

Health Choices, Healthy Lives:

Discussion Guide for Listening Sessions

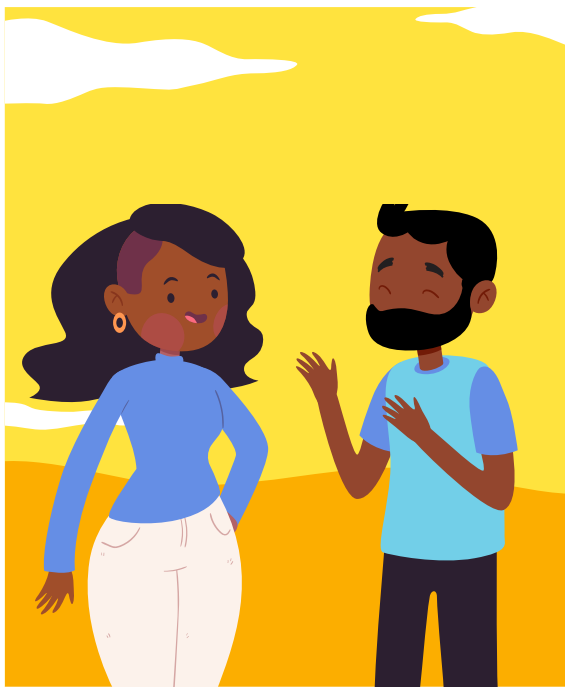
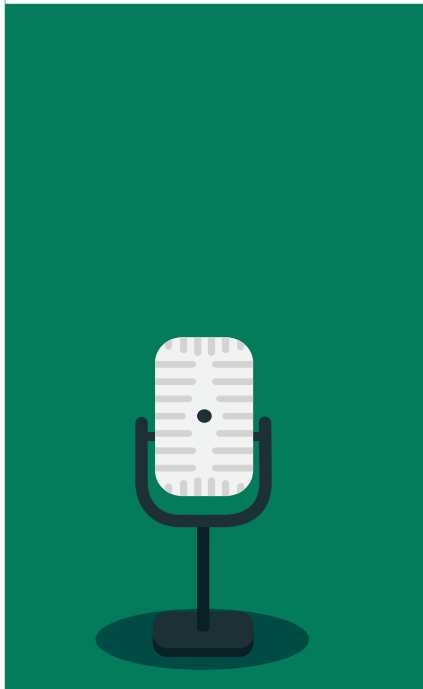


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Welcome

Welcome to this Discussion Guide! This Guide goes along with a series of public service audio announcements produced and aired on radio in your countries. Each discussion covers a specific topic, ranging from sexual reproductive health rights to family planning.

What are listening groups?

Listening groups are simply community dialogues lead by a facilitator, that utilise audio / audio visual material to drive the conversation. Listening groups were borne of the need to integrate mass media and community engagement activities within the W2A program. This Guide is a facilitation tool helped to guide the discussion.

Listening groups are constituted of 10-15 people from a homogenous group of population segments who meet to listen to audio content and discuss issues raised and provide solutions to identified problems and inform programming within this community in to regard to family health / SRH.

These groups in W2A are defined as:



- 1. Adolescents**
- 2. Youth**
- 3. Women**
- 4. Men and boys**
- 5. People with disability**
- 6. Other community influencers**

What is this Guide?

It is an informative and interactive discussion tool to use with populations of reproductive age who have gathered to have a community dialogue on SRH. The guide includes 12 discussions for different population segments including women and girls, adolescents and youth, men and boys. This discussion guide accompanies a series of radio spots produced and aired by the project in Ethiopia, Malawi, Tanzania, Zambia, Uganda, Madagascar and Mozambique. Each discussion covers a specific topic, ranging from sexual reproductive health rights to family planning.

What are listening groups?

This guide is written for anyone who wants to facilitate participatory learning activities related to sexual and reproductive health. This includes peer educators and leaders, outreach workers, teachers, community workers and others.

It aims to assist facilitators to:

- > Provide accurate and complete factual information to in a non-judgemental atmosphere/ safe spaces
- > Plan appropriate educational activities for all groups that enable them to:
 - *Analyse their own situations and needs*
 - *Apply new information to their own lives*
 - *Increase awareness of their own values and attitudes*
 - *Develop their confidence and informed decisions*
 - *Build trust and take collective action*
- > *Follow up and evaluate their work.*

How do you set up a listening group session:

Before facilitating a group session

1. Plan for your dialogue session: date and venue. You may need to utilize the services of MOH.
2. Please read and review the contents in this guide, understanding the purpose of these sessions as given in the [Introduction](#), preparing and familiarizing yourself with the [Facilitator's notes](#) plus certain facts and particularly the common barriers to behavior uptake.
 - **Facilitator notes give guidance** You will see a topic which corresponds to the episode that was heard on the radio. Each time the group meets, there will be a trained front-line worker.
 - This facilitator should guide the discussion and questions each open-ended questions from the episode played, one at a time. The facilitator should allow time for group members to think about the question and discuss their answers, giving time for everyone to respond and add to the discussion.
 - The facilitator should make sure that everyone has a chance to speak, both girls and boys. In each session there are activities the leader will use to engage the group.
3. Listening session guides can be used as a stand-alone and as part of on-going peer education sessions that youth are engaged in. They are developed to complement the audio content that the project has developed by DMI
4. Mobilize for your target audience using community front line workers for example Community health volunteers, peer educators, male champions, community gate keepers etc

Principles of conducting listening sessions

****Kindly reference your PCF Manual

<p>Establish rapport</p>	<p>To get everyone at ease. This could be</p> <ul style="list-style-type: none"> • Round of introductions • An icebreaker • Setting ground rules & Norms (time, use of mobile phones, breaks etc) write them down on a flip chart and reference when necessary. Some common techniques that encourage participation and respecting people’s opinion include <ul style="list-style-type: none"> > SUN (suspend Judgement, Understand and Nurture) > ELMO (Enough, let’s move on) – acknowledging that people have different opinions, and we don’t have to agree; but we should respect each other’s opinion • Inform of the nature of the session, activities, discussions, • Acknowledging everybody’s participation is important and everyone has a valuable experience to share and should feel comfortable to do so <p>Have a box / container nearby where people can write their questions anonymously</p>
<p>Ask for Permission</p>	<p>Establish consent to discuss the topic and how much time will be allocated. This shows that you respect their time and expertise.</p>
<p>Pose Problems</p>	<p>Pose or present a single, specific, solvable problem, in a simple, clean, stimulating way to start our thinking process and lead into discussion. Where possible:</p> <ul style="list-style-type: none"> • Pose problems using conversation starters, such as pictures, stories, role plays, audio visual and audio material. • Make sure problems posed are relevant to the participants. • Invite participants to create solutions • Ask the group to think of creative ways to pose problems
<p>Open Ended Questions</p>	<p>Use questions that start with “how” or “why” to encourage the participants to share their personal stories and experiences.</p> <p>For example, ask the “How did you get your husband to agree to FP use?” Practice the skill of asking open-ended questions and it will become easier to use this discussion prompting approach.</p> <p>Remember:</p> <ul style="list-style-type: none"> • The participant and not the facilitator do most of the talking. • Open ended questions encourage participants to take control of the response and express themselves, in a longer response. • Allow us to find out what’s on the participants mind. • Allow us to see how participants feel about a particular issue • Use an open-ended question to get permission to discuss a topic • Example; What, How, Describe questions

<p>Affirm Participants</p>	<p>Affirmation builds our confidence in our abilities and will encourage more sharing. Encourage people who participate in the session by clapping, restating what they shared, or by nodding in agreement. Affirmation can be expressed by:</p> <ul style="list-style-type: none"> • Showing respect for the person, their values, achievements, struggles, and feelings • They are genuine, direct statements of support for example: thank you for your answer, I appreciate your honesty, I can see that you care about your children etc
<p>Reflective Listening</p>	<p>Is a way of paraphrasing or summarizing what a person has said to make sure that you've understood what they meant. Usually reflective listening:</p> <ul style="list-style-type: none"> • Starts with phrases such as; If I've heard you correctly, you're saying, If I've understood you correctly, you're saying, I feel like you're saying, I think you're saying, what I hear you saying is and what I think you're saying is... • Is active listening • Reflects exactly what is heard • Allows you to present both sides of what the participant is saying, with calling out
<p>Draw Information/ Probe</p>	<p>The facilitator does more listening than talking. Resist the temptation to offer answers or solutions but rather asks others to share their thoughts, experiences and ideas from which, more often than not the information or a solution will emerge.</p>
<p>Finding Bright Spots</p>	<p>Find Role Models from among community members, those already with the desired behaviour, to share their experiences. This is social support for others to see others in similar circumstances having overcome particular challenges. Point out genuine affirmation for the qualities they have expressed - their ingenuity in overcoming barriers, resourcefulness, knowledge, courage and hard work in caring for their families and themselves as good mothers, fathers or caregivers.</p>
<p>Explore making behaviour stick</p>	<p>In the event we cannot find Role Models from among community members, we can invite the community to Imagine an alternate reality with us and in that way explore what success performing h behaviour may look like or feel like, as well as the they steps they need to take to achieve it. Invite a Volunteer who is struggling with the behaviour, to come upfront and Ask her what her life will look or be like if she successfully performs the behaviour (Explain that its ok even if it appears hypothetical- Allow members of the audience to participate as they will likely be projecting their own lives.</p>
<p>Roll with resistance</p>	<p>We are the friends of the community not their enemy, avoid or deflect arguments. To prevent a session turning into an argument, Some of the techniques you could use include:</p> <ul style="list-style-type: none"> • Questioning, asking for clarification and elaboration, even using exaggeration, may help. • Humour if used well can lighten the mood and give a less serious perspective to challenges. • Offer new perspectives but don't impose on them... For example: "What would the chief say about his..?"

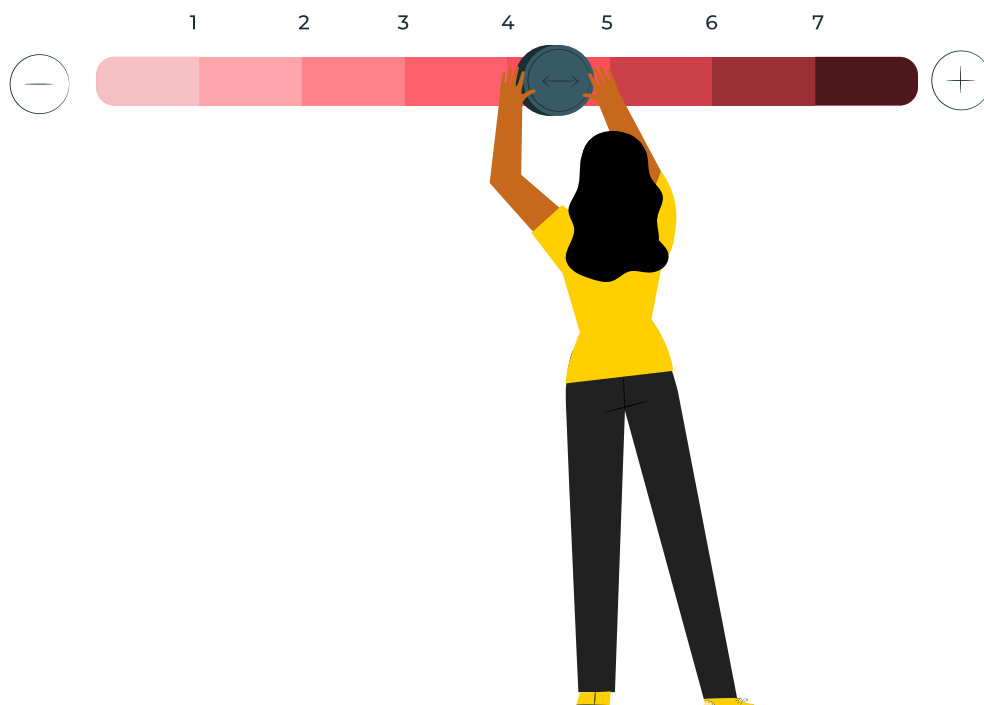
	<ul style="list-style-type: none"> • Focusing on solutions or end the conversation. For example, say, “Let’s talk about this for 5 more minutes and move on...” • Using reflective listening – By reflecting back exactly on what was said or especially where a challenge is raised, reflecting both sides of what was said, and by restating what was said and its implications. <ul style="list-style-type: none"> > Participant – “ I don’t use condoms because they are difficult to put on.” > Facilitator —“I see you have a desire to use condoms as you have tried them before. Are you saying you don’t use them because you tried to put one on and was unable to?” • Show empathy, don’t push • Shift focus or end conversation
Action Orientation	<p>Facilitate action through</p> <ul style="list-style-type: none"> • Engaging the participants in change talk. • Help participants to learn to do, not just to know. • Develop specific plans (what, how, by whom, when) • Pose specific problems that are relevant and practical.
Summarising	<p>Summarising is a great technique to get your point across. Summarise what was discussed and ask the key question from which the participants outline what they need to do and when in order to achieve the desired behaviour. Plan a follow up session.</p> <ul style="list-style-type: none"> • Communicate that you have been listening • Pull together the comments made • Transition to next topic • Summarize the person’s reasons for not changing (but don’t over-emphasize). • Summarize the person’s arguments for change

Do’s of listening groups	
<ul style="list-style-type: none"> • Mobilize for age appropriate groups. E.g <ul style="list-style-type: none"> - 10 – 14 years old - 15-19-year-old - 20 – 24 - 24+ 	<ul style="list-style-type: none"> • <i>Mixing 13-year-olds with 19-year-olds may result in under representation of the 13-year-old into the discussion.</i> • <i>Consider whether it will be more effective to conduct single sex or mixed groups</i>
<ul style="list-style-type: none"> • Mobilize for homogenous groups (considering age demographic as above) <ul style="list-style-type: none"> - Married WRA & Males - Unmarried WRA & Males 	<ul style="list-style-type: none"> • <i>Mixing married and unmarried women is not advisable because their behaviour around SRH would be different.</i> • <i>Consider having some mixed gender groups for married / unmarried to allow for diversity of opinions</i>

How do you evaluate your sessions?

The section below provides a starter pack for the possible monitoring and evaluation of your session. While you may have tools already in place to evaluate your session please take note of some of the information points below which can be fed into your own evaluation process.

