendant dries the baby and cuts the umbilical cord.

**How to take care of yourself during the second stage.** Continue to rest between contractions. Sip water or juice if you want to. Have someone wipe your face with a cool towel. Imagine yourself strong, happy, and holding your baby in just a few minutes.



### *Page 33*

**Show** the illustrations on page 33 of the Flipbook while explaining the text on page 34. Make sure to answer any questions participants have before **continuing** with the following:

## ***First Breastfeed***

After birth, your baby needs to be quickly dried with a clean, dry cloth. After your baby is dried, the towel should be set aside and should not be used on you or your baby again. The nurse should do this while your baby is lying on your chest. You are the best "heater" for your baby. Put your baby's stomach down on top of your chest to keep the baby warm. Your baby will be able to hear and feel the beating of your heart that they have heard in the last 9 months. This will help keep your baby calm and will help the baby get to know you.

If you squeeze your breast a little, the first yellowish milk, **the colostrum**, will come out. When baby smells this, the baby will look for your breast to start **breastfeeding**. As soon as the baby opens his or her mouth, put your nipple in, and your baby will begin to nurse without anyone having to teach the baby. This yellowish milk is like the first vaccine your baby will receive to protect the baby from illnesses and will help cleanse the baby's intestines.

### ***5.5.3. Third Stage***

Your baby is born, but you have one last step before labor is over. The placenta, which provided your baby with nutrition and air during their time in the womb, needs to come out. This usually happens between 5 and 30 minutes after the baby is born. The nurse or midwife will help deliver the placenta and make sure all of it has been released. Delivering the placenta is much easier than delivering the baby. You may need to push down a few times to help it come out. After the placenta is out, your labor is over.

**Important:** If the placenta does not come out after an hour after the baby is born, it is critical that a health worker helps the placenta come out immediately.

Now that your labor is over and you have your baby, your body will continue to go through many changes. You will notice right away that you have bleeding. This is normal and will continue to happen for about the next 3 to 6 weeks, becoming lighter every day. This is your body getting rid of the fluids that were in your womb. You will probably also see some blood clots, usually between the size of a small lime or an orange.

**Remember:** We talked about the three stages of childbirth. Now you know more or less what to expect. Because of the lack of information and fear of childbirth, it is common for some people to tell false and frightening stories. You must trust the information you receive at the health center and in this group.

## ***5.6. Danger Signs During Labor***

- Duration: 15 minutes

If you feel any of the problems described here during the birth, you need immediate care from a midwife, doctor, or nurse.



### ***Page 35***

**Show** page 35 of the Flipbook and read the text on page 36. Make sure all participants understand and are able to recognize the danger signs of labor.

## ***Conclusion of Session 5***

- Duration: 10 minutes





**Read aloud:**

This is the end of our session on the birthing process. Today, we learned about the importance of working with your husband and family to make a birth plan so you are prepared for the birth, especially if it starts earlier than you expect. We talked about the three stages of childbirth and the danger signs during labor.

**Ask** two or three group members to share something they learned today or something that surprised them.

**Ask:** What will you do with this information? With whom can you share what you have learned today?

**Then say:** In the next session, we'll talk about how to take care of yourself and your baby after giving birth. We'll learn about the baby's development and the importance of playing with your baby. We ask each of you to invite your partner or the father of your child to come with you to our next session.

Thank you all so much for your participation! We look forward to seeing you and your partners here next week.

Make sure that everyone remembers the date, place, and time of next week's session.

## 6. Session 6. Caring for Your Newborn



**Duration:** 2.5 hours

**Material:** Flipbook:

- Page 37/38: Taking Care of the Newborn, the New Mother, and Exclusive Breastfeeding
- Page 39/40: Danger Signs During the Postpartum Period
- Page 41/42: Postnatal Care
- Page 43/44: How Does Your Baby Develop?
- Page 45/46: Playing with and Talking to Your Baby

**Methodology:** Explanation and discussion

### 6.1. Introduction

- Duration: 30 minutes
- Ice breaker game, review of the previous session, and introduction to today's theme



**Read aloud:**

Welcome everyone, young women and men, to today's support group meeting for adolescents who will be or are first-time parents. We are happy to see all of you again, including the young fathers. We will start our session again with a short game.

#### 6.1.1. Ice Breaker Game

- Duration: 5–10 minutes

Introduce a short energizer or ice breaker game to the group or ask a participant to lead the group in a short game.

When the game is finished, ask participants to sit in a circle and start with a **review** of Session 5.

Last week, we talked about why it is important for pregnant women to prepare a birth plan with their partner and family.

**Ask** the following questions, one at a time, giving participants time to think and respond:

- Can someone explain what a birth plan is?
- How can the husbands/partners help prepare a birth plan?



#### *Page 31*

**Show** page 31 of the Flipbook (birth plan) to all participants so that the men, who were not present last week, can also understand what a birth plan is.

**Continue:** Last week we also learned about the birthing process and the danger signs.



**Ask:** Who can explain the danger signs—when a pregnant woman must go immediately to the nearest health center?



### *Page 17 and 35*

After some participants have shared their answers, review with participants the danger signs during pregnancy and birth (pages 17 and 35 of the Flipbook). If some of the young women or young men do not feel comfortable seeing these illustrations together, only explain the written description of the danger signs on page 36.

**Continue:** Today we are going to talk about how you, as a young new mother, have to take care of yourself and your baby. We will talk about exclusive breastfeeding and PNC. We will conclude today with learning how you, as mothers and fathers, can stimulate the development of your baby to make sure that your baby will grow up healthy and smart.

## 6.2. Our New Feelings: Maternal Depression

- Duration: 15 minutes

**Explain:** Many first-time mothers have mixed feelings after birth because their body is going through many changes. You may feel tired after childbirth, and this may last for several weeks. Because you need to get up and feed your newborn baby every 2 to 4 hours, day and night, you will not have as much time to sleep as you would like and as you need. Lack of sleep can make you feel sad, frustrated, anxious, or tired. It is important to know that all new mothers have these feelings and they will disappear as the baby grows and you can sleep more at night.

Remember, your confidence as a new mother will grow every day!

However, if your sadness is not going away, or you feel any of the following, it may be a sign of maternal depression. Maternal depression can occur before or after childbirth.

### 6.2.1. Signs of Maternal Depression

**Explain** some of the signs of maternal depression:

- You have no interest in anything around you.
- You avoid looking directly at people.
- You are not noticing what is happening with your child, for instance, not reacting when the baby cries or needs a new diaper or a bath.
- You have lost weight, have trouble sleeping, or have no appetite.
- You can't stop crying or feeling sad.
- You feel irritated or angry for no reason, or have no patience with your baby, your partner, family, or friends.



New mother with maternal depression

When a new mother has maternal depression, there are also risks for the baby, such as:

- Poor hygiene of the child (of the mother as well), poor health, and poor growth
- Delays in cognitive and emotional development
- Problems with behavior, for example, aggression or passivity

When you have a feeling you may have a maternal depression, please seek help at the nearest health center. The nurses there can support you and there may be a group of mothers you can join for emotional support, which can help you a lot.



**Ask** participants the following questions, giving both the young women and young men a chance to respond.

- Do you think there are also girls or women in your community who have been sad before or after the birth of their child?
- What do you think a woman who becomes sad/depressed could do to feel better?
- What could be the role of the husband and family in such a situation?

**Remember:** It is important that you seek support if you have one or more symptoms of maternal depression.

### 6.3. Taking Care of Your Newborn, the New Mother, and Exclusive Breastfeeding



**Duration:** 30 minutes

**Material:** Flipbook:

- Page 37/38: Taking Care of the Newborn, the New Mother, and Exclusive Breastfeeding

**Methodology:** Explanation and discussion



**Explain and ask:**

We will now continue to learn together what your baby needs to stay healthy and grow strong. What do you think are the most important things you and your family can do to keep your baby healthy?

