



FEMALE CAREGIVERS SESSIONS

Girl Shine Early Marriage Curriculum for Caregivers

Girl Shine



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FEMALE CAREGIVERS TOOL



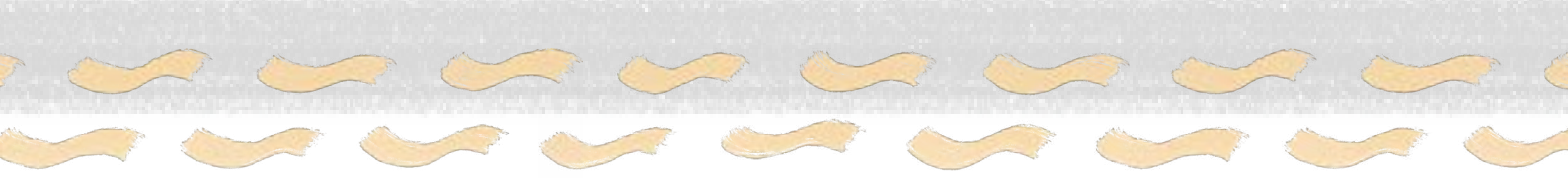


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INTRODUCTION

CEFM: FEMALE CAREGIVERS TOOL

WORKSHOP FOR FEMALE CAREGIVERS ON CEFM

This manual is part of a holistic programme, called **ENGAGE**, for preventing, mitigating, and responding to child, early and forced marriage (CEFM) through community outreach and gender-based violence (GBV) response service provision. **ENGAGE** – *Enhancing Girl's Agency and Gender Equality Programme*, aims to empower and provide additional support to adolescent girls, mobilise families and communities, whilst improving the capacity of frontline workers.

OBJECTIVES

The **CEFM: Female Caregivers Tool** is a learning tool, which is designed to be adapted based on the needs of female caregivers in a given context.

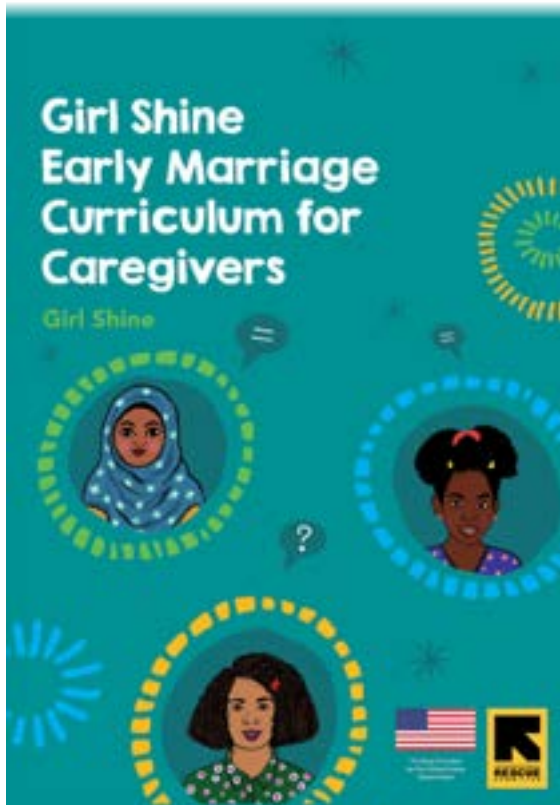
INTERMEDIATE OUTCOMES:

- Female Caregivers are aware of the harmful impacts of CEFM
- Female Caregivers value and support alternatives to CEFM
- Female Caregivers support gender equality and challenge harmful gender norms

LONG-TERM OUTCOMES:

- Female Caregivers support gender equality and challenge harmful gender norms
- Female Caregivers take greater action to end child marriage (including refusing to marry girls)
- Men and boys prefer not to marry girls who are still children
- Girls at risk of CEFM participate in decisions that affect them, including regarding relationships

In agreement with the International Rescue Committee (IRC), Norwegian Church Aid (NCA) will utilise parts of **GIRL SHINE EARLY MARRIAGE CURRICULUM FOR CAREGIVERS**¹, including the following introduction and guidance:



INTRODUCTION TO THE CURRICULUM

The Early Marriage Curriculum's main focus is on delaying marriage and responding to the needs of married girls. This curriculum also incorporates other forms of gender-based violence (GBV), but it goes much deeper into the subject of early marriage than the Girl Shine Life Skills Curriculum does.