<p>Evaluation will tell us:</p> <ul style="list-style-type: none"> • How well we facilitated the session and how we can improve • What people have learned from the session • Whether the topic and activity are appropriate for the group • What more they would like to learn • How they will use what they learned in their lives 	<p>Self-assessment</p> <p>Ask yourself:</p> <ul style="list-style-type: none"> • What went well? • What was difficult? • What did I achieve? • How will I do it differently next time? <p>Observation</p> <p>If you are facilitating the session alone or have a co facilitator, take turns to observe how the group is working together and responding to the activities and discussion. Watch out for the following:</p> <ul style="list-style-type: none"> • How many people have come to the meeting? • Who is actively participating and who is keeping quiet? • Who talks most and who talks least? Are people listening to each other? • Are people working together or splitting off into smaller groups? • What is the mood of the group? Are people bored or interested? Is anyone upset or embarrassed? • Give feedback to each other after the session. 	<p>Gather qualitative feedback from the participants on a frequent basis (once a month or as necessary) based on the following simple questions</p> <ul style="list-style-type: none"> • What is the most important thing you have learned in this session? • How will you use what you have learned in your own life? (if appropriate) • What did you enjoy most about this session? • What did you find difficult? • What suggestions do you have for improving the next session? • What questions or issues would you like to cover in the next session? • If possible, you could Questions people at the next session how they were able to use what they learned in the previous session.
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ADOLESCENTS AND YOUTH



Health flyer		Target Audience: Unmarried adolescent and youth - boys
<p><i>Synopsis: Mother discovers a health flyer about reproductive health in his son's bedroom; She reports him to his father. Mother thinks son is too young to access such information. Father informs her about how important it is for their son to get SRH information from a credible source rather than his friends. Both parents support their son to access reproductive health information.</i></p>		
<p><i>Session Objective</i> Create awareness about the available stigma free SRH services for adolescents Increase parents/ guardians support for SRH services Encourage boys to seek for correct SRH information from reliable sources</p>		<p><i>Allocated time: 1hour 30 minutes</i></p>
<p>Scenario If you don't have the radio spot; conduct role plays using the scenario; play out different endings that promote individual choice on SRH, support from parents and guardians</p>		<ul style="list-style-type: none"> • Get a volunteer or split the group into two • Read the scenario to them: refer to the above synopsis for details • Is there something you can learn from the role play?
Step	Objective	Facilitator notes
Introduction/ Ice breaker	Introduce facilitator, make the group feel comfortable, prepare them for a participative conversation as opposed to a reactive presentation	<ul style="list-style-type: none"> • Begin by introducing yourself and ask the members of the group to do the same. • Ask for the group's permission to engage on matters that affect their health and establish how much time you'll have with them for today's sessions. • Ask participants 'What are your future plans?' <p><i>Expected answers: to finish school, get a job, travel the world, get money, car</i></p>
Play the radio message:	Engage them on the radio spot and check their understanding	<p><i>Get general reactions from the radio (refer to script, synopsis) Ask: 'What is this radio spot about? ' Build a story as you get feedback from the participants</i></p>
Community identification of the problem	Get a feel of the community's understanding of the problem and the really understand consequences	<p>Let's discuss this family. Why doesn't Joshua's mum want her son to read the flyer? <i>Expect/probe for: he is young, exposure to sexual activity, it's a taboo, religion</i></p> <p>Do your parents/caretakers allow you to read such flyers – do we know someone whose parents refused him/her to get SRH information ?</p>



- Why did Joshua’s father give him the flyer?
 - Expect / probe for: *to get right information, avoid early pregnancies, accomplish his dreams, avoid misleading information from peers, internet, magazines etc*
- Do you know someone who can do what the father did?? If yes who?
 - Expect / probe for *big brothers/sisters, father, mother, house help, teacher, friends etc.*
- Why is it important for boys to get SRH information?

Expect / Probe answers around

- *To get correct information about SRH*
- *To support their girlfriends, seek for contraceptive methods*
- *To avoid unplanned pregnancies, child marriages*
- *Boys also have a responsibility to know about SRH and protect themselves and their partners.*
- *This will enable them achieve their aspirations that they mentioned at the beginning like; to finish school, get a job, travel the world, get money etc.)*

- What do think will happen if the Joshua doesn’t get information about SRH?

Probe answers around; listen for incorrect information from his friends, internet.

- How will this affect his life and dreams?

Expect / Probe answers around; he will get girls pregnant, get STIs then drop out of school, stigma, unable to realise your dreams, becomes an embarrassment to his family, financial burden since at an early to have to take care of a family, emotional stress, young father, social isolation



<p>Community identification of the problem</p>	<p>Get a feel of the community's understanding of the problem and the really understand consequences</p>	<p>Let's talk about you.</p> <p>As adolescent boys how can you prevent unplanned pregnancies?</p> <ul style="list-style-type: none"> - Expect / probe for (Planning)... - Visiting the health facility for correct SRH information - Abstinence: Avoiding sex, BUT how realistic is this? Are adolescents your age abstaining? Are you abstaining? - Withdrawal: But how realistic is this? Do an activity that shows withdrawal - Use of contraceptives - Risk of STIs, HIV, unintended pregnancy <p>• What kinds of contraceptives do we know about?</p> <p>Expect / probe for (Pills, injections, IUD, condom, implants) Review quick facts about them; how does it work, how is it administered (refer to Annex 1)</p> <p>• How can boys support their partners to use contraception?</p> <p>Expect/ probe for:</p> <ul style="list-style-type: none"> - Talking to your partners about contraception - Helping partners to access SRH information so that they can make informed contraceptive choices - Helping partners to meet the cost of contraceptives - Helping them keep the contraceptives in case they are worried about their parents seeing them - Using condoms - Escorting partners to the health facility to make a joint
<p>Summary/Call to action</p>	<p>Get the group to agree on key action steps they will take to seek for correct SRH information and avoid unplanned pregnancies.</p>	<p>Ask a couple of participants to summarize this session and to mention some of the tips that have been discussed.</p>
<p>Take home message</p>	<p>Key message that summarises the session that will be given by the facilitator of the session</p>	<p>Young people should get information about reproductive health so that they can make the right choices about their health and plan their futures to avoid unplanned pregnancies.</p>



Discussion Guide for Listening Sessions – WISH2ACTION

Revolution		Target Audience: Unmarried adolescent girls and youth (15-24)
<p><i>Synopsis: Three young friends: Amina just came from the health facility to get SRH information she is very excited. Joan and Sara think she went there because she was pregnant or has a boyfriend. They inquire if she wasn't embarrassed and whether health workers can provide SRH information to young people. Amina informs them that she wasn't the only young person there; health worker was friendly and explained how they can be responsible for their reproductive health.</i></p>		
<p><i>Session Objective</i></p> <ul style="list-style-type: none"> • Create awareness about the available stigma-free SRH services for adolescents • Encourage girls to seek for correct SRH information from credible sources 		<p><i>Allocated time: 1 hour & 30 minutes</i></p>
<p>Scenario If you don't have the radio spot; conduct role plays using the scenario; play out different endings that promote individual choice on SRH</p>		<ul style="list-style-type: none"> • Get volunteers / split the group into two • Read the scenario to them: refer to the above synopsis for details • Is there something you can learn from the role play?
Step	Objective	Facilitator notes
Introduction/ Ice breaker	Introduce facilitator, make the group comfortable, prepare them for a participative conversation as opposed to a reactive presentation	<ul style="list-style-type: none"> • Begin by introducing yourself and ask the members of the group to do the same. • Ask for the group's permission to engage on matters that affect their health and future and establish how much time you'll have with them for today's sessions.
Play the radio message:	To engage them on the radio spot and unpack it	<i>Get general reactions from the radio: Ask: What is this radio spot about? Build a story as you get feedback from the participants</i>
Community identification of the problem	Get a feel of the community's understanding of the problem.	<p>Let us discuss this situation</p> <ul style="list-style-type: none"> • Sara and Joan were scared of getting SRH information from health facilities. Are you also scared like them? If yes, why are you scared to go to health facilities for SRH information? <p><i>Expect/probe for: young, embarrassment, stigma, unfriendly health providers, don't have boyfriends, lack of information about the available SRH services, fear of costs, lack of privacy and confidentiality etc.</i></p>

- So if you want SRH information, where do you go? Do you think they are able to provide correct information?

Expect/probe for: school, friends, health center, parents, sisters, brothers, internet etc.

- Lets talk about Amina, why was it important for her to go to the health facility?

Expect/ probe for: to get correct SRH information to avoid unplanned pregnancies, diseases etc.

- Are teenage pregnancies common in this community? What problems are associated with teenage pregnancies?

Expect/Probe answers around; drop out of school, pregnancy complications because you are young, stigma, unable to realise your dreams, dependency and embarrassment to your family, unsafe abortions, abandoned children, death of mother and child, child marriages etc.

Community identification of the solution

To bring out community-based solutions for adolescents to access SRH services

As adolescent girls how can we prevent teenage pregnancies?

Expect / probe for (Planning)...

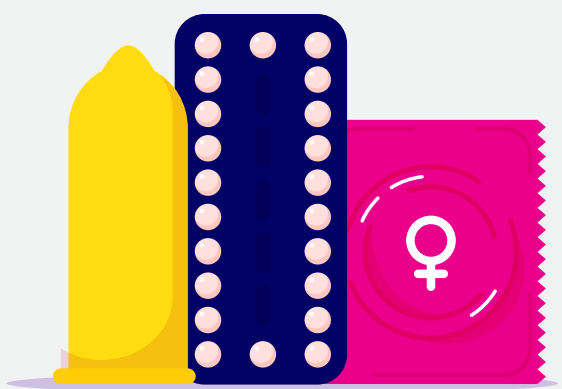
- By visiting the health facilities for correct SRH information.
- Do you know them? Can you mention some of them?
- Abstinence: Avoiding sex, BUT how realistic is this? Are young people your age abstaining? Are you abstaining?
- By discussing/talking/sharing with partners' pregnancy plans
- Use of contraceptives

What kinds of contraceptives do we know about?

Expect / probe for (Pills, injections, IUD, condom, implants) Review quick facts about them; how does it work, how is it administered (refer to annex 1)

- Do adolescents use contraceptives? Which one do they like? Why don't they use contraceptives?

Expect/probe: for myths and misconceptions around contraceptives - take each barrier mentioned / misconception and bust it. Deflect it to the group; if they don't have an answer or correct answer, then correct.





Discussion Guide for Listening Sessions – WISH2ACTION

Summary/Call to action	Get the group to agree on key action steps they will take to prevent teenage pregnancy	After this discussion, what do you plan to do to avoid teenage pregnancies and live your dreams? Select a few participants to share their plans
Take home message	Key message that summarises the session that will be given by the facilitator of the session	Young people should get information about reproductive health so that they can make the right choices about their health and plan their futures to avoid teenage pregnancies.

Scattered dreams **Target Audience:**
Adolescents and youth above 15 years unmarried and married

Synopsis: Three adolescent girls; Helena is coming from the health centre she is sick because she got pregnant too young before her body was fully developed. She will not be able to do her exams, yet she has been the smartest girl in school; she can't achieve her dream of becoming a doctor, since her focus will now be looking after her baby. Helena advises her friends to go to the health facility with their boyfriends and get advice about contraceptives to avoid teenage pregnancies

Session Objective

- Increase knowledge about delayed pregnancy
- Promote planning for youth life

Allocated time: 1 hour & 30 minutes

Role play activity
If you don't have the radio spot; conduct role plays using the scenario; play out different endings that promote individual choice on SRH and support.

- Get three volunteers
- Read the scenario to them: refer to the above synopsis for details
- Is there anything we learn from this?

Step	Objective	Facilitator notes
Introduction/Ice breaker	Introduce facilitator, Make group comfortable, prepare them for a participative conversation as opposed to a reactive presentation	<ul style="list-style-type: none"> • Begin by introducing yourself and ask the members of the group to do the same. • Ask for the group's permission to engage on issues about their life and establish how much time you'll have with them for today's sessions.
Play the radio message:	To engage them on the radio spot and unpack it	Get general reactions from the radio (refer to scripts or synopsis above) Ask: What is this radio spot about?
Community identification of the problem	Get a feel of the community's understanding of the problem.	Ask: Is it common here for adolescents to have relationships? And with who?



Expect / probe for (*boda boda riders / shop owners {many boyfriends (each have their own use – for hair, clothes, money, good time etc)*)

- Do girls here get pregnant before they are 18 years? –do we know someone who who got pregnant when young?
- How do girls get pregnant? The facilitator will probe for this information. The facilitator will explain this information through a diagram of a uterus which can be provided in the annex

In order for a boy to get a girl pregnant, he must have already started puberty. Pregnancy can happen when a boy and girl have sex without a condom or other contraceptives. Every month an egg is released from a woman's ovaries, and the walls of her uterus fill with blood in preparation for a pregnancy.

During sex, the boy's penis injects sperm into the girl's vagina. The sperm swims towards the cervix into the womb and through the fallopian tubes, where they live for 3 to 5 days. If a girl's egg is already in the tubes or arrives in the tubes while the sperm are still there, a sperm can enter the egg and fertilise it.

If the egg is fertilized, it moves down to the uterus and enters the wall which is filled with blood. Then it begins to grow into a baby.

- Ask the group to separate into three groups; Group 1. How will teenage pregnancy affect Helena, Group 2. How will it affect her family, and Group 3. How will affect her boyfriend. Provide Flipcharts and Markers to the groups.

All groups will come together and present back to the wider group

Probe for answers about Helena around:

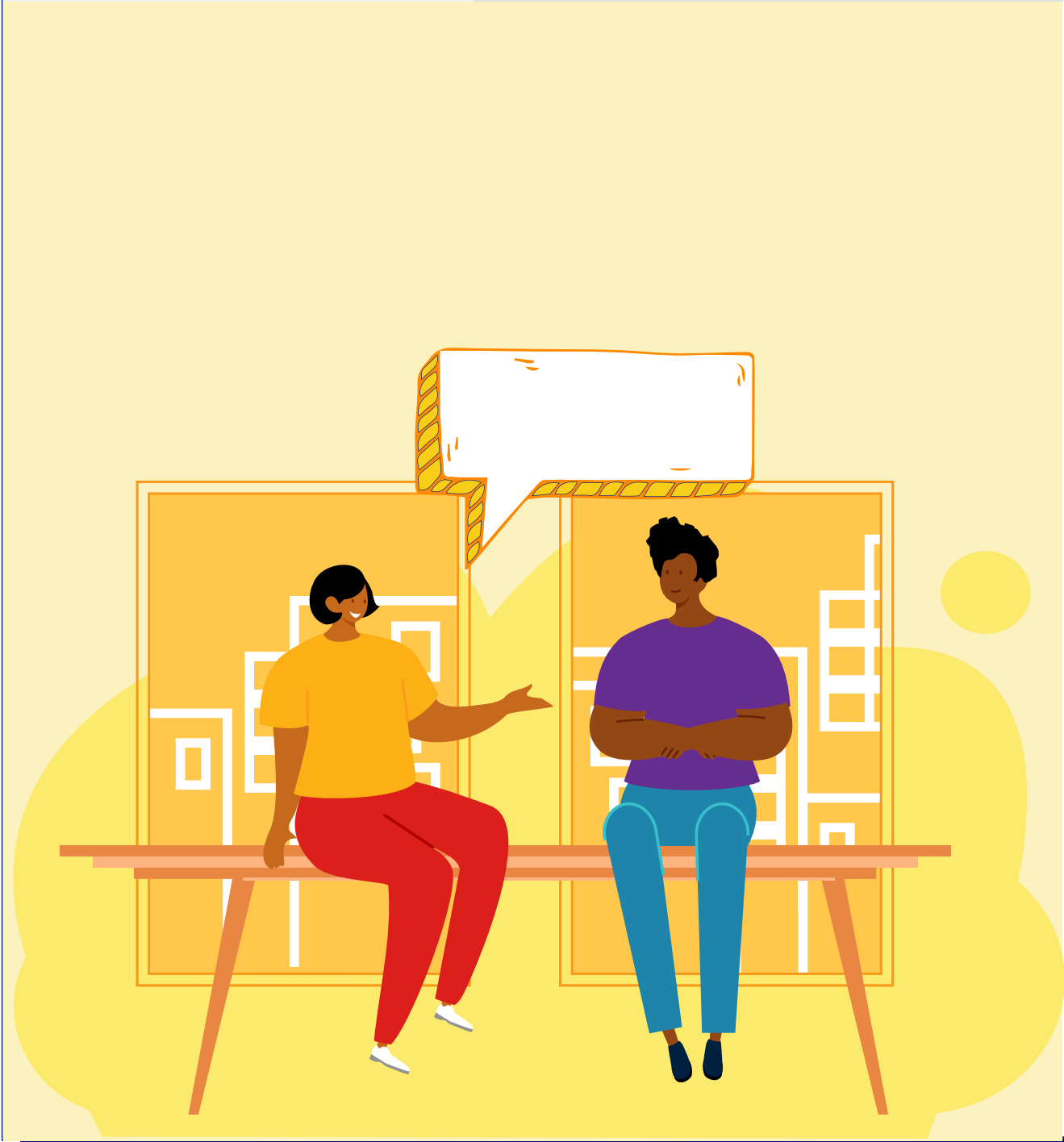
- *Drop out of school, chased away from home, stigma around being a young mother, failure to realise her dream of becoming a doctor, child marriage, due to undeveloped body may experience complications like fistula or die during child birth*

Probe for answers about her family around:

- *Heavy burden on the family, stigma from the community, shattered dreams of parents seeing their girl complete school getting a good job*