Give participants time to think and respond, and discuss together. Then continue with the following information.

The most important things you and your family can do to keep your baby healthy are:

- **Keep your newborn warm and dry** (using a clean towel or cloth to dry your baby):
  - You can check if your baby is cold by feeling the baby's feet. If the baby is cold, put your baby directly on your chest (skin to skin). Your baby will warm up quickly.
  - Your newborn can also be warmed up skin to skin on the father's chest! This will help strengthen the bond between the father and the baby.
  - Cover your baby and put a small hat on the newborn's head to keep the baby warm.



• **Umbilical cord care:** Do not put anything on the cord to help it heal or fall off—except for the medicine from the health center called chlorhexidine, if it is available. Chlorhexidine, if available, should only be applied to the cord as directed by a health worker. Never put oil, saliva, excrements,

traditional medicine, or other homemade products on the cord, as this can cause a serious infection since the cord "wound" has not yet closed. Also:

- Always wash your hands before and after caring for the baby's cord.
- If the cord starts to smell bad, bring your baby to the health center.
- The cord should fall off without help within 10 days after birth.
- Do not cover the cord with clothes or diapers, as the cord may become too warm and the wound will take longer to dry.
- **Breastfeeding:** Right after the birth, keep the baby close to your breast until the baby starts to breastfeed.
  - The **first breast milk** (in the first 2 days after birth) is dense and yellowish. This first milk is very nutritious and protects your baby against illnesses so the baby can grow strong.
  - You should **feed breast milk only to your baby for the first 6 months**. Breast milk has everything your baby needs; newborns do not need any other food, water, tea, or other liquids.
  - Your newborn baby will be hungry often during the day and night, usually every 2 to 4 hours in the first weeks of life, and **you will need to feed your baby as often as the baby wants**. There may be days when your baby wants to drink more because the baby is in a phase of rapid growth and will need more milk to grow. Babies can sleep as much as 20 hours a day, so take time for yourself and get some rest while the baby is sleeping.
  - When **feeding your baby, you should stop all other activities**. This is a special moment between you and your baby where you will get to know each other and create trust in one another. To make sure the baby's belly is full, you can breastfeed from one breast until your baby lets go of that breast, which means that either the baby is full or the breast is empty. If the breast is already empty and your baby continues to look for the milk, you can give the baby the other breast. When you feed like this, your baby will have all the necessary nutrients and will not be hungry so soon, which will allow you to rest or continue with your daily tasks.
- **Hygiene:** To prevent your baby from getting diarrhea or any other sickness related to poor hygiene, **always wash your hand with clean water and soap** or ashes:
  - After using the latrine/bathroom
  - After changing your baby's diaper
  - Before and after preparing food
  - Before and after eating
  - Before breastfeeding your baby or feeding a child
- Keep people who are sick away from your baby
  - Keep your baby away from places where sick people are, especially if they are coughing, as they can transmit their sickness to your baby
  - Keep your baby away from places with lots of smoke or many flies
- Take your newborn to your PNC visits to make sure the baby is healthy. The first PNC visit should be done within 3 days of the birth if the baby was not born in the maternity ward at the health center.

### The first bath

Babies should not be washed during the first 24 hours after birth. The baby can become very cold if it is washed in the first 24 hours and get sick. Do not let anyone rub away the white film on the baby's skin, as this thin layer is actually protecting your baby.

**Remember:** Keeping your baby warm and dry is the best way to keep the baby healthy. After 24 hours, your baby can be washed with a warm washcloth using gentle strokes. You can hold your baby in a blanket or towel when washing the baby. Make sure that the room you are washing the baby in is warm and not next to an open window or door. Never put your baby on a cold surface while washing the baby. Use a separate washcloth to wipe the baby's eyes to prevent the baby from getting an eye infection. Dry the baby with a clean, dry towel and put clean, dry clothes and a hat on right after the bath so your baby won't get cold. Babies do not need strong soap or oil on their skin, just warm, clean water. Your baby can be washed in a basin with warm water and gentle soap after the cord stump falls off, usually between 7 to 10 days.

Dads! You can also give a bath to your baby!



### Page 37

**Show** the illustrations on page 37 of the Flipbook and ask the participants to explain. Read the text on page 38. Respond to any questions the participants may have before continuing with the next activity.



## 6.4. Activity 11: The Story of Rosa: Exclusive Breastfeeding



**Duration:** 30 minutes



**Explain:** I'm going to read you the story of Rosa, a young woman from a village just like yours, who told us the following:



“When I came home from the maternity ward with my first baby, all the people were very happy because I had a handsome, chubby, and healthy boy. My grandmother Marta told me she would do a special ceremony to celebrate the arrival of another member of the family. She insisted that my baby needed to have a traditional tea to become stronger and healthier. I did not want to because at the prenatal consultation the nurse said that I should just give my baby my breast milk for the first 6 months so he would not get sick. But I could not stand up to my grandmother, and my baby drank the traditional tea from Grandmother Marta. Now he has pain in his tummy and diarrhea.”



**Discuss** Rosa's story with the group, using the following questions:

- What should Rosa have done?
- Is this something that could happen to you too?
- How would you react?
- How can you convince your family not to give any food, traditional medicine, or liquids to your baby in the first 6 months?

After the discussion, **read** the following reminders about exclusive breastfeeding:

- Breast milk is the best food you can give to your baby because it has all the nutrients the baby needs in the first 6 months of life. Breast milk will keep your baby healthy as it protects against many diseases, including diarrhea, infections, and cough.
- If your baby does not seem satisfied or is still hungry after you feed him, offer the baby the other breast, and feed your baby more often. Do not give other liquids, powder milk, or food the first 6 months. After 6 months, you can start giving your baby porridge or smashed fruit while you continue to breastfeed until your child is at least 2 years old.
- Only give your baby medication given to you by the health center. If your family insists on giving your baby traditional medicine, explain that you respect the tradition but that breast milk is the best thing for your baby for the first 6 months.
- Exclusive breastfeeding (meaning your baby **only** drinks your breast milk during the first 6 months of life) also helps **prevent the transmission of HIV** from the mother to the baby.



**Ask:** How can you take care of yourself when breastfeeding?

If there are young mothers in the group, ask if they want to share their experiences with the group on how they are taking care of themselves while breastfeeding.

**Then explain:** Sometimes a mother's breasts **get very full and hard**, especially during the first few days after birth. This can be painful and make it difficult for the baby to breastfeed. It can also cause an infection and a fever in the mother. **There are easy ways to treat this problem.**

- Breastfeed the baby every 2 to 3 hours, day and night, on both breasts. (Remember, make sure that one breast is completely empty before changing to the other breast.) Stay in bed, if you can, and keep the baby next to you so you can feed the baby often.
- Place hot, wet cloths on your breasts for 15–20 minutes before each feeding.
- This technique will also help soften the breasts to allow you to massage them to express the milk to a clean flask/bottle. Only use a bottle that has been boiled for 5 minutes and allowed to dry completely before use. After expressing the milk, close the bottle and store it in a fridge (for a maximum of 5 days) or in the freezer (up to 3 months) so that someone else can give breast milk to the baby even when you are not near them.



- Put cool cloths or fresh cabbage leaves on the breasts between feedings. Let the milk come out and support your breasts with a towel or cloth.

- If the baby has trouble getting onto the breast because it is swollen, remove a little milk by hand until the breast is soft enough for the baby to take.



As a new mother, you should eat as much or more varied foods than when you were pregnant to produce milk. You should eat foods like fruits, vegetables, and foods rich in protein and fats, such as meat, peanuts, peas, and eggs. You should also eat corn, rice, sweet potatoes, cassava, beans, and whatever else is available and appeals to you.