In terms of delaying marriage, the content of the curriculum aims to:

- 1 unpack the drivers of early marriage;
- 2 raise awareness of the risks of early marriage;
- 3 support girls and caregivers to find alternatives to marriage;
- 4 support girls and caregivers to strengthen relationships with each other; and
- 5 build social support and solidarity amongst girls.

In terms of responding to the needs of married girls, the content of the curriculum aims to support young mothers, married, divorced, and widowed girls to understand and claim their rights. This is accomplished by (1) providing them with information about their bodies; (2) providing them with information on how to influence decisions; and (3) encouraging girls and caregivers to strengthen their relationships with each other and build social support and solidarity amongst girls.

A summary of each session and how to implement it is offered below, and each session's materials—which can be found within the curriculum—will provide more detailed instructions on how to prepare in advance.

¹ International Rescue Committee, Girl Shine Early Marriage Curriculum for Caregivers: https://gbvresponders.org/wp-content/uploads/2022/07/Part-3A_HighRes_English.pdf

SCOPE & SEQUENCE

PRE-SESSION

IMPLEMENTATION GUIDANCE

- The pre-session assessment should be completed with participants, either before the sessions start or at the end of the first session. It must be completed before session 2 commences.



Core

Optional

IRC Girl Shine Early Marriage Curriculum

NCA ENGAGE

SESSION 1:

INTRODUCTION TO THE PROGRAMME

IMPLEMENTATION GUIDANCE

- This is an opportunity for caregivers to get to know each other and the facilitator, and for them to establish their group culture.
- This session also covers sex and gender so that caregivers enter into all future conversations with this foundation in mind; it is essential facilitators are prepared to deliver this content.



Core

Optional

IRC Girl Shine Early Marriage Curriculum

NCA ENGAGE

SESSION 2

CELEBRATING OUR FAMILY

IMPLEMENTATION GUIDANCE

- This session intends to strengthen the relationship between girls and their caregivers. For the female caregiver session, this includes the relationship with girls and their mothers-in-law.
- This session helps to establish a positive framing of how the caregivers will engage in this journey and why strengthening relationships can be beneficial to the entire family.



Core

Optional

IRC Girl Shine Early Marriage Curriculum

NCA ENGAGE

SESSION 3 MY EXPERIENCE AS A CAREGIVER

IMPLEMENTATION GUIDANCE

- This session explores the roles that women and men often play in society.
- It may be challenging to implement; gender roles and expectations are deeply ingrained, and women and men may be resistant to ideas of changing these.



Core
 Optional

IRC Girl Shine Early Marriage Curriculum
 NCA ENGAGE

SESSION 4 THE FAMILY ENVIRONMENT

IMPLEMENTATION GUIDANCE

- Caregivers will explore the idea of the family environment and the impact of the family environment on adolescent growth and development.
- The caregivers will unpack what healthy relationships and environment can look like and will learn communication styles that can help create a healthy environment.



Core
 Optional

IRC Girl Shine Early Marriage Curriculum
 NCA ENGAGE

SESSION 5A EXPLORING OUR RELATIONSHIPS WITH ADOLESCENT GIRLS

IMPLEMENTATION GUIDANCE

- Caregivers analyse the concept of the “emotional environment” and unpack communication styles in more depth. There are different scenarios for caregivers of married and unmarried girls throughout, so facilitators will use the scenario that best fits their group.



Core
 Optional

IRC Girl Shine Early Marriage Curriculum
 NCA ENGAGE

SESSION 5B**EXPLORING OUR RELATIONSHIPS WITH BOYS****IMPLEMENTATION GUIDANCE**

- Caregivers analyse the concept of the “emotional environment” and unpack communication styles with boys in more depth.


 Core

 Optional for caregivers of adolescent boys.