	<p>Probe for answers about Helena's boyfriend around:</p> <ul style="list-style-type: none"> • <i>Dropping out of school, financial burden and responsibility to take care of mother and baby, early marriage, child labour, stigma, emotional stress, shame</i> <p>Affirm the group for participating in the exercise. Ask if they are ready for children now. <i>If hands do not go up; congratulate them for their choice.</i></p> <ul style="list-style-type: none"> • Why is it important for them to delay pregnancy? Expect / Probe answers (<i>they would like to finish school, get a job, loves partying, child would interrupt them, child would change their body shape, the body isn't fully developed etc</i>)
<p>Community identification of the solution</p> <p>To bring out community-based solutions towards delayed pregnancy</p>	<ul style="list-style-type: none"> • What are you going to do to delay pregnancy so that you can live your dreams (<i>you finish school / get jobs / stay in shape / party</i>)? <p>Expected answers: (<i>for each, probe to see viability</i>)</p> <ul style="list-style-type: none"> • <i>Abstinence: Avoiding sex, BUT how realistic is this? Are adolescents your age abstaining? Are you abstaining?</i> • <i>Withdrawal: This is when a boy/man takes his penis out of the vagina before he injects sperms. But how realistic is this?</i> • <i>Use of contraceptives: Probe for (you can have samples of these methods or diagrams and show the participants)</i> <ul style="list-style-type: none"> • Which contraceptives do you know of? <p>Expect / probe for: (<i>Pills, injections, IUD, condom, implants</i>) <i>Review quick facts about them; how does it work, how is it administered (Refer to Annex 1)</i></p> <ul style="list-style-type: none"> • Do adolescents (they) use contraceptives? Which one do they like? • Probe for why they are not using contraceptives: <p>Expect / probe for: <i>myths and misconceptions around contraceptives, they are young, stigma - take each barrier mentioned / misconception and bust it. Throw it back to the group; if they don't have an answer or correct answer, then correct.)</i></p> <ul style="list-style-type: none"> • When do you think you will be ready for your first child? <p><i>Expect/Probe for: You know your HIV status, have a place for you and your baby to stay, have studied and got the job, got a husband / partner who is also ready for a family, financially ready</i></p>

<p>Summary/Call to action</p>	<p>Get the group to agree on key action steps they will take to prevent teenage pregnancy</p>	<p>Ask a couple of participants to summarize this session on ways to prevent teenage pregnancy and to mention some of the tips that have been discussed to prevent teenage pregnancy.</p>
<p>Take home message</p>	<p>Key message that summarises the session that will be given by the facilitator of the session</p>	<p>An unplanned pregnancy before you and your partner are ready to have children may make your goals harder to achieve. Contraception helps you decide when you're ready to start a family.</p>



Older sister		Target Audience: Adolescents and youth above 15 years (married)
<i>Synopsis: Two sisters; Fita is crying because she and her children are ill. In two years of her marriage she already has two children close to each other. She can't work because she is always ill. Natogoma has always advised her to go to the health centre for contraceptives but she doesn't listen. Natogoma informed Fita that she has been using an implants and was going to remove them because her youngest child was 3 years old. Fita agrees to talk to her husband about using contraceptives</i>		
<i>Session Objective</i>		<i>Allocated time: 1 hour & 30 minutes</i>
<ul style="list-style-type: none"> Increase knowledge to practice birth spacing This session outline requires paper, pens and markers 		
Role play activity If you don't have the radio spot; conduct role plays using the scenario; play out different endings that promote individual choice on SRH and support from partner		<ul style="list-style-type: none"> Get three volunteers Read the scenario to them: refer to the above synopsis for details Is there anything we learn from this?
Step	Objective	Facilitator notes
Introduction/Ice breaker	Introduce facilitator, Make group comfortable, prepare them for a participative conversation as opposed to a reactive presentation	<ul style="list-style-type: none"> Begin by introducing yourself and ask the members of the group to do the same. Ask for the group's permission to engage on issues about their life and establish how much time you'll have with them for today's sessions.
Play the radio message:	To engage them on radio spot and unpack it	Get general reactions from the radio (refer to scripts or synopsis above) Ask: What is this radio spot about?
Community identification of the problem	Get a feel of the community's understanding of the problem.	<p>Ask: Is it common here to have children close to each other? Why does it happen?</p> <p>Expect / probe for; <i>prove of fertility, lack of knowledge about contraceptives, can't afford family planning; many children are seen as a sign of wealth, religious beliefs, pressure from in-laws and parents etc.</i></p> <ul style="list-style-type: none"> What challenges does Fita face because of having children close to each? (invite a person to write down the responses)

	<p>Expect / probe for; <i>illness of the children and mother, mother can't work, children miss mother's love, financial burden to the husband, lack of care from the mother, stress etc.</i></p> <ul style="list-style-type: none"> • How does Fita feel about her situation? How do you think this affects her relationship with her husband? <p>Probe for: <i>sad, angry, stressed, frustrated, irritated, bothered, confused, exhausted</i></p> <ul style="list-style-type: none"> • How do you think this affects her relationship with her husband? <p>Probe for: <i>arguments; lack of time together; stress about finances</i></p> <ul style="list-style-type: none"> • How has this affected the community? <p>Expect / probe for: <i>pregnancy complications, death of mother and child, abandoned babies, abortions</i></p> <p><i>Who wants to space her children? If hands up; congratulate them for their choice.</i></p>
<p>Community identification of the solution</p> <p>To bring out community-based solutions towards birth spacing</p>	<ul style="list-style-type: none"> • What is birth spacing? <p>Expect/ probe for: <i>Birth spacing; -break between the current child and the next baby; time/period one waits before getting pregnant. It is usually three years</i></p> <ul style="list-style-type: none"> • Why is it important to birth space? <p>Expect / Probe answers around: <i>save money, work, health life for the mother and child, body rest for the mother, have time with your child, brings happiness to the family, reduces risks of death of the mother or baby etc</i></p> <ul style="list-style-type: none"> • How can you birth space? <p>expected answers: <i>for each, probe to see viability)</i></p> <ul style="list-style-type: none"> • <i>Withdrawal: This is when a boy/man takes his penis out of the vagina before he ejaculates. But how realistic is this?</i> • <i>Calendar days: (or the fertility awareness method). The woman learns to recognize when she is fertile and avoids sex at this time if she does not want to become pregnant. In other words, it is timed abstinence. But how realistic is this?</i>

	<ul style="list-style-type: none"> • <i>Use of contraceptives: probe for (you can have samples of these methods or diagrams and show the participants)</i> • <i>Which contraceptives do you know of? Review quick facts about them; how does it work, how is it administered (refer to annex 1 for details about the different FP methods)</i> • <i>Do you use contraceptives? Which one do they like? If the answer is No, why don't you use contraceptives? (expect / probe for myths and misconceptions and other barriers around contraceptives - take each barrier mentioned / misconception and bust it. Deflect it to the group; if they don't have an answer or correct answer, then correct.)</i>
<p>Summary/Call to action</p>	<p>Get the group to agree on key action steps they will take to birth space</p> <p>After listening to this radio spot, what do you plan to do in order to birth space and have healthy lives? Pick a few participants to answer.</p>
<p>Take home message</p>	<p>Key message that summarises the session that will be given by the facilitator of the session</p> <p>Choose to have healthy and happy children; plan to space your births by going to the health center to choose a modern contraceptive method.</p>



Right path		Target Audience: Adolescents and youth above 15 years unmarried and married)
<p><i>Synopsis: Mother and daughter: It is Joy's marriage send-off, but she is worried. Joy and her future husband have plans and want to wait before they can have children by using contraceptives. However due to rumours from their friends about contraceptives they are discouraged. Her mother informs her that the rumours are not true and that they should go to the health centre and get facts.</i></p>		
<p><i>Session Objective</i></p> <ul style="list-style-type: none"> • Provide information to combat myths and misconceptions about FP <p><i>Paper, pens and markers will be needed for this session</i></p>		<p><i>Allocated time: 1 hour & 30 minutes</i></p>
<p>Role play activity If you don't have the radio spot; conduct role plays using the scenario; play out different endings that promote individual choice on SRH and support from partner</p>		<ul style="list-style-type: none"> • Get two volunteers • Read the scenario to them: refer to the above synopsis for details • Is there anything we learn from this?
Step	Objective	Facilitator notes
Introduction/Ice breaker	<p>Introduce facilitator, make group comfortable, prepare them for a participative conversation</p> <p>Note: Session to be facilitated by a clinical health provider or community health</p>	<ul style="list-style-type: none"> • Begin by introducing yourself and ask the members of the group to do the same. • Inform the group that the session is about myths and misconceptions around family planning methods. Establish how much time you'll have with them for the sessions.
Play the radio message:	<p>To engage them on radio spot and unpack it</p>	<p>Get general reactions from the radio (refer to scripts or synopsis above) Ask: What is this radio spot about?</p>
Community identification of the problem	<p>Get a feel of the community's understanding of the problem.</p>	<ul style="list-style-type: none"> • Why did Paul and Joy want to wait before having children yet they were getting married? <p><i>Expected probe; achieve their goals of- finishing school, starting business, building a house, saving money for children's health and education.</i></p> <ul style="list-style-type: none"> • What was stopping Joy from getting FP services? <i>Myths and rumours about contraceptives</i> • Have you heard the phrase 'myths and misconceptions about family planning methods'? What does that mean to you?

Expect/probe for: *common rumors about different methods of family planning, misrepresentation of the truth about FP, false beliefs or ideas about FP, gossips about FP, things that people talk about family planning that are not true, unconfirmed stories, mistaken interpretation of information*

- **When do these rumours or misconceptions arise or come up?**

Expect/ probe for;

- *Important information not been clearly explained.*
- *There is nobody available who can clarify or correct the incorrect information.*
- *The original source is perceived to be credible.*
- *Clients have not been given enough options for contraceptive methods.*
- *Clients have not been given enough information about side effects.*
- *People are motivated to spread them for political reasons.*

- **Are such rumours about contraceptives common here? Where do they come from?**

Expect / probe for: *friends, family, religious leaders, traditional leaders, political leaders, parents, teachers, neighbours etc.*

- **Why is it important to talk about myths and misconceptions of FP?**

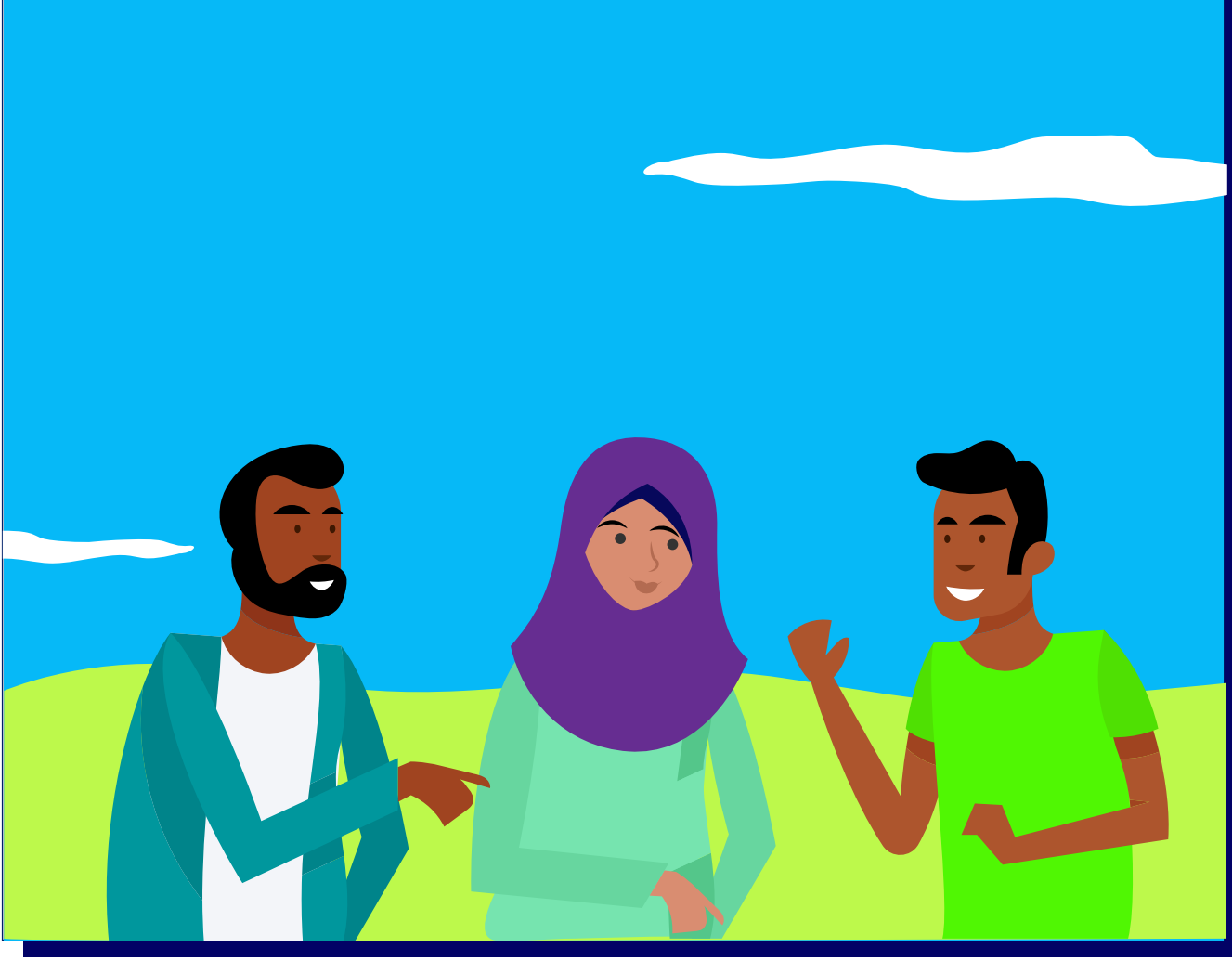
Expect / probe for: *to provide correct information about FP, to provide benefits of FP, to encourage people to seek for contraceptives and avoid unplanned pregnancy*

Activity

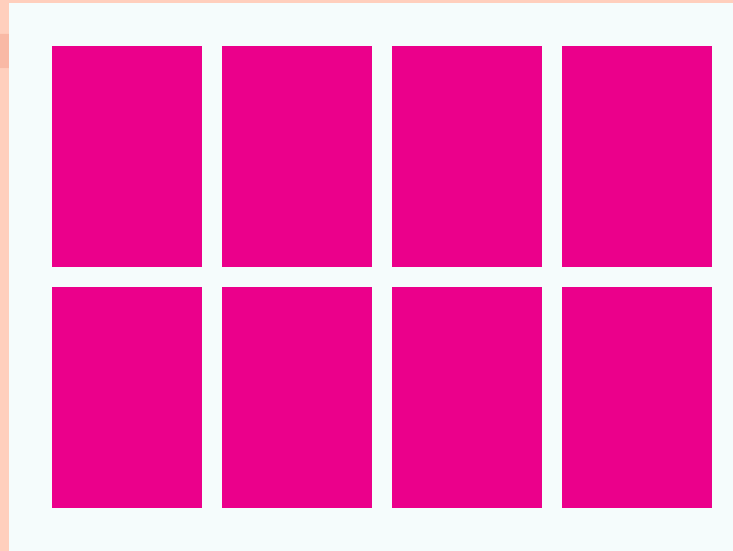
- **Tell all participants to shut their eyes for 5 minutes and think about any rumours or information they have heard about contraceptives which they aren't sure about.**
- **Request each one to come and write them in any language on a prepared flip chart (for those who don't know how to write help them)**

Affirm the group for participating in the exercise and request them to take their seats.