As a new mother, you should drink plenty of fluids, such as clean and safe water, tea, juices, and milk, but you cannot drink alcohol because alcohol passes through the milk to the baby.

As a new mother, you should keep your body and hands very clean and rest a lot.

If you, as a new mother, have any problems, such as fever or red, painful spots in one or both breasts, go immediately to the nearest health center for treatment. You may have a serious illness that does not go away by itself!

## 6.5. Danger Signs in a Newborn and the New Mother



**Duration:** 15 minutes

**Material:** Flipbook:

- Page 39/40: Danger Signs During the Postpartum Period

**Methodology:** Discussion



**Read aloud:**

You or your newborn baby may experience complications after birth. Go to the nearest health center immediately if you experience any of the following signs.



*Page 39*

**Show** the illustrations on page 39 and read the messages on page 40.

## 6.6. Postnatal Care



**Duration:** 20 minutes

**Material:** Flipbook:

- Page 41/42: Postnatal Care

**Methodology:** Discussion



**Ask:** Does anyone know what is done during PNC? Encourage participants to talk about their experiences if they have already had a PNC visit.

**Then explain:** When you deliver in a health center, the first PNC visit will be done right before you and your baby leave to go home. The nurse will check the new mother and baby to see if they are healthy and recovering well from the birth. The baby will receive its first vaccination. If there is any problem, the nurse will be able to treat the mother or baby. The nurse should also provide counseling on the use of family planning after the birth and discuss what methods would be best for you to plan and space your next pregnancy.



*Page 41*

**Show** the illustrations on page 41 of the Flipbook and explain using the text on page 42.



## 6.7. Development of Your Baby in the First Year of Life



**Duration:** 30 minutes

**Material:** Flipbook:

- Page 43/44: How Does Your Baby Develop?
- Page 45/46: Playing with and Talking to Your Baby

**Methodology:** Explanation and discussion

During the first year, your baby will undergo the fastest and biggest changes in its life. During this time, the baby will develop in all areas, from motor development (i.e., the baby's bones and muscles and the ability to move) to mental development.



### *Page 43*

**Show** page 43 of the Flipbook and read the text on page 44 (how the baby develops during the first year of life).



**Ask:** Why do you think it's important to play with our babies?

Give participants time to think and respond, giving both the young women and the young men a chance to answer.

**Then explain:** Every month, the baby will acquire new skills. Mothers and fathers, you are the best teachers for your baby! You will need to actively talk and play with your babies from birth to stimulate their bodies and brains and help them become smart.

When we play with our babies, they learn a lot about the world. They learn:

- That we love them
- The rhythm of new words
- Skills such as grabbing things, crawling, and walking



**Ask:** How can you play with a baby when the baby is still really small? Can you give some examples? Let participants respond and then explain that as parents, they can play with their babies by:

- Singing and talking to your baby
- Playing hide and seek with your baby (hide your face in your hands and then "appear" again!)
- Letting your baby touch different things (something soft, something hard, your hand, etc.)



### *Page 45*

**Show** page 45 of the Flipbook and explain, based on the text on page 46, the pictures on how to play with their baby from birth to 12 months. Ask both the young men and young women in the group if they think they can play with their children using these examples. Explore why they answer yes or no.

**Remember:** Both the mother and the father can play with their baby from the moment of birth. You do not need any toys to play! You can just use your body, your voice, and things you have around. The more you play and talk with your baby, the healthier and smarter the baby will become!

**IMPORTANT:** As caregivers, it is our responsibility to ensure that the **spaces where our babies and children live and play are safe**. Avoid accidents such as bruising, cuts, drowning, or choking.

## Conclusion of Session 6

- Duration: 10 minutes

**Conclude:** Thanks everyone for your participation today. It is nice to see both first-time mothers and fathers participate and discuss these topics with each other. Today we learned how we can care for our newborns, how you, as a new mother, can take care of yourself with the help of your spouse and family, and about the importance of both mom and dad stimulating the baby through playing, talking, and singing.

**Ask** if there are any questions or doubts about today's topics.



**Ask** two to three group members (men and women) to share something they learned today or something that surprised them.

**Ask:** What will you do with this information? With whom can you share what you have learned today?

**Then say:** Everyone, thank you very much for coming. Next week, I invite both women and men to come again. We will learn more about the circle of influence, healthy timing and spacing of pregnancies, and fertility after the birth, or postpartum fertility.

Make sure that everyone knows the day, time, and place of the next meeting.

## **Module III: Building a Healthy and Happy Family**

- Session 7: Healthy Timing and Spacing of Pregnancies
- Session 8: Family Planning
- Session 9: Your Sexual and Reproductive Health and Rights

## 7. Session 7: Healthy Timing and Spacing of Pregnancies



**Duration:** 2.5 hours

**Material:** Nametags with the names of people of influence within the community (prepare these before the session), Flipbook:

- Page 11/12: Menstrual Cycle
- Page 47/48: Healthy Timing and Spacing of Pregnancies

**Methodology:** Game and discussion

### 7.1. Introduction

- Duration: 15 minutes
- Ice breaker, review of last week's session, and introduction to the day's theme



#### Read aloud:

Welcome everyone to this seventh session of the support group for first-time parents. Before we start with the themes of today, we will play a short game to bring some energy to the group.

#### 7.1.1. Ice Breaker Game

- Duration: 5–10 minutes

Introduce a short energizer or ice breaker game to the group or ask one of the participants to lead the group in a short game.

#### 7.1.2. Review of Session 6

Last week, we talked about how to take care of your newborn and yourself after birth together with your husband and family, about the importance of exclusive breastfeeding and PNC, and how we can stimulate our baby's development.

**Ask:** Can anyone explain how to take care of your newborn? How can you play with and stimulate your baby? Why is this important?

Give participants time to think and respond.

**Explain:** We can stimulate our babies' brain, muscles, and bones by playing, talking, and singing with them. We can let the baby grab our fingers or play hide and seek, for example.

If necessary, **review** pages 39, 41, 43, 45, and 47 of the Flipbook.

**Continue:** Today we are going to talk about healthy timing and spacing of pregnancies. It is important for couples to plan if and when they would like to have a second child (or to start having children).