 IRC Girl Shine Early Marriage Curriculum

 NCA ENGAGE
SESSION 6**POWER IN THE HOME****IMPLEMENTATION GUIDANCE****Female Caregivers:**

- This session will cover concepts of power with female caregivers and unpacks decision making both in terms of the power men have over women and the power women have over girls.

Male Caregivers:

- The male caregiver session also unpacks forms of power and explores the power men traditionally hold over women and girls. The session goes on to ask men to analyse the power dynamics within their own homes and how they can take steps to make a change in shifting or sharing power.


 Core

 Optional

 IRC Girl Shine Early Marriage Curriculum
 NCA ENGAGE
SESSION 7**COMMUNICATING WITH ADOLESCENT GIRLS ABOUT THEIR ASPIRATIONS****IMPLEMENTATION GUIDANCE**

- This session brings together caregivers and their adolescents to understand more about each other’s likes and dislikes, interests, dreams and aspirations.
- It is important that the facilitators support creating an environment for an open dialogue between caregivers and their adolescent children.
- Through the session’s activities caregivers and their children get the opportunity to jointly think about alternatives to marriage for adolescents.



Core

Optional

This is a joint dialogue session between groups of caregivers and their adolescents who are participating in the adolescent sessions.

IRC Girl Shine Early Marriage Curriculum

NCA ENGAGE

SESSION 8 PARENTING FOR EQUALITY

IMPLEMENTATION GUIDANCE

- This session explores how caregivers parent their children based on gender differences, and how girls and boys experience the family environment differently.



Core

Optional

IRC Girl Shine Early Marriage Curriculum

NCA ENGAGE

SESSION 9 MARRIAGE IN OUR COMMUNITY

IMPLEMENTATION GUIDANCE

- This session discusses marriage in the community's context.
- It's really important that facilitators have a good understanding of the legal frameworks governing marriage in the country in which they are facilitating this session, as well as in the country from which refugees have fled. Legal frameworks can include formal/state law, religious law, customary/traditional law, or a combination of the above.
- Facilitators should have a working understanding of the rights afforded to each person in the marriage, what kinds of acts and behaviours are considered against the law, and what to do if someone's rights are violated in the context of the marriage.
- Facilitators must read the session instructions in advance.



Core

Optional

IRC Girl Shine Early Marriage Curriculum

NCA ENGAGE

SESSION 10 **DOWRY/BRIDE PRICE**

**IMPLEMENTATION
GUIDANCE**

- This session discusses the reasons behind dowry/bride price and the negative consequences on girls, family and society.
- Facilitators support the caregivers to reflect and to challenge the dowry/bride price norms that encourage child marriage.



Core

Optional

Only for caregivers of unmarried girls.

IRC Girl Shine Early Marriage Curriculum

NCA ENGAGE

SESSION 11 **HOUSEHOLD DECISION MAKING (WITH ADDITIONAL SESSION FOR MALE CAREGIVERS ON ANGER MANAGEMENT)**

**IMPLEMENTATION
GUIDANCE**

- In this session caregivers explore how people in healthy relationships make decisions together; discuss the benefits of long-term planning and decision-making over short-term, with a focus on financial decisions as they relate to child marriage.
- In addition, with the use of sample stories, participants discuss ways to apply the Seven Strategies for joint decision-making.



Core

Optional

Only for caregivers whose spouse/partner is also attending the caregiver sessions should participate

IRC Girl Shine Early Marriage Curriculum

NCA ENGAGE

SESSION 12 PLANNING THE FAMILY BUDGET

IMPLEMENTATION GUIDANCE

- In this session, as caregivers work around four stations, they reflect on expenses and income they have as a family and look at the costs that have to do with the necessities of their children.
- The participants also discuss as a couple how to improve spending and how to save money each month in order to invest it in their daughters' and sons' futures equally.
- The topic of budgets, discussed in this sessions is very private, and the facilitator should make sure the information of each family is not shared or seen by others at the stations.



Core

Optional

Joint session with married couples who are both participating in caregiver sessions.