<p>Community identification of the solution</p>	<p>Get a feel of the community's understanding of the problem.</p>	<ul style="list-style-type: none"> • Read out each statement about the rumors. Clearly discuss and provide accurate information to make participants make informed decisions. (Refer to the appendix for detailed information). • Discuss the specific methods in detail, how they work, possible side effects in order to clarify on what information people have that is true, and what's false. (Refer to the appendix for detailed information).
<p>Summary/Call to action</p>	<p>Get the group to agree on key action steps they will take to prevent unplanned pregnancy</p>	<p>Ask a couple of participants to summarize this session about the myths and misconceptions.</p>
<p>Take home message</p>	<p>Key message that summarises the session that will be given by the facilitator of the session</p>	<p>Some young people fear using modern FP methods because of negative things they've heard from others, yet most of them are NOT TRUE. Don't let your future be decided by myths and rumors. Go to the health center to get facts about modern contraceptive methods.</p>



WOMEN AND GIRLS



Patience Pays		Target Audience: Women and Girls
<p><i>Synopsis: Cynthia and Vianess are speaking about marriage and Vianess is encouraging Cynthia to get married. Cynthia says she is only 17 years old. Vianess recalls that she gave birth at 15 and she almost died. They speak about going for contraception.</i></p>		
<p>Session Objective Encourage parents or caregivers to think about how they discuss SRHR with their children to support positive decisions about marriage and family planning in the future</p> <p>Objective Encourage young women to consider what contraception method is available and what works best for them</p>		<p><i>Allocated time: 1hour 30 minutes</i></p>
<p>Scenario If you don't have the radio spot; conduct role plays using the scenario; play out different endings that promote individual choice on SRH and support from parents and caregivers</p>		<ul style="list-style-type: none"> • Get a volunteer or split the group into two • Read the scenario to them: refer to the above synopsis for details • How does it end and how does it empower women and girls to make decisions in their own life.
Step	Objective	Facilitator notes
Introduction/ Ice breaker	Introduce facilitator, make the group comfortable, prepare them for a participative conversation as opposed to a reactive presentation	<ul style="list-style-type: none"> • Begin by introducing yourself and ask the members of the group to do the same. • Ask for the group's permission to engage on family matters and establish how much time you'll have with them for today's sessions.
Play the radio message:	To engage them on radio spot and unpack it	<i>Get general reactions from the radio (refer to script, synopsis) Ask: What is this radio spot about? Build a story as you get feedback from the participants</i>
Community identification of the problem	Get a feel of the community's understanding of the problem.	<p>Let us discuss this situation (recap on radio spot)</p> <ul style="list-style-type: none"> • How do you speak to young people about SRHR <p>When speaking to young people we can make them aware of waiting to have children – and the risks of having children early.</p> <p><i>Expect / probe for (Yes! School fees, business not going well, not guaranteed every day, increased mouths to feed, their bodies are growing, so they eat more, children growing out of their clothes.</i></p> <ul style="list-style-type: none"> • What are some of the things that can happen to a woman if her body is not ready for childbirth? <p><i>Expect / probe for physical / body problems that could happen to women if they are too young to have children.</i></p>

	<ul style="list-style-type: none"> • How does this make you feel? Affirm them for the role they play <i>Expect / probe for (proud, overwhelmed, tired, stressed)</i> • Summarize key points coming from the discussion <ul style="list-style-type: none"> - Communicating with young people about having children too young and how this can affect their health - Speaking to them about dropping out of school
<p>Community identification of the solution To bring out community-based solutions toward birth spacing</p>	<ul style="list-style-type: none"> • How can having children early affect your child or children’s lives and how can you prevent teenage? <i>Expect / probe for (Planning)...</i> • What kinds of family planning methods do we know about? <i>Expect / probe for (Pills, injections, IUD, condom, implants)</i> • In our households, are we using family planning methods? - <i>Expect (Yes /No)</i> - Congratulate those using; ask which methods they are using. - Probe for why they are not using family planning: - <i>Expect myths, bad experience, it’s a woman’s issue etc)</i> <i>Throw questions back to the audience to debunk myths / give correct information where they do not know, clarify)</i>
<p>Summary/Call to action Get the group to agree on key action steps they will take to prevent teenage pregnancy</p>	<p>Ask a couple of participants to summarize this session on ways to support young people to prevent teenage pregnancy and to mention some of the tips that have been discussed to prevent teenage pregnancy.</p>

Session guide: Prank

Target Audience:
Women and Girls

Synopsis: Sara teases Musa by saying she is pregnant! Musa panics and realises maybe they are not ready to have children. They are both under 18 and realise they are too young to have children. To avoid this, they should go to a health facility and get contraception because it will help them make right choices about their health and future

Session Objective

- Increase knowledge to delay childbirth
- Increase understanding of joint decision making for FP
- Challenge social norms FP is a woman's business

Allocated time: 1 hour 30 minutes

Scenario

If you don't have the radio spot; conduct role plays using the scenario; play out different endings that promote individual choice on SRH and support from partners

- Get a volunteer or split the group into two
- What are some of the lessons that they can learn from these songs?

Step	Objective	Facilitator notes
Introduction/ Ice breaker	Introduce facilitator, make the group comfortable, prepare them for a participative conversation as opposed to a reactive presentation	<ul style="list-style-type: none"> • Begin by introducing yourself and ask the members of the group to do the same. • Ask for the group's permission to engage on matters that affect their health and future and establish how much time you'll have with them for today's sessions.
Play the radio message:	To engage them on radio spot and unpack it	<i>Get general reactions from the radio (refer to script, synopsis) Ask: What is this radio spot about? Build a story as you get feedback from the participants</i>
Community identification of the problem	Get a feel of the community's understanding of the problem.	<p>Let us discuss this situation (recap on radio spot)</p> <ul style="list-style-type: none"> • What is shared responsibility? <p><i>Expect answers about: Where boys and girls – men and women take responsibility/charge for contraception together</i></p> <ul style="list-style-type: none"> • Is this happening in your community? When men and women (boys and girls) are taking joint responsibility for their actions? <p><i>Expect / probe for answers about: not really, men are not taking responsibility, they are just expecting women and girls to take care of it or they are deliberately obstructing contraception</i></p> <ul style="list-style-type: none"> • Why do you think men are not taking responsibility like they should?

	<p><i>Expect / probe for answers about: They don't care that much. They want to have sex without responsibility, they claim to be busy</i></p> <ul style="list-style-type: none"> • What are the qualities of good young men? <p><i>Expect / probe for answers about: Hard working, responsible, caring, have a vision, have money</i></p> <ul style="list-style-type: none"> • Summarize key points coming from the discussion - Couples can take shared responsibility for contraception in relationships; - Discuss what shared responsibility looks like - Men should take responsibility as much as women and support a joint decision-making process for family
<p>Community identification of the solution</p> <p>To bring out community-based solutions toward delayed childbirth</p>	<ul style="list-style-type: none"> • How can we ensure we have joint responsibility in our relationships for family planning? <p><i>Expect / probe for</i></p> <ul style="list-style-type: none"> - Speak to our partners about contraception: which ones do we know of? (Pills, injections, IUD, condom, implants, ECP) other methods: Withdrawal, etc - Discuss with our partners what method works best for our purpose. - Encourage our partners to escort us to the health facility to make a joint choice of method <p>How can we prevent pregnancy?</p>
<p>Summary/Call to action</p> <p>Get the group to agree on key action steps they will take to prevent teenage pregnancy</p>	<p>Ask a couple of participants to summarize this session</p> <ul style="list-style-type: none"> • Explain what shared decision-making about contraception looks like for couples in a relationship • Ways to delay childbirth / prevent pregnancy • Discuss planning your future and how planning pregnancy can help • Where we can get this service?

Maize		Target Audience: Women and Girls
<p><i>Synopsis: Husband and wife are in the garden planting maize. Husband tells his wife not to plant maize too close as they will not grow well. Wife tells him that if only he cared about their children the way he does for the maize. Husband explains to her what happens if the maize is planted too close; wife also informs him of what will happen to her and the children if her pregnancies are too close. They agree to visit a clinic.</i></p>		
<p>Session Objective</p> <ul style="list-style-type: none"> • Increase knowledge to practice birth spacing • Increase understanding of the benefits of contraception 		<p><i>Allocated time: 1hour 30 minutes</i></p>
<p>Role play activity : If you don't have the radio spot; conduct role plays using the scenario; play out different endings that promote individual choice on SRH and support from partner</p>		<ul style="list-style-type: none"> • Get two volunteers • Read the scenario to them: refer to the above synopsis for details • Is there anything we learn from this?
Step	Objective	Facilitator notes
Introduction/ Ice breaker	Introduce facilitator, make group comfortable, prepare them for a participative conversation as opposed to a reactive presentation	<ul style="list-style-type: none"> • Begin by introducing yourself and ask the members of the group to do the same. • Ask for the group's permission to engage on family matters and establish how much time you'll have with them for today's sessions.
Play the radio message:	To engage them on radio spot and unpack it	<i>Get general reactions from the radio (refer to scripts or synopsis above) Ask: What is this radio spot about?</i>
Community identification of the problem	Get a feel of the community's understanding of the problem.	<p>Ask</p> <ul style="list-style-type: none"> • Is it common here to have children close to each other? Why does it happen? <p><i>Expect / probe for; proof of fertility, lack of knowledge about contraceptives, can't afford family planning; many children are seen as a sign of wealth, religious beliefs, pressure from in-laws and parents, sex preference etc.</i></p> <ul style="list-style-type: none"> • What challenges will the wife face if she has pregnancies close to each other? (invite a person to write down the responses) <p><i>Expect / probe for; endangers children and mother's health, mother can't work, children miss mother's love, financial burden to the husband, frustration, stress etc.</i></p>

	<ul style="list-style-type: none"> • What challenges will the husband face because of having children close to each other? Expect/ probe for; hospital expenses, school fees, food burden • How will this affect the community? <i>Expect / probe for: pregnancy complications, death of mother and child, abandoned babies, abortions</i> <p>Who wants to space her children? If hands up; congratulate them for their choice.</p> <ul style="list-style-type: none"> • Summarize key points coming from the discussion <ul style="list-style-type: none"> - Many women are giving birth close to each other in this community; - Some men are encouraging this practicing due to the reasons discussed above well as others have deserted their wives and neglected their children.
<p>Community identification of the solution To bring out community-based solutions toward birth spacing</p>	<ul style="list-style-type: none"> • What is birth spacing? Expect/ probe for: Birth spacing; -break between the current child and the next baby; time/period one waits before getting pregnant. It is usually three years • Why is it important to birth space? <i>Expect / Probe answers around: save money, work, good health for the mother and child, body rest for the mother, have time with your child, brings happiness to the family, reduces risks of death of the mother or baby etc</i> • How can you birth space? <ul style="list-style-type: none"> - <i>Expected answers:</i> t- Withdrawal: <i>This is when a boy/man takes his penis out of the vagina before he ejaculates. But how realistic is this?</i> - Calendar days: <i>(or the fertility awareness method). The woman learns to recognize when she is fertile and avoids sex at this time if she does not want to become pregnant. In other words, it is timed abstinence. But how realistic is this?</i> - Use of family planning methods: <i>probe for (you can have samples of these methods or diagrams and show the participants)</i>

- What kinds of family planning methods do we know about?

Expect / probe for (Pills, injections, IUD, condom, implants). Review quick facts about them; how does it work, how is it administered (refer to annex 1 for details about the different FP methods)

- In our households, are we using family planning methods?
 - Expect (Yes /No)
 - Reaffirm those using; ask which methods they are using.
 - Probe for why they are not using family planning:
- Expect myths, bad experience, it's a woman's issue etc)
 - Throw questions back to the audience to debunk myths / give correct information where they do not know, clarify)
 - Speak on the role of men and link it up with their role
 - Providing for children
 - Supporting his wife to choose the right method to space their children's birth

Summary/Call to action Get the group to agree on key action steps they will take to space their children


Ask a couple of participants to summarize this session on ways to birth space and to mention some of the tips that have been discussed. Parents, build a healthy thriving family. Wait at least three years after giving birth before having another pregnancy.



MEN AND BOYS

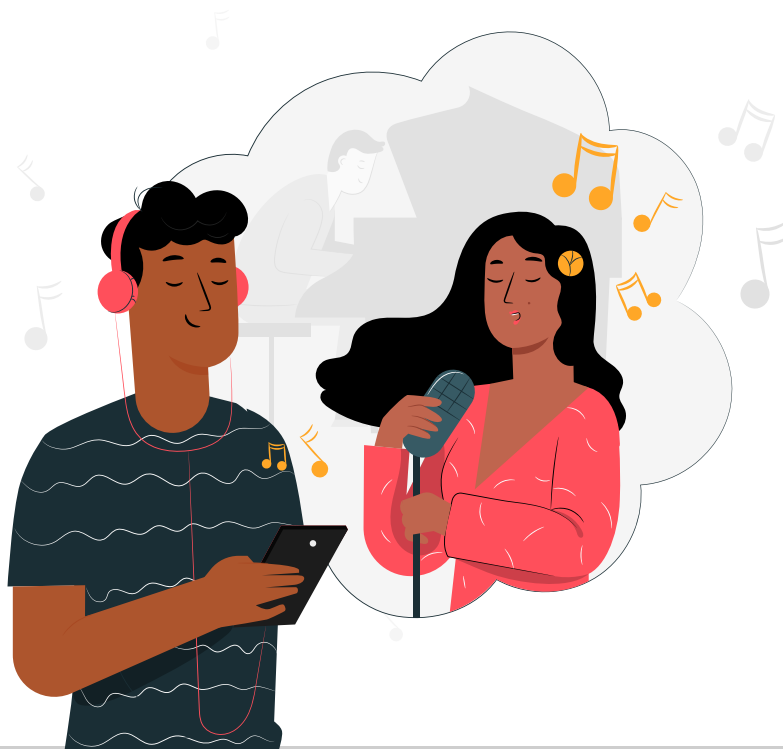


A good dream		Target Audience: Men
<p><i>Synopsis: A man had a bad dream and wakes up in a frenzy, narrates his bad dream to his wife: that their quality of life was poor, no money, no food and wearing tattered clothes because of having many children. Wife proposes in for them to seek SRH services to limit the number of children to ensure that they have healthy and prosperous family.</i></p>		
<p>Session Objective</p> <ul style="list-style-type: none"> • Increase knowledge to space & limit the number of children • Increase male support for FP • Break social norms around FP being women’s business • Paper, pens and markers will be needed for this session. 		<p><i>Allocated time: 1hour 30 minutes</i></p>
<p>Scenario If you don’t have the radio spot; conduct role plays using the scenario; play out different endings that promote individual choice on SRH, support from</p>		<ul style="list-style-type: none"> • Get a volunteer or split the group into two • Read the scenario to them <i>A man had a bad dream and wakes up in a frenzy, narrates his bad dream to his wife; that their quality of life was poor, no money, no food and wearing tattered clothes because of having many children</i> • What happens at the end of the scenario that puts the man at ease?
Step	Objective	Facilitator notes
Introduction/ Ice breaker	Introduce facilitator, make the group comfortable, prepare them for a participative conversation as opposed to a reactive	<ul style="list-style-type: none"> • Begin by introducing yourself and ask the members of the group to do the same. • Ask for the group’s permission to engage on family matters and establish how much time you’ll have with them for today’s sessions.
Play the radio message:	To engage them on radio spot and unpack it	<i>Get general reactions from the radio (refer to scripts or synopsis) Ask: What is this radio spot about? Build a story as you get feedback from the participants</i>
Community identification of the problem	Get a feel of the community’s understanding of the problem.	<p>Let us discuss this family (recap on radio spot). Ask:</p> <ul style="list-style-type: none"> • Are there many families in this community where they have many children? How will having many children affect the family? • <i>Expect / probe for (Yes! School fees, business not going well, not guaranteed everyday, increased mouths to feed, their bodies are growing, so they eat more, children growing out of their clothes</i> • Men seem to have an important role in their homes and it seems very stressful, tell me about the roles you play?