## 7.2. Activity 12: Circle of Influence

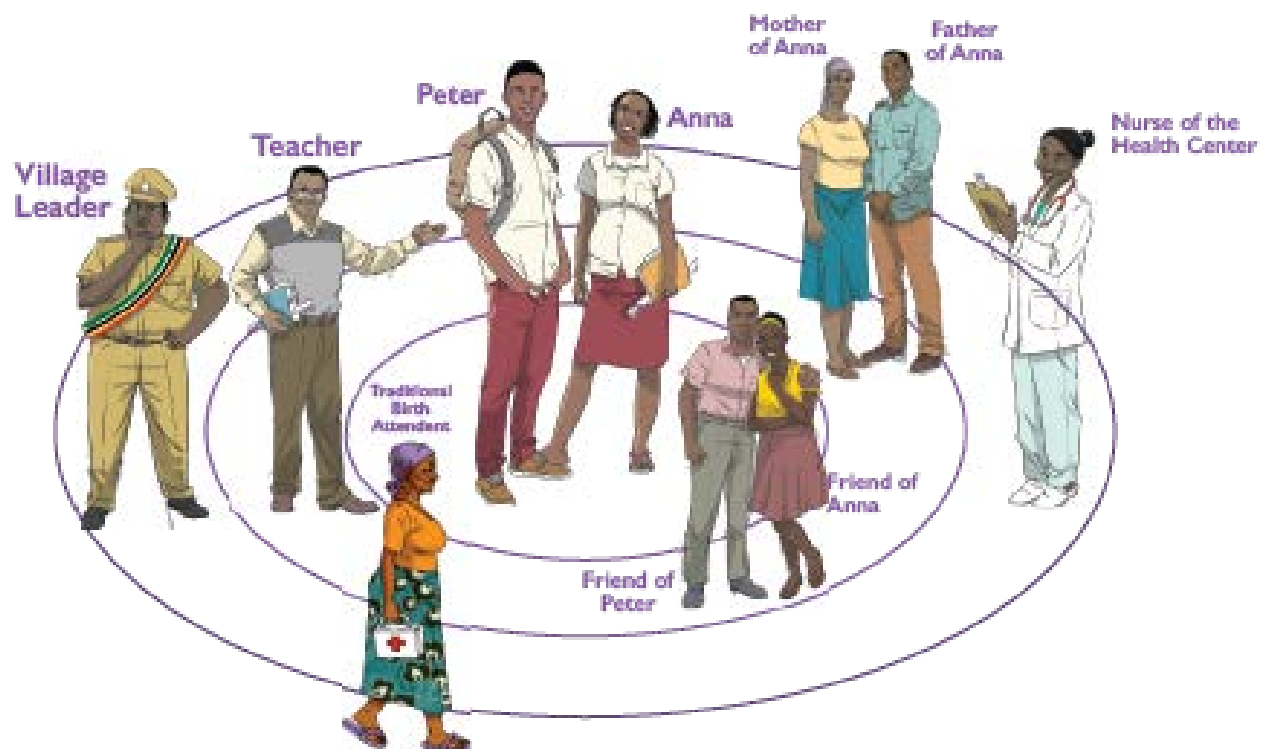


**Duration:** 30 minutes

**Material:** Nametags prepared before the session. These nametags should include the following names: Anna and Peter (the young couple), Anna's mother and father, Peter's mother and father, Anna's godmother, Peter's godfather, traditional birth attendant, community health worker, religious leader, village leader, teacher, Anna's friend, Peter's friend, and nurse at the health center.

**Methodology:** Interactive discussion/role-play

1. Introduce the session by reading the following to the group:  
Adolescents, young women and young men, pregnant couples, or first-time parents experience pressure from many people, such as family, family-in-law, and community members on their choices for when to have children, how many children to have, or whether to get married. Our next activity will explore the thoughts, attitudes, beliefs, and actions of people in our community who can influence young couples regarding their decisions as to when and how many children to have, whether to use family planning, and whether to seek health services at the health center.
2. Draw or mark four circles on the floor as shown in this drawing:



3. Give each participant one of the nametags prepared before the session.



4. Ask the participants with the nametags that say Anna (pregnant or first-time adolescent mother) and Peter (Anna's husband), to stand in the smallest innermost circle (young women can also play the male roles).



5. **Explain:** All of you have a nametag of a type of person who might have some kind of influence in the life of Anna and Peter, and specifically on their decisions about when and if to have children, the use family planning, or whether to go to the health center for information and services.

You can see that there are four circles on the ground. The circle closest to the couple is where the people who are **most influential** on their decisions should stand. The people who have a little bit less influence, but still have **some influence**, should stand in the next circle out (the middle circle). Finally, people who have **less influence** on the couple, but still influence in the community in which they live in should stand in the last, outermost circle.

When I say “GO,” go to the circle where you think you belong based on your character. Discuss among yourselves to determine where everyone should stand based on the reality in your community. The people who influence the couple the most should be standing closest and those with less influence should be further away.

If there are any very influential people missing from the list, you can discuss and add them if the group agrees.

6. Say “GO.” Allow the group about 10 minutes to arrange themselves in the way they think illustrates their level of influence in the community. Allow them to debate and discuss among themselves.



7. When all the participants are in their place in the circle, ask Anna and Peter who has the most influence on their decisions as a couple and why. Then ask the people in the circle closest to the couple to explain what influence they have over the couple and why. Continue to ask the participants in the next circle the same question, until all participants in the four circles have had a chance to explain their influence on the young couple.
8. When all have explained, ask them to sit down and facilitate a discussion with the group using these questions:
- What did you think of this activity? Does it seem similar to life in your community?
  - What does this exercise tell you about a young married woman or young mother’s ability to make choices about when and if to have a child?
  - How is she influenced and pressured by those people around her?
  - Who are the people with the most influence and power over young men’s decisions?
  - And who has the most influence and power over a young woman/young mother?
  - Who pressures young women to have children? Who pressures young men?

**In closing:** We have seen that different people at different levels in the family and community influence a young woman and her husband on when and how many children to have. Who can support adolescents and young women so they can be empowered to make their own decisions on when and how many children to have? Who can support young men so they can make these decisions jointly with their spouses or partners?

### 7.3. Healthy Timing and Spacing of Pregnancies



**Duration:** 30 minutes

**Material:** Flipbook:

- Page 47/48: Healthy Timing and Spacing of Pregnancies

**Methodology:** Explanation and discussion



### Read aloud:

In the previous activity, we learned more about who has influence over you in your decisions to have children. It is also good to learn why it is important to choose the right timing and spacing of pregnancies.

Falling pregnant again soon after the birth of a child can cause serious health problems for the mother and her baby. Having sufficient food and money to raise your children can also be difficult. If there is more time between one child and the next, you and your husband have more time to earn money, which will allow you to take better care of your children. You will have more resources to provide for food, education, clothes, health care, and you will have more time to play and take care of your child. Having many children also requires many resources.

Therefore, it is important you plan your next pregnancy.

### **Explain:**

**Spacing:** For your and your baby's health, wait at least 24 months (2 years) after the birth of your child to get pregnant again. You will be able to give more of your time, love, and attention to your baby without worrying about another one on the way. If you become pregnant less than 24 months after giving birth, the baby can be born too small, too early, or with serious health problems. As a mother, having a baby so soon may cause dangerous health problems for you, too. If you wait more than 24 months after giving birth before becoming pregnant again, you can breastfeed your baby a full 2 years, which is what health experts recommend, and it is much more likely that your next baby will be born and grow up healthy.

If a woman has had a miscarriage or an abortion, she should wait at least 6 months before trying to get pregnant again.



**Ask** participants and give them time to think and respond: How can you avoid getting pregnant to make sure that your children will be strong and healthy?

**Continue:** To avoid getting pregnant, you and your husband should seek advice from the family planning services at the health center or the youth-friendly clinic. **Family planning services** offer men and women the information and the means to **plan when** they will have children, **how many** children they will have, **how much time they should wait between** one pregnancy and the next, and what to do when they do **not want to have any more** children.

Contraceptives are the methods used for planning the healthy timing and spacing of your pregnancies. We also talked about how every couple must decide for themselves if and how they want to plan their family. No one can decide for you.



**Ask** the following questions, one by one, allowing participants to discuss the answers:

- Why should a couple wait at least 2 years after the birth of their child to become pregnant again?
- Who is responsible for avoiding pregnancy in a relationship? Why do you think that?
- What are some problems a couple may encounter if they have another child within 2 years after the birth of their child?
- What kind of modern family planning methods do you know about?



**The modern family planning methods available are:** male and female condoms, the pill, injectable, implant, and intrauterine device (IUD).<sup>6</sup>

**Note:** Next week we will talk about all these methods in more detail.

## 7.4. Postpartum Fertility



**Duration:** 30 minutes

**Material:** Flipbook:

- Page 11/12: Menstrual Cycle

**Methodology:** Explanation and discussion



**Ask** the following questions, one at a time, allowing time for participants to think and respond.

- What are the local customs in your community for how long a woman has to wait after the birth of her child to have sexual relations again?
- Do you know why it is this period of time?
- Do people wait this time to have sexual relations again or not?

### 7.4.1. Sexual Relations

**Explain:** A woman's body needs time to recover after giving birth. It is recommended that new mothers wait at least 6 weeks before having sex again. However, what is most important is that you feel ready before having sexual relations. Vaginal soreness, tiredness, and changes in your hormones may make you not want to have sex yet. Talk with your husband about how you are feeling. You and your husband should not have sex if you do not want to.