	<p>On a flip chart, divide the roles into home and community roles</p> <p><i>Expect / probe for (leaders, providers, husband, father, uncles, vision bearer, educate his children, building a home, being role models etc)</i></p> <ul style="list-style-type: none"> • How does this make you feel? Affirm them for the role they play <p><i>Expect / probe for (proud, overwhelmed, tired, stressed)</i></p> <ul style="list-style-type: none"> • Summarize key points coming from the discussion <ul style="list-style-type: none"> - Having many children can interfere with home resources (little food, little money) - Men play an important role; There are many roles that men play, many of which are financial
<p>Community identification of the solution</p> <p>To bring out community-based solutions toward birth spacing</p> 	<ul style="list-style-type: none"> • Discuss how many children are too many (acknowledge that everyone has their own way to know this; emphasize communication with their spouses. How can we prevent having many children? <ul style="list-style-type: none"> - Expect / probe for (Planning)... • What kinds of family planning methods do we know about? <p><i>Expect / probe for (Pills, injections, IUD, condom, implants)</i></p> • In our households, are we using family planning methods? <ul style="list-style-type: none"> - Expect (Yes /No) - Reaffirm those using; ask which methods they are using. - Probe for why they are not using family planning: <ul style="list-style-type: none"> - Expect myths, bad experience, it's a woman's issue etc) <ul style="list-style-type: none"> • Throw questions back to the audience to debunk myths / give correct information where they do not know, clarify) • Speak on the role of men & link it up with their role • Providing for children he can be able to take care of • Planning for the life that he wants to live
<p>Summary/Call to action</p> <p>Get the group to agree on key action steps they will take to prevent teenage pregnancy</p>	<p>Ask a couple of participants to summarize this session;</p> <ul style="list-style-type: none"> • Talking to their spouses on preventing unplanned pregnancies / adopting child spacing • Visit a health centre together

Hit song		Target Audience: Boys Good for YAM (Youth Action Movement) content around HIV, STDs
<i>Synopsis: A young man is excited that he will be famous; he has recorded a song...about FP; his friends are not impressed. He is committed to wanting change within his generation, too many have teenage pregnancies that make life hard. He ignore the idea that FP is a woman's business encouraging men to take responsibility for when they start getting children.</i>		
Session Objective		<i>Allocated time: 1hour 30 minutes</i>
<ul style="list-style-type: none"> • Increase knowledge to delay childbirth • Increase male support for contraceptive use • Challenge social norm that FP is a woman's business 		
Scenario	<p>If you don't have the radio spot; conduct role plays using the scenario; play out different endings that promote individual choice on SRH, support from</p> <ul style="list-style-type: none"> • Get a volunteer or split the group into two • Instruct them to make a song about FP; that would convince youth to use contraceptives – enough to be signed on by a local artist recording label • What are some of the lessons that they can learn from these songs? 	
Step	Objective	Facilitator notes
Introduction/ Ice breaker	Introduce facilitator, make the group comfortable, prepare them for a participative conversation as opposed to a reactive	<ul style="list-style-type: none"> • Begin by introducing yourself and ask the members of the group to do the same. • Ask for the group's permission to engage on matters that affect their health and future and establish how much time you'll have with them for today's sessions.
Play the radio message:	To engage them on radio spot and unpack it	Get general reactions from the radio: Ask: What is this radio spot about? Build a story as you get feedback from the participant
Community identification of the problem	Get a feel of the community's understanding of the problem.	<p>Ask</p> <p>Let us discuss this situation (recap on radio spot)</p> <ul style="list-style-type: none"> • Are there many teenage pregnancies in this community? <p><i>Expect answers about: Yes, too many</i></p> <ul style="list-style-type: none"> • Are the men taking responsibility for these babies?

	<p><i>Expect / probe for answers about: Hard working, responsible, caring, have a vision, have a goal</i></p> <ul style="list-style-type: none"> • Do good men exist in this community? By a show of hands, who considers themselves a good man? • Summarize key points coming from the discussion <ul style="list-style-type: none"> • <i>There are many teenage pregnancies in this community;</i> • <i>Men are absconding their responsibilities to their partners and neglecting the children they sire.</i> • <i>Qualities of good men (read what was the group defined), there are XX men here who are good</i>
<p>Community identification of the solution</p> <p>To bring out community-based solutions toward delayed childbirth</p>	<ul style="list-style-type: none"> • How can we prevent teenage pregnancies in this community? <p><i>Expect / probe for</i></p> <ul style="list-style-type: none"> • <i>use of contraception: which ones do we know of? (Pills, injections, IUD, condom, implants, EC) other methods: Withdrawal, etc</i>
<p>Summary/Call to action</p> <p>Get the group to agree on key action steps they will take to prevent teenage pregnancy</p>	<p>Ask a couple of participants to summarize this session</p> <p><i>Young men in this community do not take responsibility for their babies, young men just want to have fun</i></p> <p><i>Ways to delay childbirth / prevent teenage pregnancies in young people</i></p> <p><i>Where we can get this service.</i></p>



Two friends		Target Audience: Men over 18
<p><i>Synopsis: Two men in business; Faraja excitedly informs John that there may be a business opportunity for them to get some good money. John worriedly informs that his one year old and wife are sick and that his newborn is very weak and small. Faraja hypothesizes this as a result of having their children very close together and recommends birth spacing; like he and his wife did, taking responsibility of his family's health and prosperity – as a man should.</i></p>		
<p>Session Objective</p> <ul style="list-style-type: none"> • Increase knowledge to space & limit the number of children • Increase male support for FP • Break social norms around FP being women's business 		<p><i>Allocated time: 1hour 30 minutes</i></p>
<p>Scenario If you don't have the radio spot; conduct role plays using the scenario; play out different endings that promote individual choice on SRH, support from</p>		<ul style="list-style-type: none"> • Get two volunteers • Read the scenario to them • How does it end that puts the man at ease?
Step	Objective	Facilitator notes
Introduction/ Ice breaker	Introduce facilitator, Make group comfortable, prepare them for a participative conversation as opposed to a reactive presentation	<ul style="list-style-type: none"> • Begin by introducing yourself and ask the members of the group to do the same. • Ask for the group's permission to engage on family matters and establish how much time you'll have with them for today's sessions.
Play the radio message:	To engage them on radio spot and unpack it	<i>Get general reactions from the radio (refer to scripts or synopsis above) Ask: What is this radio spot about?</i>
Community identification of the problem	Get a feel of the community's understanding of the problem.	<p>Ask</p> <ul style="list-style-type: none"> • Is it common for families to have had their children close together? • What are some of the challenges that the man is experiencing with his children being born closer together? - Expect / probe for (sick children, money to pay for hospital fees, special food, missed business opportunity, etc) • Let's talk about the lost business opportunity; what would you have done with that money?

	<p><i>Expect / probe for (Finish building the house, paying for school fees, paying for XX, into the business etc)</i></p> <ul style="list-style-type: none"> • Men seem to have an important role in this community; tell me about the roles men play. On a flip chart, divide the roles into home and community roles <p><i>Expect / probe for (leaders, providers in the home, husband, father, uncles, vision bearer, educate his children, building a home, being role models etc)</i></p> <ul style="list-style-type: none"> • How does this make you feel? <p><i>Expect / probe for (proud, overwhelmed, tired, stressed)</i></p> <ul style="list-style-type: none"> • Summarize <ul style="list-style-type: none"> - The state of the community: they have many families that have their children together - There are many roles that men play, many of which are financial
<p>Community identification of the solution</p> <p>To bring out community-based solutions toward birth spacing</p>	<p>How can we prevent our families from having children close together?</p> <p><i>Expect / probe for (Planning)...</i></p> <p>What kinds of family planning methods do we know about?</p> <p><i>Expect / probe for (Pills, injections, IUD, condom, implants)</i></p> <p>In our households, are we using family planning methods?</p> <p><i>Expect (Yes /No)</i></p> <ul style="list-style-type: none"> - Reaffirm those using; ask which methods they are using. - Probe for why they are not using family planning: - Expect myths, bad experience, it's a woman's issue etc) <ul style="list-style-type: none"> • Throw questions back to the group to debunk myths / give correct information where they do not know, clarify) • Speak on the role of men and link it up with their role <ul style="list-style-type: none"> - Providing for children he can be able to take care of - Planning for the life that he wants to live
<p>Summary/Call to action</p> <p>Get the group to agree on key action steps they will take to prevent teenage pregnancy</p>	<p>Ask a couple of participants to summarize this session on ways to prevent teenage pregnancy and to mention some of the tips that have been discussed to prevent teenage pregnancy.</p>

University	Target Audience: Boys. Good for life skills (goal setting) for peer education sessions
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Synopsis: Friends of Ali notice that he has been disturbed for a bit, Ali confides that his girlfriend Amina is pressuring him to go to the health facility to get information and advice on contraception or else she will break up with him. One of his friends, Joel, tells him that he has already accompanied his girlfriend to the clinic to receive SRH services. They acknowledge that their peers who have children, have a difficult life with many struggles, resulting with some dropping out of school. They all agree that they are not ready to be parents, pregnancy should only happen after completion of school.

Session Objective

- Increase knowledge to promote delayed childbirth
- Demonstrate that it is men’s responsibility to plan as well.
- Promote planning for youth’s life.
- Paper, pens and markers will be needed for this session.

Allocated time: 1hour 30 minutes

Scenario

If you don’t have the radio spot; conduct role plays using the scenario; play out different endings that promote individual choice on SRH, support from

- **Get two volunteers**

Step	Objective	Facilitator notes
Introduction/ Ice breaker	Introduce facilitator, Make the group comfortable, prepare them for a participative conversation as opposed to a reactive presentation	<ul style="list-style-type: none"> • Begin by introducing yourself and ask the members of the group to do the same. • Ask for the group’s permission to engage on matters that affect their health and future and establish how much time you’ll have with them for today’s sessions.
Play the radio message:	To engage them on radio spot and get their understanding of it.	<i>Get general reactions from the radio</i> Ask: What is this radio spot about? Build a story as you get feedback from the participants
Community identification of the problem	Get a feel of the community’s understanding of the problem.	Ask Let us discuss this situation (recap on radio spot) <ul style="list-style-type: none"> • Why is Ali unhappy? <i>Expect answers about: his girlfriend is threatening to break up with him; he is afraid of going to the health facility, the health facility is for women</i> • Is it common for students to have children while they are studying? What are some of the challenges that they experience? (write these on a flip chart)



Expect / probe for answers: Yes, very common for girls to drop out when they get pregnant. Boys have to fend for the family; or sometimes they girl has to figure it out because the boy has fled etc. Challenges: They have to drop out of school, the girl doesn't finish school, sometimes the boy also has to drop out to take care of his family – if the family refuses to take care of the child

- The radio script, the youth agree that they need to graduate first before they get children; what do we (as youth) need to do before we have children? (write them on a flip chart)

Expect / probe for answers: A school certificate; to allow you to get a job, a job will enable you to get money that will help you take care of your family, build a house , a steady girlfriend, etc

- Joel openly said that he went to the facility with his girlfriend; is that something that young men do?

Expect / probe for answers about: No, young men are shy to go to the health facility; they think it's not for them, or it's for women, they will be judged.

- What can we do so that more young men are going to the facility with their girlfriends to seek for SRH services?

Expect / probe for answers about: have youthful doctors, nurses who don't judge, a safe place etc

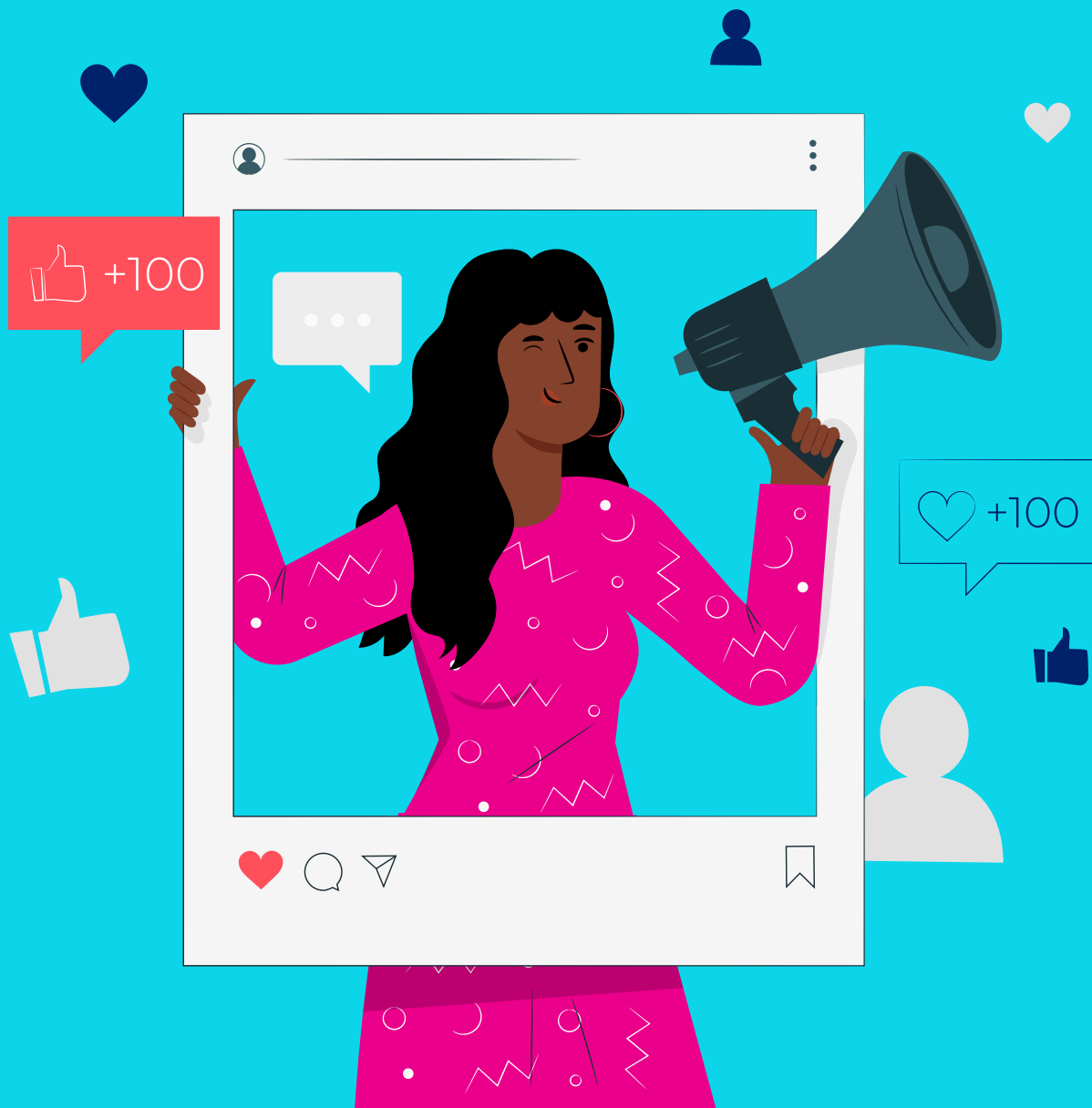
- Summarize key points coming from the discussion (for example...)

- It is common for young people here to drop out of school because of pregnancy.
- Many young men do not like going to the facility; but they can go to the facility if there is a youth friendly etc
- Men should be concerned about matters to do with contraceptives: planning for families (with their partner)

<p>Community identification of the solution</p>	<p>To bring out community-based solutions toward delayed childbirth</p>	<ul style="list-style-type: none"> • What kind of information do you think Joel and his girlfriend received? <p><i>Expect / probe for: Abstinence, use of contraception: which ones do we know of? (Pills, injections, IUD, condom, implants, EC) other methods: Withdrawal, etc</i></p> <ul style="list-style-type: none"> • And where can we get this kind of services? <p><i>Expect / probe for: at the health facility,</i></p>
<p>Summary/Call to action</p>	<p>Get the group to agree on key action steps they will take to prevent teenage pregnancy</p>	<p>Ask a couple of participants to summarize this session</p> <ul style="list-style-type: none"> • Young men & women don't necessarily want babies immediately after finishing school; they have other priorities • Young men in this community are not ready to get children • Men should be concerned about matters to do with planning for families (with their partner). There are various methods that exist • Where we can get this service.



INFLUENCERS



Neighbour		Target Audience: Men
<p><i>Synopsis: Mother and her are heading to the health centre, mother wants daughter to get reproductive health advice; they find their neighbour who discourages the mother on the grounds that the daughter is too young and that information will encourage her to have sex. Mother informs neighbour that it is better for her daughter to get correct information to protect her health and future.</i></p>		
<p>Session Objective</p> <ul style="list-style-type: none"> • Increase parents/ guardians support for SRH services • Break social norms around FP being for married people 		<p><i>Allocated time: 1hour 30 minutes</i></p>
<p>Scenario If you don't have the radio spot; conduct role plays using the scenario; play out different endings that promote individual choice on SRH and support from parents.</p>	<ul style="list-style-type: none"> • Get three volunteers to act • Read the scenario to them: refer to the above synopsis for details • Is there something you can learn from the role play? 	
Step	Objective	Facilitator notes
Play the radio message:	To engage them on radio spot and unpack it	<p><i>Get general reactions from the radio (refer to script, synopsis) Ask: What is this radio spot about? Build a story as you get feedback from the participants</i></p>
Community identification of the problem	Get a feel of the community's understanding of the problem and the really understand consequences.	<p>Let's discuss this scenario.</p> <ul style="list-style-type: none"> • Why is the mother taking the daughter to the health centre? <i>Expect / probe for: for daughter to get right information, avoid early pregnancies, daughter is afraid to go alone, wants her to get answers to her questions etc</i> • Do you support your children to access reproductive health information and services? <ul style="list-style-type: none"> - <i>Expect (yes/ No) Congratulate those supporting.</i> - <i>Probe for why they are not supporting:</i> - <i>Expect: Children are too young, unmarried, exposure to sexual activity, it's a taboo, it's against religion and community norms, an indication that children have boy/girlfriends etc</i> • What do think will happen if Salome doesn't get reproductive information? <ul style="list-style-type: none"> - <i>Expect: Probe answers around; listen to incorrect information from her friends, internet.</i> - <i>She will not be empowered to seek for SRH services.</i> - <i>Unplanned pregnancies, HIV, unhealthy relationships etc.</i>

	<ul style="list-style-type: none"> • How will this affect her life and dreams? <ul style="list-style-type: none"> - Expect / Probe answers around; she will get pregnant, get STIs, drop out of school, stigma, wont realise her dreams, becomes an embarrassment to her family, social isolation etc.
<p>Community identification of the solution</p> <p>To bring out community-based solutions for parents to support SRH services</p>	<p>Let's talk about you.</p> <ul style="list-style-type: none"> • What do you think about teenage pregnancies? How will it affect your family? <p>Expect / probe for: pregnancy complications, death of mother and child, abandoned babies, unsafe abortions, school drop outs, burden to the family, stigma from the community, shattered dreams of parents seeing their children complete school and get good jobs</p> • Why is it important for parents to support their children to get SRH information? <p>Expect / Probe answers around</p> <ul style="list-style-type: none"> - Parents play a big role in their children's lives and influence their decisions and behaviours. - When children get pregnant the burden falls back to the parents. - To protect your children's health and future - For the children to get correct information about SRH - To avoid unplanned pregnancies, child marriages - To support their children, seek contraceptive method • How can parents support their children to access SRH services? <ul style="list-style-type: none"> - Expect/ probe for: - Talking to the children about reproductive health services including contraceptives - Accompanying them to health facilities to access RH services - Encouraging them to participate in Youth Friendly Health Services - YFHS activities - Helping them get reproductive health materials - Identifying appropriate help from health workers etc

Summary/Call to action	Get the group to agree on key action steps they will take to support their children access correct SRH information and avoid unplanned pregnancies	Ask a couple of participants to summarize this session and to mention some of the tips that have been discussed.
Take home message	Key message that summarises the session that will be given by the facilitator of the session	Young people need to get information about reproductive health so that they can make the right choices about their health and plan their futures to avoid unplanned pregnancies. Your support is very important, it will protect their health and future.

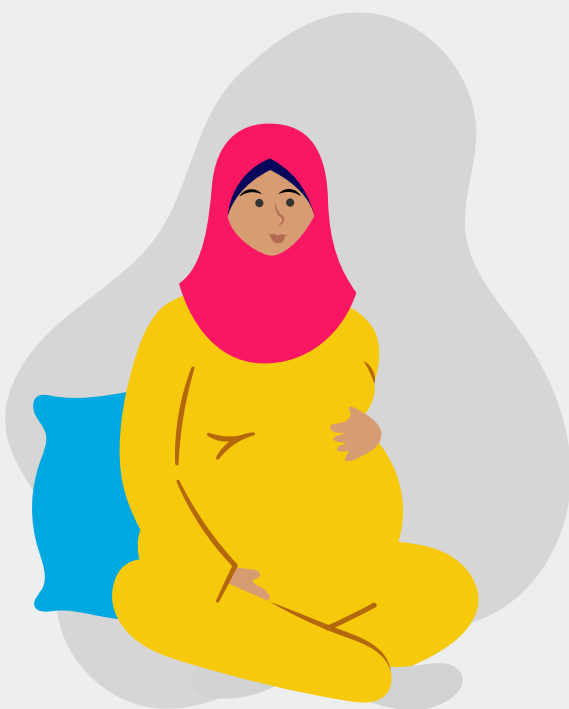
No more children	Target Audience: Community influencers
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Synopsis: A wife laments to her husband that they have enough children and they should stop having any more. He believes that children are blessings. His wife convinces him that with many children, they will not be able to take care of their children sufficiently (feed and educate). She urges him to take her to the clinic, reinforcing that he needs to take responsibility for their family.

Session Objective <ul style="list-style-type: none"> • Increase knowledge to promote child spacing • Increase male support for Family planning services • Challenge social norms FP is a woman's business 	What age range? Please specify	Allocated time: 1hour 30 minutes
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Scenarios may not necessary be used for community influencers

Step	Objective	Facilitator notes
Introduction/ Ice breaker	To engage them on radio spot and unpack it	Get general reactions from the radio (refer to script, synopsis) Ask: What is this radio spot about? Build a story as you get feedback from the participants
Community identification of the problem	Get a feel of the community's understanding of the problem and the really understand consequences.	Let us discuss this family (recap on radio spot). Ask <ul style="list-style-type: none"> • Is this scenario familiar – where a family has many children? • The husband on the radio spot says that each child is a blessing, and indeed they are – how have your children blessed your life? <ul style="list-style-type: none"> - Expect / probe for (they bring joy, happiness, they are smart, they get good jobs and bring in income, they bring blessings from God etc)



- **Following the radio spot; How does having many children impact their lives?**
 - Expect / probe for (not enough food, not enough money to cater for basic needs – education, health care etc)
- **The wife suggests to the husband to take her to the health facility to get advise on family planning – how does the man respond? – is this how we would respond.**
 - Expect / probe for (laughing, that it’s a women’s business etc)
- **Why is it important to accompany our wives to the health facility for family planning advise?**
 - Expect / probe for (to understand firsthand the pros and cons of using family planning methods (to space and limit child birth), to ask questions and express the concerns, to lead his family, be an example to other men)
- **Summarize key points coming from the discussion**
 - Children are blessings, however having many children can interfere with resources and ability to take care of each of them (little food, little money).
 - It is important for men to accompany their wives to the facility to understand the benefits of family planning, demonstrate leadership for his family, enhance communication with his wife – to agree on how many children they will have etc.

Community identification of the solution To bring out community-based solutions toward birth spacing

- **Discuss how many children are too many (acknowledge that everyone has their own way to know this; emphasize communication with their spouses.**
- **What ways are we familiar with for planning the desired number of children that we want? Discuss the feasibility of these options with the group of influencers:** Expect / probe for (Withdrawal, abstinence, use of FP - Pills, injections, IUD, condom, implants, Permanent methods
- **What family planning methods do we know about?** Expect / probe for (Pills, injections, IUD, condom, implants, Permanent methods etc)
- **In the case of the radio spot family – what method do you think would have been appropriate for them?**
- **In our community, are there households that are using family planning methods? Conduct a vote by asking them to raise their hands...)** Reaffirm those using; ask which methods they are using.

- Request for a volunteer (user) to speak of their experience (How was he involved? Did they go to a facility together? Are they happy?)
- Request for a volunteer (non-user) to speak of their experience and barriers. Expect myths, bad experience, it's a woman's issue etc). Throw questions back to the audience to debunk myths / give correct information where they do not know, clarify).
- **How can we help men like (non-user) to plan for this family appropriately?** Expect/ probe for: Give him information on FP, refer him and his wife to come for counselling at the health facility

Summary/Call to action Get the group to agree on key action steps they will take to prevent teenage pregnancy

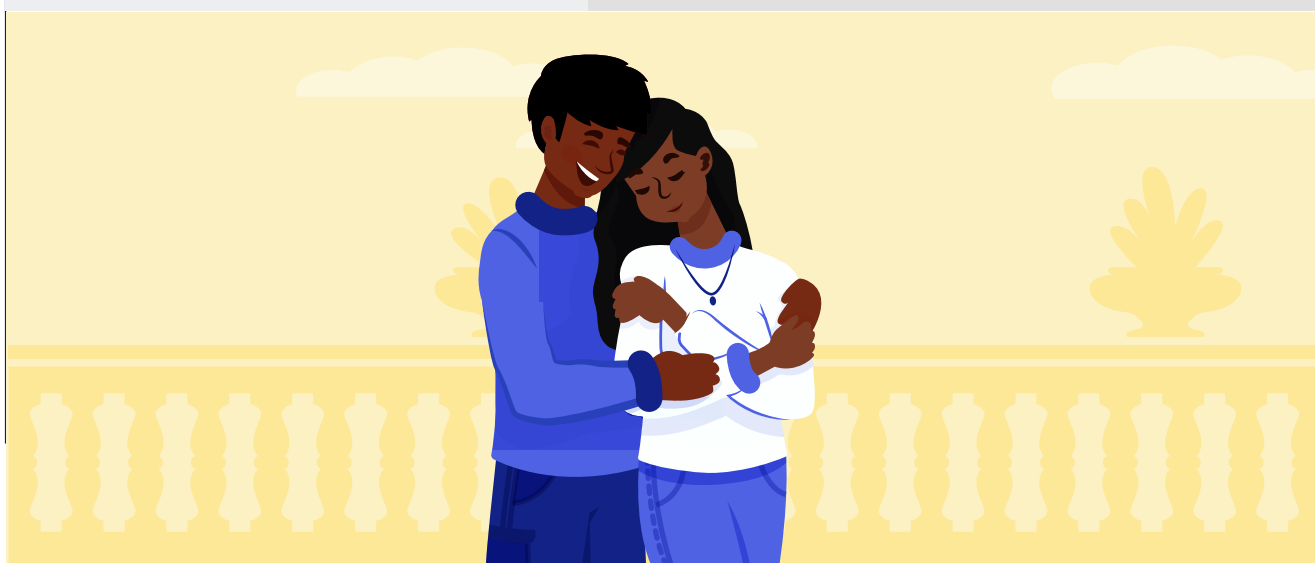
Ask a couple of participants to summarize this session on supporting young families to plan appropriately for their families

Summarize community status: children are blessings and, in this community, children have blessed us through bringing us joy etc

It is important for men to accompany women to the facility to get advice on family planning because he will understand better the pros and cons, he will be able to make a decision with his wife and he will show leadership for his family and be an example for other men.

Some households are using FP methods, some are not because of (myths, misconceptions, did not know the correct information).

As community influencers, we will support young families with information on family planning, encourage open communication with their wives as well as encourage them to visit the facility for counselling advise).



Abortion: Abortion is the ending of a pregnancy by removal or expulsion of an embryo or fetus before it can survive outside the uterus.

Birth spacing: Birth spacing interval refers to how soon after a previous pregnancy a woman becomes pregnant or gives birth again. There are health risks associated with births that occur too close together.

Calendar days / fertility awareness method: This approach is based on the regular patterns of fertility that most women have and avoid sex during the time of the month when the woman is most likely to become pregnant.

Ejaculation: During sex, the boy's penis injects sperm into the girl's vagina

Implantation: This is when the fertilised egg attaches to the womb and starts growing into a baby.

Fistula: A fistula is an abnormal passageway or tube between two or more body parts like intestines that are not normally joined together.

Myths and misconceptions: common rumors and misconceptions about different methods of family planning, misrepresentation of the truth about FP, widely held but false belief or idea about FP

Sexual Reproductive Health: Sexual reproductive health is the state of complete physical, mental and social well-being, in all matters relating to the reproductive system. This means that SRH is about how well our whole private parts are. In this case it implies that people have a satisfying and safe sex life; and have access to enough information to base their choices.

Stigma: Stigma is when people think that a person or group is worth less than others. In this case, there are people for think that young people shouldn't get SRH services due to different reasons.

Teenage pregnancy: It is pregnancy in females between the age of 13 to 19 years.

Puberty: Puberty is the physical, social, mental, emotional and behavioral changes that happen to young people as they move from being children to being adults. It happens between 10-19 years

Risk: A risk is a situation involving exposure to danger, harm or loss

Unsafe abortion: An unsafe abortion is the **termination of a pregnancy** by people lacking the necessary skills, or in an unhygienic environment lacking minimal medical standards, or both. It is a life-threatening procedure.

Family planning methods

Short Acting contraceptives / family planning methods

Pills	How to use	Limitations	Key points
<p>What it is? Pills are tablets containing hormones that is taken every day. It prevents release of egg, and blocks sperm from meeting egg by thickening cervical mucus.</p> <p>There are two kinds of pills Progestin only pills (POP) for breastfeeding women and combined oral contraceptives (COCs)</p> <p>Pills are safe and easy to use and effective when taken every day.</p> <p>They prevent anemia and make periods more regular, lighter and less painful</p>	<ul style="list-style-type: none"> - Take one pill every day. - When you finish a pack of pills, start a new pack the next day. <p>If you miss a pill: – Take missed pill as soon as possible. It is okay to take 2 pills at the same time.</p> <ul style="list-style-type: none"> - If you miss more than 2 days of pills in a row, use condoms for 7 days and keep taking pills. If you miss these pills in week, ALSO skip the reminder pills and start a new pack. 	<ul style="list-style-type: none"> - It must be taken every day same time therefore may be easy to forget- -Requires resupply Causes side effects in some women, mostly in the first few months of use, including: irregular spotting (small amount of bleeding between menses), absence of monthly bleeding (less common, but may occur), headaches, dizziness, nausea, breast tenderness and mood Swings · This goes away after first few months. 	<ul style="list-style-type: none"> – Take a pill every day. – Be sure you have enough pills. Get more before you run out. Pills don't protect you from STIs or HIV/AIDS.
Injectables	How to use	Limitations	Key points
<p>What it is – It is an injection containing hormones that prevent release of egg, and blocks sperm from meeting egg by thickening cervical mucus. It is a method that is given by injection in the arm or buttocks.</p> <p>There are three kinds of injectables: * Norigon (Progestrogen and Estrogen)– Its effects last for one (1) month month</p> <p>* Noristerat (Progestrogen only)– Its effects last for two (2) months</p> <p>* Depo Provera (Progestrogen only) – Its effects last for three (3) months.</p> <p>Injections are safe, they are very effective when on time and use can be kept private</p>	<ul style="list-style-type: none"> – Get an injection every 2 months (NET-EN) or 3 months (DMPA). – If breastfeeding, can start 6 weeks after childbirth. – Works best if you get your injections on time. If late for an injection: – DMPA: Can still get an injection up to 4 weeks late. – NET-EN: Can still get an injection up to 2 weeks late. If later, use condoms and return for an injection as soon as possible. 	<ul style="list-style-type: none"> – It can cause some short-term side effects such as irregular menstrual bleeding, dizziness and nausea. These side effects disappear after a few months of use – Possible slight weight change. – It causes delayed return to fertility -It may cause Amenorrhea (absence of menstruation). 	<ul style="list-style-type: none"> – Does not cause infertility. – Be sure to get next injection on time. – Injections don't protect against STIs or HIV/AIDS.