### 7.4.2. Fertility

**Explain:** Your fertility returns approximately 4 to 6 weeks after the birth (postpartum). Some adolescents will begin menstruating again after this time. **Exclusive breastfeeding helps reduce your fertility for some months after giving birth.**

**Remember:** We talked about fertility, the menstrual cycle, and how women get pregnant in the first session. The fertile period is when a woman can become pregnant. A woman is fertile in the middle part of her monthly cycle, about 10 to 20 days from the first day of bleeding. This means that you can become pregnant around 2 weeks before your menstruation returns after a pregnancy. If you are not exclusively breastfeeding, you should use a modern method of contraception to avoid becoming pregnant again too soon (before your last child is at least 2 years old). During your ANC visits, you can discuss with the nurse the methods you can use right after birth to avoid becoming pregnant too soon.



### *Page 11*

**Show** page 11 of the Flipbook and explain once more when a woman is fertile during her menstrual cycle and when she can become pregnant.

<sup>6</sup> Depending on the country, the availability of modern methods may differ.



**Continue:** Breastfeeding your baby exclusively—meaning you breastfeed your baby as often as the baby wants and you do not give any other food or liquid to the baby the first 6 months—can delay the start of your menstrual cycle after giving birth. This is called the **lactational amenorrhea method (LAM)**. Exclusively breastfeeding during this time prevents the release of eggs from the ovaries.

Three conditions must be met for LAM to be effective in preventing pregnancy:

- The mother's monthly bleeding (menstruation) has not returned after birth.
- The baby is exclusively breastfed and is fed often, day and night.
- The baby is less than 6 months old.

Breast milk must be the baby's only source of nourishment. The return of the menstrual cycle is a sign that the method is no longer providing effective pregnancy prevention. Therefore, if **all three conditions are not met**, a woman is not protected against pregnancy and she should start to use a modern contraceptive as pregnancy prevention.

To prevent another pregnancy, a woman should start to use a modern contraceptive method between 3 and 6 months postpartum. She can continue to breastfeed her baby while using a modern family planning method. There are also family planning methods that are safe to use immediately after you give birth. Discuss your family planning options with your health provider.

**Important:** If you did not already discuss with the nurse and decide which contraceptive method to use after birth during your ANC, you should choose a method while still breastfeeding and before your menstruation returns. It is best to have a plan and a method chosen and available by the third month postpartum, but no later than 6 months after birth when you start to introduce other foods and liquids to your baby. If you are worried about becoming pregnant, but have not yet decided on a modern method to use, condoms will work well as a second method with LAM or until you and your husband have decided on a method.

## Conclusion of Session 7

- Duration: 15 minutes

**In closing:** Today we talked about which people in our families and community have influence in the lives of young couples about when and how many children to have. We also learned that a woman's fertility returns around 4 to 6 weeks after giving birth, meaning she can become pregnant again if she is not using a modern family planning method. For the health and well-being of the baby and the young mother, it is important to wait at least 2 years after the birth of a child to become pregnant again.

**Ask** two to three group members (men and women) to share something they learned today or something that surprised them.

**Ask:** What will you do with this information? With whom can you share what you have learned today?

**Then say:** Everyone, thank you very much for coming. Next week, we will talk more about family planning and the modern contraceptive methods that are available for young women and men at the health center. Again we would like to invite both women and men to come to next week's meeting.

Make sure that everyone knows the day, time, and place of the next meeting.

## 8. Session 8: Family Planning



**Duration:** 2.5 hours

**Material:** Flipbook:

- Page 49/50: Modern Contraceptive Methods

**Methodology:** Explanation, discussion, and game of True or False

### 8.1. Introduction

- Ice breaker, review of last week's session, and introduction of the day's theme

Welcome participants and explain the first activity.

#### 8.1.1. Ice Breaker

Introduce a short energizer or ice breaker game to the group or ask one of the participants to lead the group in a short game.

#### 8.1.2. Review of Session 7

**Explain:** Last week, we talked about the importance of healthy timing and spacing of pregnancies. We learned that 4 to 6 weeks after giving birth, a woman's fertility or ability to become pregnant returns and she can become pregnant again if no modern method of family planning is being used.



**Ask:** How long do health experts recommend waiting before becoming pregnant again after the birth of a child?

**Continue:** For the health and well-being of mother and child, you should wait at least 24 months or 2 years since your last child was born to become pregnant again. If a woman has had a miscarriage or an abortion, she should wait at least 6 months before trying to get pregnant again. Planning and spacing your children has many benefits for the couple and the child. For example, you and your spouse will have more time to care for your child. You may be able to go back to school or work, which benefits the whole family. Therefore, a couple should consider using a modern family planning method to avoid unwanted pregnancies. It is important that both young women and young men learn about contraceptive methods.

### 8.2. Activity 13: What Is Family Planning?



**Duration:** 45 minutes

**Material:** Demonstration of modern contraceptive methods, male and female condoms to demonstrate (including model penis), and Flipbook:

- Page 49/50: Modern Contraceptive Methods

**Methodology:** Demonstration of condom use, explanation, game of True or False



### Read aloud:



Now we will talk about the family planning methods<sup>7</sup> (also called contraceptive methods) that are available at your health center or youth-friendly clinic.<sup>8</sup>



**Ask:** What is family planning?

Give participants (both men and women) time to think and respond.



**Explain:** Family planning is deciding when and how many children you want to have. At the health center and adolescent-/youth-friendly clinics, information, services, and contraceptive methods are available that allow individuals, men and women, couples, adolescents and young people, and older people (with or without children and married or not married), to decide when to have children, how many children to have, and how long to wait between pregnancies. Each of you has the right to the contraceptive of your choice. **No one can decide for you**—a woman or a couple—if and what kind of methods you should use. A woman has the right to use a contraceptive method without the consent of her husband or her family.



**Ask:** Which contraceptive methods do you know?

After participants have identified some methods, explain that there are several methods of modern contraception available:

- **Short-acting methods:** male and female condoms, injectables, and contraceptive pills
- **Long-acting reversible contraceptive methods:** IUD, implants
- **Permanent methods:** male and female sterilization, also called vasectomy (male) and mini-laparotomy (female)
- **Emergency contraception:** to be taken after unprotected sex, breakage of the condom, or in instances of rape. It can be taken up to 5 days (or 120 hours) after having sex. It should not be used as a regular method. When a woman is already pregnant, emergency contraception will not cause an abortion.



Explain how each contraceptive method works and respond to participants' questions.<sup>9</sup> It is important to mention that all modern methods may have some side effects and may cause some minor problems in adolescents or young girls. More specific questions and detailed information can be obtained during ANC and PNC, family planning services, HIV services, and adolescent- and youth-friendly clinics, if available in your community.

**Demonstrate** the correct use of a male and a female condom.

**Explain:** Male and female condoms can be used immediately after a birth, whether or not you are breastfeeding. You should not use a male and a female condom at the same time! This can cause friction that may cause the condoms to tear.

Male and female condoms are the only methods that, when used correctly, prevent unplanned pregnancy and the transmission of STIs and HIV.

<sup>7</sup> In some countries, family planning methods are offered free of charge. Please include this information if relevant to your country context.

<sup>8</sup> This section is based on methods provided in the public health system of Mozambique. The information should be tailored for other country contexts.

<sup>9</sup> This material can be difficult to explain and understand. To help, the facilitator can invite a health worker to the session to explain contraceptive methods, effectiveness, and potential side effects.

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



### *Page 49*

**Show** all the methods from the demonstrator and page 49 of the Flipbook, and explain how to use each method and their side effects using the text on page 50.