Family planning methods

Male condoms	How to use	Limitations	Key points
<p>What it is? – A thin rubber covering that fits over the erect penis. – Is a barrier that keeps sperm out of the vagina.</p> <p>Prevents both pregnancy and sexually transmitted infections including HIV/AIDS</p> <ul style="list-style-type: none"> • Effective when used correctly every time you have sex • Easy to get and use and doesn't require provider's help • Can be used as a temporary backup method of contraception 	<ul style="list-style-type: none"> – Put a new condom onto erect penis before each sex act. – Dispose of properly, in rubbish or latrine. <p>It can be purchased from clinics, drug stores, pharmacy shops and Community Volunteers</p>	<ul style="list-style-type: none"> – May cause decreased sexual sensitivity and pleasure • It can interrupt sexual activity • Requires skills to use properly and negotiate use with a partner • Need to use one condom for each sexual act • Some people (both men and women) may be allergic to the latex (rubber) • Condoms may break or slip off. 	<ul style="list-style-type: none"> – Can be used with other family planning methods to prevent sexually transmitted infections including HIV. – Important to use correctly every time you have sex. – Be careful not to tear condom when opening package or putting on. – Partners must agree to use. – Emergency contraceptive pills can be used if condom breaks or is not used.
Female condoms	How to use	Limitations	
<p>What it is – Plastic covering inserted into the vagina before sex. It has a flexible ring at each end. The inner ring is used for insertion and helps to hold the condom in place</p> <ul style="list-style-type: none"> – Is a barrier that keeps sperm out of the vagina. All women can use it (young, old and menopausal and women who are breastfeeding) • It can be worn earlier (few hours) before the sexual act to minimize interference during sex • It generates heat and therefore increases sexual stimulation • It prevents both pregnancy and STIs • Women-controlled method. 	<ul style="list-style-type: none"> – Insert new female condom into vagina before every sex act. – Dispose of properly, in rubbish or latrine. 	<ul style="list-style-type: none"> - May be difficult to insert It could interrupt sexual activity - Requires skills to use properly and negotiate use with a partner - Need to use one condom for each sexual act - Not culturally appropriate where a woman is not expected to hold a man's penis. 	

Family planning methods

Long Acting Contraceptive/ family planning methods

Implants	How to use	Limitations	Key points
<p>Implants are contraceptives of a set of small plastic capsules or flexible rods that are placed under the skin of a woman's arm that contain the hormone Progestogen</p> <p>What it is – Implants work by thickening cervical mucus, making it hard for sperms to penetrate (to pass through). They partially inhibit ovulation and reduce sperm movement making implantation less likely.</p> <p>Implants are safe to use and effective. They last for 3 to 5 years and can be removed any time if you want to get pregnant</p>	<p>Specially trained provider inserts the implants under the skin and removes them.</p> <ul style="list-style-type: none"> – Nothing to remember to do after insertion. 	<ul style="list-style-type: none"> – Changes in monthly bleeding including irregular bleeding, spotting, heavier bleeding or no monthly bleeding, are common and safe. – Possible slight weight change. – Abdominal pain -It may cause Amenorrhoea (absence of menstruation). <p>A trained health provider is needed to insert and remove the implants</p>	<ul style="list-style-type: none"> – Use another method if waiting for appointment. – Use condoms if you need protection from STIs or HIV/AIDS

INTRA UTERINE DEVICE (IUD)	How to use	Limitations	Key points
<p>What it is – Small, flexible, plastic "T" wrapped in copper wire that is placed in the uterus. It prevents sperm from meeting the egg. IUD is safe to use. It can be used for up to 12 years and can be removed any time if you want to get pregnant. IUD reduce risk of ectopic pregnancy and may help protect against cervical cancer</p> <p>Can be used by women any age</p> <p>No hormonal related side effects</p> <p>Doesn't interact with medication</p>	<p>Specially trained provider inserts the IUD in the uterus through the vagina and uterus. It is also removed by a specially trained provider.</p> <ul style="list-style-type: none"> – Can be put in right after you have a baby as well as at other times. – Nothing to remember to do after insertion. 	<ul style="list-style-type: none"> – Some cramps/pain and some spotting especially after insertion. - long and heavier bleeding during monthly bleeding in the first three months of use. <p>Must be inserted and removed by a trained health provider</p>	<ul style="list-style-type: none"> – Use another method if waiting for appointment. – Use condoms if you need protection from STIs or HIV/AIDS. IUCDs do not; • Leave the womb and move around the body. • Get in the way during intercourse, although sometimes the man may feel the strings. • Rust inside the body, even after many years.

Family planning methods

Permanent family planning methods

Tubaligation/ Female sterilization	How to use	Limitations	Key points
<p>Tubal Ligation is simple operation in which the tubes that carry the woman's eggs to the womb are cut and blocked by a specially trained provider</p> <p>It is a safe and permanent method – for women or couples who will not want more children. It is one of the most effective methods</p>	<p>The eggs cannot meet the man's sperm so the woman cannot get pregnant</p> <p>The woman still has a period every month till she reaches menopause</p> <p>She looks and feels the same as she did before he operation.</p> <p>The woman's womb is not taken away</p>	<ul style="list-style-type: none"> – May have soreness for a few days after procedure. – Some minor lower abdominal pains. 	<ul style="list-style-type: none"> – It is a Permanent/irreversible method. –It does not protect against STIs or HIV/AIDS.
Vasectomy	How to use	Limitations	Key points
<p>Vasectomy is a simple operation done by a specially trained provider in which the tubes that carry the sperms in a man are cut and closed.</p> <p>Safe and permanent method – for men or couples who will not want more children</p> <ul style="list-style-type: none"> • No interference with sexual intercourses. 	<p>It works by keeping sperm out of semen.</p> <p>When the tubes are cut, the man still makes semen (the milky liquid) when he has sexual intercourse, but there are no sperms in it. Since there are no sperms in the man's liquid, the woman cannot get pregnant. The man can still have an erection and can still enjoy sex and looks and feels the same as he did before the operation. Testicles are not removed.</p>	<ul style="list-style-type: none"> – You need to use another method until 3 months are over. – Vasectomy is irreversible. Only men who do not want to father anymore children should consider this method. – May have bruising and soreness for a few days after procedure. 	<ul style="list-style-type: none"> – Does not decrease sex drive, erection or ejaculation. – Permanent method. – Use condoms if you need protection from STIs or HIV/AIDS.

Source: *Technical Resource Package for Family Planning and guide to family planning for community health workers and their client by WHO*

Rumors and Misconceptions about Implants

Rumor or Misinformation	Facts & Realities: Information to Combat Rumors
I have heard that you can remain infertile after removal of implants.	Implants stop working once they are removed and their hormones do not remain in your body. The implant will not affect your ability to have another child. You can become pregnant again once your implant is removed.
I am afraid the implant will move from my arm to other parts of my body.	Implants cannot travel to other parts of your body. They remain where they are inserted until they are removed. In rare cases, a rod may start to come out of the skin, usually during the first four months since insertion. This typically happens because the implants were not inserted well or because of an infection at the insertion site. If the implant does come out, you should return to the clinic as soon as possible and use a back-up family planning method in the meantime. Your health care provider can replace the implant.
It stops my bleeding so that blood cannot leave my body.	Changes in menstrual bleeding like spotting, or prolonged bleeding, or no menstrual bleeding are common. These side effects are normal and are not a sign of sickness. The absence is similar to the effect pregnancy has on your body and is the effect of the hormones in the implant. If you start taking the POP and experience side effects that you are not happy about, such as change in sex drive, speak to your provider about swapping to a different method
Implants can't be used following an abortion.	Implants are appropriate for use immediately post abortion (spontaneous or induced), in either the first or second trimester, and should be initiated within the first seven days post abortion, or anytime the provider can be reasonably sure that the client is not pregnant. Ovulation returns almost immediately post abortion: within two weeks for first-trimester abortion and within four weeks for second-trimester abortion. Within six weeks after an abortion, 75% of women have ovulated and can become pregnant again.
I heard that an implant may cause an abortion if you are pregnant when it is inserted.	Implants do not cause an abortion. There is good evidence that the implant will not harm a baby if you are already pregnant when the implant is put in. Your provider will check carefully to make sure you are not pregnant before the implant is inserted.
I have heard that the implant is very painful to have inserted and sometimes it causes an infection and it is hard to remove once it has been inserted.	Health providers who insert implants have been specially trained to insert the implant. The provider will give you a small injection in your arm so that you do not feel the insertion. The incision is very small and does not require stitches. Your arm may be a bit sore for a few days, but this will go away. Infection can occur after the implant has been inserted, but this is very rare. If it happens you should return to your provider to be treated.
You might get cancer or go blind if you have an implant inserted.	After the implant is inserted, you may have changes in your menstrual bleeding. In some cases, women complain of headaches, abdominal pain or breast tenderness. These are not signs of illness and will usually go away within the first year of use. You will not get cancer or go blind of the because the implant. If you are worried about side effects, or if you prefer to switch to another method, speak to your provider.

Rumors and Misconceptions about Implants

Rumor or Misinformation

Facts & Realities: Information to Combat Rumors

Implants cause birth defects

No. Good evidence shows that implants will not cause birth defects and will not otherwise harm the fetus if a woman becomes pregnant while using implants or accidentally has implants inserted when she is already pregnant.

Rumors and Misconceptions about IUD

Rumor or Misinformation

Facts & Realities: Information to Combat Rumors

The thread of the IUD can trap the penis during intercourse.

The strings of the IUD are soft and flexible, and cling to the cervix or walls of the vagina and are rarely felt during intercourse. Sometimes a partner can feel the strings right after the IUD is inserted, before they soften and wrap around the cervix. This usually resolves within a few weeks after insertion. If the partner continues to feel the strings, it may be because the strings were cut too short and are not long enough to cling to the cervix. If this happens, it can be cut even shorter, leaving just enough string to be able to grasp with forceps. The IUD cannot trap the penis, because it is located within the uterine cavity and the penis is positioned in the vagina during intercourse. The string is too short to wrap around the penis and cannot injure it. (For greater reassurance, use a pelvic model to show how an IUD is inserted or demonstrate with your fingers how it would be impossible for the IUD to trap the penis.)

A woman who has an IUD cannot do heavy work.

Using an IUD should not stop a woman from carrying out her regular activities in any way. There is no correlation between the performance of chores or tasks and the use of an IUD.

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

There is no passage from the uterus to the other organs of the body. The IUD is placed inside the uterus and unless it is accidentally expelled, stays there until it is removed by a trained health care provider. If the IUD is accidentally expelled, it comes out of the vagina, which is the only passage to the uterus.
Rarely, the IUD may come through the wall of the uterus into the abdominal cavity. This is most often due to a mistake during insertion. Usually, the out-of-place IUD causes no problems and should be left where it is, though the woman will need another contraceptive method.
The provider can teach the client how to feel for the string, if the client is comfortable doing so

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Rumors and Misconceptions about IUD

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<p>A woman can't get pregnant after using an IUD.</p>	<p>A woman's fertility returns to normal very soon after the IUD is removed. Studies have shown that most women who discontinue the IUD become pregnant as rapidly as those who have never used contraception. Good studies find no increased risk of infertility among women who have used IUDs, including young women and women with no children.</p>
<p>A woman who was using an IUD became pregnant. The IUD became embedded in the baby's forehead.</p>	<p>The baby is very well-protected by the sac filled with amniotic fluid inside the mother's womb. If a woman gets pregnant with an IUD in place, the health provider will remove the IUD immediately due to the risk of infection. If for some reason the IUD is left in place during a pregnancy, it is usually expelled with the placenta or with the baby at birth.</p>
<p>The IUD rots in the uterus after prolonged use.</p>	<p>Once in place, if there are no problems, the IUD can remain in place up to 12 years. The IUD is made up of materials that cannot deteriorate or "rot." It simply loses its effectiveness as a contraceptive after 12 years.</p>
<p>Women who have never given birth cannot use an IUD.</p>	<p>Uterine enlargement by pregnancy, even when the pregnancy ends in abortion or miscarriage promotes successful IUD use. Because a woman who has not had children has a smaller uterus than a woman who has been pregnant, the IUD is slightly more likely to come out but is still safe and effective for use by women who have never had a child or been pregnant.</p>
<p>The IUD causes ectopic pregnancy.</p>	<p>No. On the contrary, IUDs greatly reduce the risk of ectopic pregnancy. Ectopic pregnancies are rare among IUD users. The rate of ectopic pregnancy among women with IUDs is 12 per 10,000 women per year.</p>
<p>IUDs cause Pelvic Inflammatory Disease (PID) and must be removed when it occurs.</p>	<p>By itself, the IUD does not cause PID. Gonorrhea and chlamydia are the primary direct causes of PID. IUD insertion when a woman has gonorrhea or chlamydia may lead to PID, however. This does not happen often. When it does, it is most likely to occur in the first 20 days after IUD insertion.</p> <p>It has been estimated that, in a group of clients where STIs are common and screening questions identify half the STI cases, there might be 1 case of PID in every 666 IUD insertions (or less than 2 per 1,000).</p>

Rumors and Misconceptions about IUD

Rumor or Misinformation	Facts & Realities: Information to Combat Rumors
<p>Women infected with HIV cannot use an IUD.</p>	<p>IUD use appears to be safe for HIV-infected women with mild or no clinical disease, whether or not they are on antiretroviral therapy. However, women who have HIV with advanced or severe clinical disease should not have an IUD inserted. IUDs do not increase the risk of becoming infected with HIV or transmitting HIV to a partner. Women who have HIV or at risk for HIV should correctly and consistently use condoms along with the IUD to help prevent transmission of HIV and other STIs.</p>

Rumors and Misconceptions about Progestin Only Pills (POPs)

Rumor or Misinformation	Facts & Realities: Information to Combat Rumors
<p>I only need to take POPs when I have sex with my partner.</p>	<p>A woman must take her POP every day in order not to become pregnant. (ask them if they can be a grandmother and grandfather at the same time) Either she takes them every day and she will not become pregnant, or she only takes them sometimes and may become pregnant. POPs only protect against pregnancy if she takes them every day. If she misses one pill, she should take two as soon as she remembers.</p>
<p>I am still protected from pregnancy when I stop taking POPs if I have been using them long enough.</p>	<p>A woman is only protected for as long as she actually takes POPs every day.</p>
<p>It is harmful not to have monthly bleeding while taking POPs.</p>	<p>Some women stop having monthly bleeding while taking POPs. This is not harmful and not a sign that anything is wrong. If a woman is not having monthly bleeding, it does not mean that the blood is building up in her body. It means her body is not producing the monthly lining of the uterus, so she does not need to shed it. Not having monthly bleeding also probably does not mean she is pregnant, especially if she is breastfeeding, or if she has been taking her pills every day.</p>
<p>POPs will build up in your body.</p>	<p>It is not possible for POPs to accumulate in the body. POPs are swallowed and dissolved in a woman's body just like other medicines and food. The substances in POPs are absorbed by the digestive system and circulated throughout the body by the blood. (Demonstrate how a pill dissolves in a glass of water.)</p>

Rumors and Misconceptions about Progestin Only Pills (POPs)

Rumor or Misinformation	Facts & Realities: Information to Combat Rumors
POPs are dangerous and cause cancer.	Numerous studies have disproved this rumor. Though there are few large studies on POPs and cancer, smaller studies have disproved this rumor. Larger studies of implants, which have similar hormones as POPs but twice the dosage, have not shown any increased risk of cancer. POPs have been used safely by millions of women for over 40 years.
POPs causes abnormal or deformed babies.	There is NO medical evidence that POPs causes abnormal or deformed babies. There have always been incidences of abnormalities and birth defects, long before the POP was invented. Birth defects are usually caused by genetic (e.g., Down Syndrome) or environmental factors (e.g., drugs, exposure to toxic waste and chemicals).
Taking POPs is the same as having an abortion.	POPs are taken to prevent conception , not to cause an abortion. POPs cervical mucous to block sperm from meeting an egg and prevents ovulation so that fertilization cannot occur. Both prevent a pregnancy (and therefore any chance of an "abortion").
POPs cause the birth of twins or triplets.	POPs has no effect on the tendency toward multiple births. The tendency to have twins usually runs in families. That is, if there have been multiple births in either the man's or woman's family, then the chances of having twins are greater. Multiple births may also be triggered by fertility medication or by drugs taken to induce pregnancy.
POPs makes you more likely to have an ectopic pregnancy (a pregnancy somewhere outside of the uterus).	POPs actually reduces the risk of ectopic pregnancy. Ectopic pregnancies are very rare among POP users. The ectopic pregnancy rate among women in the United States using no contraceptive method is 65 per 10,000 women per year. For women using POPs, the rate is only 48 per 10,000 women per year. Even though ectopic pregnancies are rare and not increased by POPs, an ectopic pregnancy can be life-threatening so
POPs causes diarrhea in breastfeeding babies.	Evidence shows that POPs have no health impact on babies who are breastfeeding, including diarrhea. POPs do not affect a baby's growth in any way.
POPs will make a breastfeeding women's milk to dry up.	Lots of research has been done on this. This research shows that POPs do not affect the quality or quantity of milk production. They are a good choice for a breastfeeding mothers, starting any time after delivery.
POPs can't be used following an abortion.	LPOPs are appropriate for use immediately post-abortion (spontaneous or induced), in either the first or second trimester, and should be initiated within the first seven days post abortion, or anytime the provider can be reasonably sure that the client is not pregnant. Ovulation returns almost immediately post abortion: within two weeks for first-trimester abortion and within four weeks for second-trimester abortion. Within six weeks after an abortion, 75% of women have ovulated. Immediate use of POPs post abortion does not affect return to fertility following discontinuation of POPs.

Rumors and Misconceptions about Progestin Only Pills (POPs)

Rumor or Misinformation	Facts & Realities: Information to Combat Rumors
POPs causes infertility or make it more difficult for a woman to become pregnant once she stops using it.	Studies have clearly shown that using POPs does not cause infertility or decrease a woman's chances of becoming pregnant once she stops taking it. A woman's bleeding pattern she has before she started using POPs usually returns when she stops taking POPs. Some women may have to wait a few months before their usual bleeding pattern returns.
POPs are only for breastfeeding women.	POPs are most effective for breastfeeding women because they combine with the effects of lactational amenorrhea. However, they can be a very effective method for non-breastfeeding women, too. Non-breastfeeding women must be very careful to take the pill at the same time each day to make it as effective as possible.
POPs change a woman's mood or sex drive.	Generally, no. Some women using POPs report these complaints. The great majority of POP users do not report any such changes. However, some women report that their mood and sex drive improve. It is difficult to tell whether such changes are due to the POPs or to other reasons. There is no evidence that POPs affect women's sexual behavior. If you start taking the POP and experience side effects that you are not happy about, such as change in sex drive, speak to your provider about swapping to a different method.

Rumors and Misconceptions about Combined Oral contraceptives

Rumor or Misinformation	Facts & Realities: Information to Combat Rumors
I only need to take COCs when I have sex with my partner.	A woman must take her COC pill every day in order not to become pregnant. (ask them if they can be a grandmother and grandfather at the same time) Either she takes them every day and she will not become pregnant, or she only takes them sometimes and may become pregnant. COCs only protect against pregnancy if she takes them every day. If she misses one pill, she should take two as soon as she remembers.
I am still protected from pregnancy when I stop taking COCs if I have been using them long enough.	A woman is only protected for as long as she actually takes COCs every day.
COCs make you weak.	Sometimes women feel weak for other reasons, but they are also taking COCs, so they think it is COCs that causes the weakness. If a woman feels weak, she should keep taking her COCs every day and go to see a doctor. COCs do not make a woman weak. A doctor should be seen to try to find out what else is causing weakness in a woman

Rumors and Misconceptions about Combined Oral contraceptives

Rumor or Misinformation	Facts & Realities: Information to Combat Rumors
COCs will build up in your body.	It is not possible for COCs to accumulate in the body. COCs are swallowed and dissolved in a woman's body just like other medicines and food. The substances in COCs are absorbed by the digestive system and circulated throughout the body by the blood. (Demonstrate how a pill dissolves in a glass of water.)
COCs are dangerous and cause cancer.	Overall risk of developing cancer over a lifetime is similar among women have used COCs and women who have not used COCs. COC users may have small increases in risk of some types of cancer, but they also have long-term reductions in other types of cancer. Studies show that COCs can protect women from some forms of cancer, such as those of the ovary and endometrium and possibly colorectal cancer. Research about COCs and breast cancer are more difficult to interpret, but it appears that breast cancer was slightly more common among women using COCs and those who had used COCs in the last 10 years than among other women. However, they do not know if this is because COCs caused the slight increase in breast cancers or that the cancers were already there before COC use but were found sooner in COC users.
Taking COCs is the same as having an abortion.	COCs is taken to prevent conception, not to cause an abortion. COCs prevents ovulation so that fertilization cannot occur, preventing a pregnancy (and therefore need for an "abortion"). They do not disrupt an existing pregnancy. They should not be used to try to cause an abortion, as they will not do so.
COCs cause the birth of twins or triplets.	COCs has no effect on the tendency toward multiple births. The tendency to have twins usually runs in families. That is, if there have been multiple births in either the man's or woman's family, then the chances of having twins are greater. Multiple births may also be triggered by fertility medication or by drugs taken to induce pregnancy.
Women who take COCs for several years need to stop COCs to give the body a "rest period."	A "rest period" from taking COCs is not necessary and a woman may use COCs for as many years as she wants to prevent a pregnancy. There is no evidence that taking a "rest" is helpful. In fact, taking a "rest" from COCs can lead to unintended pregnancy.
COCs can't be used following an abortion.	COCs are appropriate for use immediately post-abortion (spontaneous or induced), in either the first or second trimester, and should be initiated within the first seven days post abortion, or anytime the provider can be reasonably sure that the client is not pregnant. Ovulation returns almost immediately post abortion: within two weeks for first-trimester abortion and within four weeks for second-trimester abortion. Within six weeks after an abortion, 75% of women have ovulated. Immediate use of COCs post abortion does not affect return to fertility following discontinuation of COCs.

Rumors and Misconceptions about Combined Oral contraceptives

Rumor or Misinformation	Facts & Realities: Information to Combat Rumors
<p>COCs cause infertility or makes it more difficult for a woman to become pregnant once she stops using it.</p>	<p>Women who stop using COCs can become pregnant as quickly as women who stop non hormonal methods. COCs do not delay the return of a woman's fertility after she stops taking them. Studies have clearly shown that COCs does not cause infertility or decrease a woman's chances of becoming pregnant once she stops taking it.</p>
<p>COCs will make me gain or lose weight.</p>	<p>No. Most women to not gain or lose weight due to COCs. Weight changes naturally as life circumstances change and as people age. Because these changes in weight are so common, many women think that COCs cause these gains or losses in weight. A few women experience sudden changes in weight when using COCs. These changes reverse after they stop taking COCs. It is not known why these women respond to COCs in this way.</p>
<p>COCs change a woman's mood or sex drive.</p>	<p>Generally, no. Some women using COCs report these complaints. The great majority of COC users do not report any such changes. However, some women report that their mood and sex drive improve. It is difficult to tell whether such changes are due to the COCs or to other reasons. There is no evidence that COCs affect women's sexual behavior. If you start taking the COC and experience side effects that you are not happy about, such as change in sex drive, speak to your provider about swapping to a different method</p>
<p>COCs prolong pregnancy. A woman who took COCs before she got pregnant delivered almost two months after her expected date of delivery.</p>	<p>COCs do not prolong pregnancy in any way. An example such as this was probably a simple case of not calculating the date of conception correctly.</p>

Rumors and Misconceptions about Emergency contraceptive pills

Rumor or Misinformation	Facts & Realities: Information to Combat Rumors
ECPs have very bad side effects	ECPs are safe. Most women have no side effects. ECPs can cause changes in monthly bleeding patterns, with the next menstrual period coming early or late. ECPs may cause nausea / vomiting, headaches, dizziness, cramping, fatigue, or breast tenderness. These side effects are not common and are not serious. They usually go away within a few days after you take the ECPs.
ECPs are dangerous and cause cancer.	Numerous studies have disproved this rumor. ECPs have been used safely by millions of women for over 30 years and have undergone rigorous testing. They are safe for all women, even women who cannot use ongoing hormonal contraceptive methods.
ECPs can cause birth defects if taken by a woman who is already pregnant.	ECPs will not harm a fetus if a woman is already pregnant, nor will they cause birth defects. If ECPs are taken after a pregnancy has been established, they will have no harmful effects on either the woman or the fetus.
ECPs can cause an abortion if you are already pregnant	ECPs are taken to prevent conception, not to cause an abortion. ECPs prevent ovulation. They prevent the release of an egg from the ovary or delay its release by 5 to 7 days. If a woman is already pregnant it has no effect on the pregnancy.
If the emergency contraceptive pills do not work and I become pregnant, the pregnancy may not be normal.	Evidence shows that ECPs do not change the course of a pregnancy or harm a fetus if a woman is already pregnant when she takes ECPs or if ECPs do not prevent pregnancy.
I heard that I can use emergency contraceptive pills every time I have sex.	A woman can use ECPs whenever she needs them, even more than once in the same cycle. There are no health risks to repeated use of ECPs. However, relying on ECPs as an ongoing method is not advised. This is because ECPs taken every time after sex is probably not as effective as regular, continuing methods of contraception. Also, women who often take ECPs may have more side effects.
I have heard that emergency contraceptive pills prevent sexually transmitted infections.	No. ECPs do not protect against HIV/AIDS or other sexually transmitted infections (STIs) like syphilis, gonorrhea, chlamydia, and herpes. If you are worried about whether you have an infection, talk to your health care provider or pharmacist about your concerns and ask how you can get treatment and protect yourself in the future.
ECPs can cause infertility or makes it more difficult for a woman to become pregnant once she has used it.	Studies have clearly shown that ECPs do not cause infertility or decrease a woman's chances of becoming pregnant in the future.

Rumors and Misconceptions about Emergency contraceptive pills

Rumor or Misinformation	Facts & Realities: Information to Combat Rumors
<p>Adolescents are too young to take ECPs.</p>	<p>Studies of ECPs among adolescents have found that they are safe and effective for adolescents. They also found that adolescents were able to use ECPs correctly and that access to ECPs does not influence sexual behavior. The safety of ECPs does not change with age; therefore, they carry no added risks for young people. ECPs are safe and an important option for young women. The consequences of an unintended pregnancy can be particularly high for young women. Barriers to accessing other contraceptives, stigma, limited ability to plan for sex, errors in using other contraceptive methods, and high rates of forced sex all make ECP an important method for adolescents to have access to.</p>
<p>Easy access to ECPs may encourage women, especially adolescents to increase risky sexual behavior or decrease their regular use of contraception.</p>	<p>Studies show that increased access to ECPs does not increase risky sexual behavior or decrease regular contraceptive use. Studies compared women who received ECPs in advance for use as needed with women who received it only after unprotected sex. The research showed that there was no difference between the two groups in the frequency of unprotected sex. These studies also showed that women who had ECPs on hand took them sooner after having unprotected sex than women who had to seek them out, which increases their effectiveness. They were also generally more likely to use ECPs. They continued to use other contraceptive methods as they did before getting the ECPs in advance.</p>

Rumors and Misconceptions about condoms

Rumor or Misinformation	Facts & Realities: Information to Combat Rumors
<p>Condoms usually have holes or other manufacturing defects.</p>	<p>Condoms are considered to be Class II Medical Devices. This means that the manufacturing of condoms is strictly regulated, so condoms must meet FDA and FDA-recognized industry standards. FDA inspects the condom manufacturing facilities on a periodic basis to ensure condom quality. Condom manufacturers electronically test every condom for holes and other defects. They also conduct additional testing on random condoms from each batch (usually involving a water leak test to detect holes and an air burst test to check the strength of the condom).</p>
<p>Condoms don't protect against STIs like Chlamydia and Gonorrhea</p>	<p>STIs like chlamydia, gonorrhea, syphilis, and trichomoniasis are spread through genital secretions. Condoms provide excellent protection against these diseases because they act as a barrier, blocking the secretions that cause these STIs.</p>
<p>Using two condoms provide better protection than one</p>	<p>Using more than one condom can create a lot of friction, which can cause the condom to break or tear. Not only should you only use one condom at a time, but a male condom should also not be used with a female condom.</p>

Rumors and Misconceptions about condoms

Rumor or Misinformation	Facts & Realities: Information to Combat Rumors
Condom size matters	When it comes to using condoms, no matter how big or small your penis is, a standard condom will fit. Think about it, you can fit your whole fist into a condom, which goes to show how much a condom can stretch.
Condoms may offer some protection against STIs but not HIV	<p>Studies have consistently and conclusively shown that condoms provide an effective barrier against HIV, the virus that causes AIDS.</p> <p>It has been found that among couples in which one partner is infected with HIV, consistent condom use lowers the risk of HIV transmission from men to women as well as from women to men.</p>
Condoms Aren't Effective at Preventing Pregnancy	When used properly and every time you have sex, condoms are 98% effective. Properly means; using a condom every time you have sex, correctly using a condom (putting it on wrong / inside out, not wearing a condom the entire time, putting it on too late/taking it off too soon, not wearing the proper size condom), proper storage of condoms and not reusing condoms.
Condoms are uncomfortable and difficult to use	<p>Many condoms actually have extra features (like special warming/tingling lubrication and bumps/ridges) that can actually make sex more pleasurable for both men and women. As with any new behavior, at first, you may need to practice putting on a condom correctly.</p> <p>Usually, the trickiest part is knowing which way to roll on a condom. A good rule of thumb is that a condom should go on like a hat (not like a shower cap); you should be able to easily roll it down without having to stick your fingers inside of it to unroll. However, with a little practice, condoms are very easy to use, and couples may incorporate sexy ways of putting a condom on into their sex play.</p>
Condoms can be re-used	Nope, condoms can only be used once! One round, one condom, it's that simple. After using the condom, you need to get rid of it. Even if you don't use the condom but have already taken it out of the packet, throw it away.

Source: *Technical Resource Package for Family Planning*

Energisers/ activities

Name introduction

This game is good for large groups. The group stands in a circle with lots of room between participants. Each person introduces his/her name while making a body movement and gesture and stepping into the circle. For example a participant might jump into the circle and her arms outstretched say "I am Bonang". After this introduction the whole group does exactly as she did, together, copying her with the same body movement, gesture and words. The next participant goes into the circle introducing herself/himself with their name, a different body movement and gesture and again the other participants copy. This continues around the circle, each participant introducing himself/herself in this manner. The trainer can set the play-like mood for the game by starting off with a silly example, to put everyone at ease.

Trust Activity:

Mark a route with obstacles in a designated area, with some obstacles requiring people to duck and others requiring people to crawl. Divide participants into pairs and ask one person in a pair to be a guide while the other person is blindfolded. The guide should take the blindfolded person through the obstacles instructing them in order to complete a course within a given time. On completion ask them to swap. They should not hold hands, but walk along the side of those blind folded.

When finished, ask them the following questions:

How did it feel going through the obstacles blindfolded?

- How much confidence did you have in your guides?
- Did you trust them? Did you feel safe under their instructions?
- What did this exercise teach us as individuals and as a group?

Listening Activity

In pairs, ask one person to talk about something that made them very happy. Tell the other person to listen carefully to the story, without speaking, for two minutes. Now ask the listeners to stop listening.

The speakers continue to talk about their happy event for two minutes. Call 'stop'. Ask the pairs to change roles and repeat the activity.

In the big group, ask:

- How did it feel when your partner listened to you?
- How did you know they were listening?
- How did it feel when your partner did not listen to you?

Explain that the group that it is vital to listen to one another because we are going to learn and talk about topics that are important to young people and which will help them to be happy, healthy and safe using different fun activities.

Energisers/ activities

River Bank:

Have the participants form a circle or a line. Explain: "We are all standing on the bank of a river. When I say 'river' I want you to take one big jump in the middle". (Have everybody jump into the middle). "When I say bank, I want you to jump back onto the bank". (Have them take one big jump backwards to the bank).

Start out by calling out 'river!', 'bank!', 'river!', 'bank!' with the participants jumping back and forth, according to what you say. Try to trick them by calling out 'river!' when you are already in the river or 'bank' when you are already on the bank. If someone makes a mistake, they leave the circle. The exercise continues until one person wins.

Charades:

One volunteer will select a card from a bag or container. Different kinds of emotions (exhaustion, happiness, sadness, anger, illness etc.) will be written on the cards. Then the volunteer will perform the emotion stated in the card. Then participants will then guess the emotion she tried to express. Ask them if they have ever expressed such an emotion in their own relationships. If so, how did their partners react – did they read that the expression meant something?

Animal Groups:

Hand out to each participant a slip of paper with the name of an animal, e.g. cow, dog, cat, donkey, goat, lion (the number of different kinds of animals, representing the number of groups required). Ask participants to find members of the same group by miming and making the sounds of the animal. This can also be done with participants' eyes closed.