## 8.3. Activity 14: How to Talk about Family Planning



**Duration:** 30 minutes  
**Material:** None  
**Methodology:** Theater

Divide the group in two, mixing men and women. Ask each group to prepare a short play based on one of the two scenarios below (Group 1, scenario 1; Group 2, scenario 2). The groups can add more characters in their play reflecting their own reality.

**Read scenario 1 to Group 1, and scenario 2 to Group 2.**



**Scenario 1:** Six months ago, Isabel and Thabo had their first baby. They like each other a lot and look forward to having sex again. Isabel has heard that it is better to wait at least 2 years before falling pregnant again, and she would like to use a modern family planning method for that period. However, Thabo does not want to hear about that. His friends told him that when a woman starts talking about family planning, it is because she wants to have sex with other men without the risk of a pregnancy. And Isabel's mother-in-law told her that next year she wants to see her next grandchild, and that Isabel will have to get pregnant soon!



**Ask:** How can Isabel and Thabo resolve this situation?

**Scenario 2:** Sipho and Gloria started dating while they were in school together. They didn't know anything about contraceptives and Gloria was ashamed to ask Sipho to use a condom, and Sipho never talked about using a condom. Now they have a 5-month-old daughter. Gloria likes being a mother but also wants to go back to school while raising her child. Sipho started working to support the new family, but he also wants to study further to have a better life, and does not want to have another child now. They never talk about family planning. Sipho wants to have sex with Gloria, but he's afraid of getting her pregnant again. Meanwhile, Gloria's godmother and mother-in-law are encouraging her to have more children soon "to complete the family," and telling her that she should not think about going back to school because her place is now at home caring for her husband and child. At the health center, Gloria has heard the nurse talk about family planning, but she does not know whether or not adolescents can use it. She is afraid to ask because she is only 16 years old.



**Ask:** How can Sipho and Gloria resolve this situation?

Give the groups 10 minutes to prepare their theater piece. Invite one group at the time to perform their piece.

After both groups have performed, ask all participants to sit in a circle again and lead a discussion using the following questions:

- Could a situation like either of these scenarios happen in your community?



- How can Isabel and Gloria talk with their husbands about family planning to space their pregnancies?

- What would you say to your mother-in-law/godmother?

## 8.4. Activity 15: Do You Know Your Modern Contraceptive Methods?



**Duration:** 15 minutes

**Material:** None

**Methodology:** Game of True or False

You can select some of the following statements or ask all of them, depending on how much time you have left for this session.

1. Select two locations (for example, two trees or two sides of the room where the sessions are held), about 5 meters apart. Tell the group that one location is called TRUE and the other is FALSE. I DON'T KNOW is a location in between.
2. **Read the instructions aloud:** I am going to read a statement to you about injectable contraceptives. If you think the statement is true, go to the TRUE location. If you think the statement is false, go to the FALSE location. If you do not know, stay here in the middle. After you go to your places, I will ask you to tell the group why you think the statement is true or false. Then, I will read you the correct answer. It is okay to get these answers wrong. We are here to learn today.
3. **Read the first statement.** Once the participants go to their locations, ask at least two people on each side to explain why they think the statement is true or false. Give them time to respond and encourage many people to talk, ensuring that both male and female participants have a chance to speak.
4. **Read the correct answer below the statement.**
5. Repeat this process for the remaining statements.

Ok, let's start!

**Statement:** Avoiding a pregnancy is the responsibility of the girl or woman.

**Answer:** FALSE. Often women seek out modern family planning services alone. When adolescents start having sex, they usually do not talk to each other about contraceptives. However, when both men and women are involved in selecting a method, they are happier with the choice of method, which increases the possibility of consistent and correct use each time the couple has sex.

**Statement:** Both male and female condoms prevent against pregnancy and STIs, including HIV.

**Answer:** TRUE. Condoms are the only contraceptive method that can protect against pregnancy and STIs, including HIV, at the same time.

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

**Answer:** TRUE. Injectable contraception does not decrease the amount of breast milk and it does not affect the breast milk itself or the health of the infant. Women can use the injection starting 6 weeks after childbirth.

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

**Answer:** FALSE. Sometimes there is a delay of 6 to 12 months after the last injection for a woman to become pregnant again. But there is no evidence that shows women become infertile because of the injection.

**Statement:** The pill will cause infertility.

**Answer:** FALSE. Once a woman stops taking the pill, she can become pregnant.

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

**Answer:** FALSE. Any woman, young or old, with or without children, can safely use an IUD.

**Statement:** Implants are one of the most effective methods of preventing pregnancy.

**Answer:** TRUE. Implants are very effective. They are more effective than the pill, injectables, and condoms at preventing pregnancy.

**Statement:** Women who stop using implants can become pregnant right away.

**Answer:** TRUE. After the implant is removed, a woman can become pregnant right away. Implants are very safe for adolescents, including those who already have children and those who do not have children.

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

**Answer:** FALSE. Many studies have found that having emergency contraceptive pills available does not change how people behave. Instead, they provide women with a second chance to prevent pregnancy in case they have unprotected sex.

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

**Answer:** TRUE. The sooner the pills are taken after sex, the better they work to prevent pregnancy. They have been shown to prevent pregnancy up to 5 days after having sex.

At the end, ask all participants to come and sit in the circle again for the last activity of the session.

## Conclusion of Session 8

- Duration: 20 minutes

**Ask** the following questions, one at a time, and give the group time to think and respond. Encourage several people, both young men and young women, to talk.

- Why is it important that adolescents learn about family planning and modern contraceptive methods?
- Where can young people like you go to receive more information about contraceptives?
- What do you think people in your community think of young people, like you, using a contraceptive method? Do you think they have the correct information?
- Do you think a woman can decide for herself and her own if she wants to start using a contraceptive method?

**Facilitator note:** If participants believe a woman cannot decide alone, explain that every woman, young and old, has the right to decide for herself when she wants to have a child, and that yes, she can decide herself and does not need the authorization of anyone else.

**Ask** two to three group members (men and women) to share something they learned today or something that surprised them.

**Ask:** What will you do with this information? With whom can you share what you have learned today?



**Then say:** Today we talked about family planning and the modern contraceptive methods that are available for young women and men at the health center and youth-friendly clinics. With this information, we can choose what method is best for us to not get pregnant or become a father again until we are ready for another child. It is important to remember that avoiding a pregnancy is not just the responsibility of the woman. Remember that no one can decide for a couple when and how many children to have.

Next week, we invite all the young women and their partners for our final session of this support group. We will talk about sexual and reproductive rights, gender, gender-based violence, and how to avoid getting an STI.

Make sure that everyone knows the day, time, and place of next meeting.



## 9. Session 9: Your Sexual and Reproductive Health and Rights



**Duration:** 2.5 hours

**Material:** Pieces of papers prepared by the facilitator with YES, NO, and DON'T KNOW, Flipbook:

- Page 51/52: Sexually Transmitted Infections
- Page 53/54: Sexual and Reproductive Rights

**Methodology:** Games, explanation, theater, and discussion

### 9.1. Introduction

- Ice breaker game, review of last week's session, and introduction of today's theme.

**Welcome** all participants to the group: Today is our last session of this support group for first-time parents. Let's start the meeting with a game to get energized.

#### 9.1.1. Ice Breaker

Introduce a short energizer or ice breaker game to the group or ask one of the participants to lead the group in a short game.

#### 9.1.2. Review of Session 8



**Read aloud:**



Last week we learned about modern methods of family planning that are available at the health center and adolescent-/youth-friendly clinic.



**Ask** the following questions, one at a time, and give participants time to think and respond. Give both male and female participants the opportunity to respond. Give the right answer afterward.

1. Why should a woman wait at least 24 months after giving birth to become pregnant again?  
**Correct answer:** For the health of the mother and her baby, and to be able to improve the conditions at home (study, work, income, etc.)
2. Can anyone name at least three modern family planning methods?  
**Correct answer:** Male/female condoms, pill, injectable, implant, IUD, sterilization (vasectomy or mini-laparotomy)
3. Which contraceptive methods can a young woman can use?  
**Correct answer:** All methods can be used by young women, with or without children, married or not married.



**Ask** if there are still questions or doubts and respond. If some participants want more detailed information, please refer them to the health center or adolescent-/youth-friendly clinic or community health worker if available.

**Then say:** Today we will learn more about sexually transmitted infections, also called STIs, sexual and reproductive rights of young people, gender, and how to recognize and prevent gender-based violence.



## 9.2. Sexually Transmitted Infections



**Duration:** 45 minutes

**Material:** Flipbook:

- Page 51/52: Sexually Transmitted Infections

**Methodology:** Explanation and discussion



**Ask:** What are STIs?

Give participants time to think and respond.

**Then explain:** STI stands for sexually transmitted infection. STIs are infections or contaminations of a virus or bacteria (that you cannot see with the human eye) that are transmitted from an infected person to another person through unprotected sexual relations or sexual intercourse (for example, without using a male or female condom, or if a condom breaks or falls off during sex). In the case of HIV, the virus can be transmitted from a mother to her baby during pregnancy, childbirth, or breastfeeding.

In previous sessions, we talked a little bit about STIs and HIV. When a woman and her husband or partner go to their ANC visit, they will be offered counseling and testing services to find out if they are infected with syphilis and/or HIV because these diseases can be transmitted from the mother to her baby if not prevented and/or treated.



**Ask:** What kind of STIs do you know about?

Give participants time to think and respond. Then explain, using local terms to facilitate the explanation (some of the most common STIs are chlamydia, syphilis, genital herpes, HIV, gonorrhea and HPV (human papillomavirus)).



**Ask:** How can you know if you have a STI?

Give participants time to think and respond, encouraging both men and women to respond.

**Then explain:** For some STIs we can know if we are infected through certain symptoms such as:

- Genital excretions that smell bad (from the penis or vagina)
- Small wounds, bumps, warts, lumps, or blisters around the genitals
- Itchy or burning feeling in the genital area
- Pain in the lower part of the belly during sexual intercourse
- Pain when urinating

**Remember:** STIs often have **no symptoms**, especially in women but also in men. This means that you can have an STI but not know. Therefore, if your partner (husband/wife) has any of the symptoms, you should also go to the health center for testing and treatment, even if you do not have any symptoms. **An untreated STI will not go away by itself!** A couple, and any of their sexual partners, must **all be treated** so that they will not reinfect the other person—meaning not pass the STI on to another person.

**Vaginal secretions:** It is normal for a woman to have wetness or some discharge through the vagina. Generally, it is a whitish discharge that does not burn, itch, or smell bad. It is common during pregnancy and also increases during her fertile days. This is normal and is not an STI.

**Remember:** Any abrupt change in the amount, color, or smell of discharge may mean that you have an infection. If this happens, you and your partner or husband should go to the nearest health center for diagnosis, analysis, and treatment. Never wait until you feel very sick to go to the health center.



**Ask** the following questions, giving participants time to think and respond, and encouraging both women and men to talk.

1. Is there a treatment and cure for STIs?

**Answer:** Many STIs are treated with medicine that cures them, if:

- You and your partner (husband/wife/other sexual partner) go without delay to a health center for diagnoses and treatment.
- You follow the instructions of the health provider exactly as prescribed. It is important to take all of the medicine that is given to you, even if signs of the infection go away.
- All your sexual partners (husband/wife/other partners) also follow the treatment.

Some STIs do not have a cure, such as herpes and HIV. You will have these forever. But, there is treatment. HIV treatment usually consists of taking one or more pills every single day. The pills, which are called antiretrovirals (ARVs), fight the virus and keep the immune system strong.

2. What happens if you do not seek treatment for an STI?

**Answer:** An untreated STI can cause:

- Damage to the sexual and reproductive organs, which can cause infertility in men and women, or the inability to have children
- Damage to the reproductive organs, which can cause a pregnancy outside of the uterus or abortion
- Cancer of the cervix
- During pregnancy and childbirth, a woman can pass an STI to her baby. This can cause the baby to be born too early, very small, blind, or with other health problems.

3. How can you avoid or prevent getting or transmitting an STI?

**Answer:**

- **A condom (male or female)** protects against STIs (and pregnancy) if used correctly during every sexual act.
- **Testing:** When you are tested for HIV or STI, you will know if you or your partner are infected and can plan to have protected sex by using a condom every time. Condoms are not just meant to be used by young people or outside of marriage!
- **Fidelity:** Fidelity is having a sexual relationship with only your partner, and neither of you is having sex outside of that relation. But even then, you will first need a test to make sure that neither of you are HIV-positive or have an STI.
- **Abstinence:** Some couples choose to practice abstinence (not having sex) after having a baby—even in marriage—to avoid pregnancy. This is the only way that is 100% guaranteed to prevent STIs and unplanned pregnancies.



## Page 51

**Show** page 51 of the Flipbook and ask the participants to explain the illustrations. Then use the text on page 52 to explain.

### 9.3. Sexual and Reproductive Health and Rights



**Duration:** 30 minutes

**Material:** Flipbook:

- Page 53/54: Sexual and Reproductive Rights

**Methodology:** Explanation and discussion



#### Read aloud:

To understand what your sexual and reproductive rights are, let's first look at what sexual and reproductive health means.



**Ask:** What does sexual and reproductive health and rights actually mean?

Give participants time to think and respond, giving an opportunity to both women and men to talk.



#### Read aloud:

**Sexual health** is the ability of women and men to enjoy and express their sexuality without the risk of STIs, unwanted pregnancies, forced sex, violence, or discrimination. **Sexual health values life, communication, pleasure, and relationships.**

**Reproductive health** aims to ensure that people can have a safe and satisfying sex life, that they have the ability to reproduce (have children), and that they can decide freely if and when they want to have children and the time between one and the next child. This means that men and women are informed and have access to modern, safe, effective, acceptable, and economically accessible methods of family planning of their own free choice.

In simpler words, sexual and reproductive health means that young people (and older too!) have the right to:

- Know and understand how their bodies function (both male and female)
- Have access to and receive information on sex and sexuality, contraceptive methods, pregnancy, and STI and HIV prevention
- Have access to sexual and reproductive services, including youth-friendly services
- Decide for themselves whether to be sexually active or not
- Be protected and reject all forms of sexual abuse and exploitation
- Reject all type of violence and ill treatment related to their sexuality
- Choose their partner and spouse (have a consensual marriage)
- Have a satisfactory, safe, and pleasant sex life

- Decide, in a free and responsible manner, to have children or not, and when and how many children to have

(From **page 54** of the Flipbook.)



**Then ask:** Do you think it will be difficult or easy for a young person in your community to realize their sexual and reproductive rights? Why?

Give participants time to think and respond. Encourage several people to speak (men and women).

**Explain:** When we refer to sexual and reproductive **rights**, we are also referring to some of your **responsibilities** as (soon-to-be) mother and fathers of your baby.



**Ask:** Does anyone have an idea about what the responsibilities of the baby's father and mother are?

Give participants time to think and respond. Encourage several people to speak (men and women).

**Continue:** It is the responsibility of the parents (mother and father) of the baby to:

- Take care of your baby, from the moment you know you are pregnant/will be a father, so that the baby can be born healthy.
- Seek health care services during the pregnancy and birth, and take your baby, healthy or sick, to regular health checkups at the health center.
- Register your baby.
- Play, sing, talk, and stimulate your baby.
- Give your baby lots of love, attention, and affection and do not abandon, mistreat, or abuse your baby.
- Protect your baby against infections and illnesses.

In summary, sexual reproductive rights are important human rights. These rights are for all people. It does not matter if you are rich or poor, married or single, or what your religion is or the status of your health. For example, it does not matter whether you are living with HIV or not. Rights are for everyone. When the human, sexual, and reproductive rights of all (men, women, youth, and adolescents) are respected, we can live a healthy, responsible life, free of many problems.

## 9.4. Gender

- Duration: 30 minutes



**Read aloud:**

Now let's talk about what it means to be a young woman or man in your community. Many people believe that only men can be strong, courageous, financially successful, and make decisions for the family, including when to have sex and whether or not to use a contraceptive. Also, they believe that only women can cook and care for their children, and that women are not able to make decisions for the family.



**Ask the questions below, one at a time,** and give participants time to respond and discuss.

- How do you feel about these beliefs?

- Can a good man be attentive and kind? Why yes or no?
- Can a good woman be strong and make decisions for her family? Why yes or no?
- Do you know anyone in your family or community who behaves like the other sex by doing things that are typically associated with being a man or a woman? Do you think that it is difficult for them?



**Ask:** Let's talk a little more about what gender means.  
Does anyone have an idea?

Give participants time to think and respond.

**Then say:** Gender does not mean the sex of a person, being male or female. Gender refers to the differences between men and women taught to us by our parents, our grandparents, our school, our communities, our friends, our religion, etc. For example, in our society, the woman's tasks are to take care of her husband, the house, the children, etc. The man is tasked with going to work to make money and build the house, take care of his wife and children, buy clothes and food, etc. But these assigned roles and behaviors are not always the best for us. As we have seen, it is possible for a man or woman to act in ways that are not typically associated with their sex.

Gender equality means that there is not one job for men only and one for women only. The tasks that a man performs can also be done by a woman. A man should, for instance, also support the woman in household chores.

## 9.5. Activity 16: The Story of Asha and Adisa

**Explain:** Now, I'll read two stories: one from Asha's life and the other from Adisa:



**Story 1:** The life of Asha. My mother and father will not let me go to the dance with my friends. They say I have to help with chores at home. So, when I get home from school, I have to pound the corn, sweep, or do other housework. My brother does not have to help with anything at home. He just hangs out with his friends talking the whole afternoon. I do not think that's fair, but my mother says that women always have to take care of men. That has always been so and it will always be so.

**Story 2:** Life of Adisa. I have a girlfriend and I'm in love with her. Whenever we can, we sit together under a tree and talk. My friends are giving me a hard time though. When I say I am meeting Ife, my girlfriend, they laugh, call me "whimp," and say that I am not a real man and that a real man has to have many girlfriends. I do not agree with them, but deep down, I keep thinking I'm wasting my time staying with one girl.



Lead a discussion (around 10 minutes) with the group using the following questions:

- Do you recognize the situations of Asha and Adisa?
- Have you experienced a similar situation?
- What do you think about this?

**After the discussion, explain:** The roles assigned to men and women in our society are handed down from generation to generation (from our grandparents to our parents and from our parents to us), and at times these gender roles can be harmful to one's health. Educate your children so they know that a woman can do almost everything a man can do, and vice versa.

Having more than one partner/boyfriend or girlfriend at the same time can bring various problems, including an increased risk of acquiring an STI or HIV, if you are not having protected sex at all times.

## 9.6. Gender-Based Violence

- Duration: 30 minutes



### Read aloud:

It is not always easy to have gender equality or enjoy your sexual and reproductive rights. It can be difficult for you to talk about STIs and family planning with your partner, and sometimes it causes conflicts and problems. Some women fear violence or have been victims of violence when they try to talk to their partner about sexual and reproductive health or family planning.

**Ask** the questions below, one at a time, and give participants time to respond and discuss, ensuring both the men and women are responding:

- Have you heard of gender-based violence?
- What is gender-based violence?

### **Explain:**

**What is gender-based violence?** Gender-based violence is any harm to a person that hurts the health of the body or mind. This violence is because of the difference in power between men and women. When someone abuses or misuses their power, it results in violence. Violence can be using harmful words, hitting or kicking, forcing sex, and many other things. Although women are often the victims, gender-based violence also occurs with boys and men.

Violence is associated with how men and women are educated in society. Men are usually taught to suppress emotions and have not learned to use dialogue to resolve conflicts. As a result, they express anger through violence. Many men and boys also believe that they have the right to be violent if girls and women do not fulfill their "obligations," such as having sex when their partners wish, taking care of the house, and obeying their partners' wishes.

Women, on the other hand, may find it difficult to report the violence they received from their partner or husband.

If someone experiences violence, they can report that violence to the nearest police station or seek help at the health center.

## 9.7. Activity 17: Gender-Based Violence



**Duration:** 25 minutes

**Methodology:** Theater

Divide the participants into two groups, men and women mixed.

**Then say:** I'm going to read two stories about couples your age from a similar community. Each group will be assigned to one of the stories to discuss how the characters can solve their problems without using

violence. Then prepare a short play (not longer than 5 minutes) that shows how you think the couple can solve the problem without using violence.

**Read** the following two stories, one for each group. Give the groups **10 minutes** to discuss and prepare their plays. After 10 minutes, ask the participants to form a circle again. Ask each group to present their play, one at a time.



**Story 1** (for group 1): Sibusiso and Iminathi have been married for 2 years, and they are saving money so they can have their second child. Lately, Sibusiso has gone to the bar to drink with his friends instead of going to work. He often comes home drunk without any money left, and screams at Iminathi because he wants to have sex with her. She shouts at him, too, because she does not want to have sex and spend the night arguing over the drink. Sometimes he hits her!



**Story 2** (for group 2): Rosa and Habib live together in the house of Habib's parents. Rosa is pregnant with her first child and lately she is not feeling very strong. It is difficult for her to do the housework, go to the field, make dinner, and take care of her in-laws at the same time. When Habib arrives home from work, he hits her because dinner is not ready or the house is not clean. Her parents also complain and say that Rosa is not a good wife to him because she is lazy.

Ask the group to form a circle again, and ask the following questions, encouraging both the men and the women to talk:

- How do people in your community generally resolve their problems or conflicts?
- Do couples in your community often use violence to resolve their problems?
- What are some consequences of violence for a couple and their children?
- How can a couple resolve their differences without resorting to violence?
- If you were to experience sexual, psychological, or physical abuse, what could you do?
- If you have a friend who experienced sexual, psychological, or physical abuse, what could you do to help?



### **Read aloud:**

When couples are violent, they cause each other fear, pain, and sadness and possibly even health problems. Children can also suffer when there is violence between parents.

Often, violent couples do not solve the problems they are fighting about. Thus, better communication may help solve the problem and improve the relationship between the couple. Sometimes it is difficult, but it is worth trying to talk to each other because it may help you to have a happier relationship and create a happier home for you and your children, which is good for everyone's health.

It is also important to show your children how to solve problems without using violence. Open communication, respect, and cooperation are the basis for good relationships.

## **Conclusion of Session 9**

- Duration: 15 minutes

We have come to the end of our Our First Baby sessions. I hope everyone has learned as much from me as I have learned from you!

**Ask each participant** to share something they do differently after participating in this group.



**Read aloud:**

Always think about the dreams and plans you have, even after your children are born. I want you to not forget your dreams. Remember what you have learned here in our group. It may help you especially when you have problems or difficulties with your husbands or wives, in-laws, friends, uncles, aunts, grandmothers, and others.

You can (and should) do all the good things you learned here for the sake of your health, your children, and your family in general. Remember, you are not alone! With this group, you have a great resource for support. And remember that you can always receive more information from your community health workers and the doctors and nurses at the health center if you have any questions related to your health or that of your baby.

It was great to have met all of you. I wish you all the very best in your new phase of life as first-time parents. Good luck to everyone!