IRC Girl Shine Early Marriage Curriculum

NCA ENGAGE

SESSION 13 VIOLENCE WOMEN AND GIRLS EXPERIENCE

IMPLEMENTATION GUIDANCE

Female Caregivers:

- In this session, caregivers will explain the types of violence women and girls face. The session will explore the link between GBV and power.
- This session may be triggering for some women who have experienced violence, and the facilitator should be prepared with information on GBV case management services.



Core

Optional

IRC Girl Shine Early Marriage Curriculum

NCA ENGAGE

SESSION 13 SAFETY AND VIOLENCE

IMPLEMENTATION GUIDANCE

Female Caregivers:

- The session opens by mapping out all the risks to women, girls, men, and boys in the community. This gives men the opportunity to share any thoughts they have about issues facing men and boys, but the activity will also highlight how risks are much higher for women and girls.
- After identifying the different forms of violence women and girls in particular face, the session then goes on to analyse why violence against women and girls happens.



- Core
 Optional

- IRC Girl Shine Early Marriage Curriculum
 NCA ENGAGE

SESSION 14 SUPPORTING GIRLS WHO EXPERIENCE VIOLENCE

IMPLEMENTATION GUIDANCE

- Now caregivers have had the opportunity to examine different types of violence and men in particular have explored the idea of violence as a choice, caregivers will explore this concept in relation to blame (and how girls are not to blame for the violence they experience).



- Core
 Optional

- IRC Girl Shine Early Marriage Curriculum
 NCA ENGAGE

SESSION 15 FAMILY HONOUR AND CEFM

IMPLEMENTATION GUIDANCE

- This session explores the concepts of honour and sexuality in society, and the impact of these practices especially on adolescent girls.
- The caregivers of unmarried girls recognise their caregiver's role in preventing child marriage.



- Core
 Optional
Only for groups of caregivers of unmarried girls.

- IRC Girl Shine Early Marriage Curriculum
 NCA ENGAGE

SESSION 16 **OUR VISION FOR THE FAMILY**

**IMPLEMENTATION
GUIDANCE**

- Caregivers are encouraged to explore the barriers they may face when making changes both to the way they support their daughters and to the aspirations they hold for them, specifically related to marriage.



- Core
- Optional

- IRC Girl Shine Early Marriage Curriculum
- NCA ENGAGE

SESSION 17 **ADOLESCENT GIRL DEVELOPMENT**

**IMPLEMENTATION
GUIDANCE**

- This session will cover adolescent sexual and reproductive health.
- It is important that facilitators feel comfortable with the information included in the session and read the instructions ahead of time.
- In contexts where it is safe to mention, facilitators should talk about sexual orientation and gender identity to normalise these.



- Core
- Optional

- IRC Girl Shine Early Marriage Curriculum
- NCA ENGAGE (caregivers of unmarried girls)

SESSION 18 **SUPPORTING ADOLESCENT GIRLS**

**IMPLEMENTATION
GUIDANCE**

- This session includes separate content for caregivers of married and unmarried girls. For caregivers of unmarried girls, the session covers sexual and reproductive health (SRH) information and how caregivers can support girls when they begin menstruating.
- The session encourages caregivers to create a supportive space for married girls to express any concerns or questions they have during marriage.

- Core
- Optional

- IRC Girl Shine Early Marriage Curriculum
- NCA ENGAGE

SESSION 19 **CHANGE BEGINS WITH US**

**IMPLEMENTATION
GUIDANCE**

- The next three sessions help caregivers put the information and knowledge they have gained from the sessions and from each other into action. This session starts with a reflection exercise with a series of questions for caregivers.
- It's important to keep note of sequencing for these remaining sessions, the girls' session should happen first, followed by female caregivers' and then male caregivers' so that girls' and women's inputs can be shared anonymously with the men's groups.



- Core
- Optional

- IRC Girl Shine Early Marriage Curriculum
- NCA ENGAGE

SESSION 20 **SUPPORTING GIRLS IN OUR COMMUNITY**

**IMPLEMENTATION
GUIDANCE**

- For this session, it is important that facilitators give enough time to capture all of the views that girls expressed to caregivers and keep returning to the points girls raised to ensure that any decision making around actions reflects what girls have expressed to their caregivers.



- Core
- Optional

- IRC Girl Shine Early Marriage Curriculum
- NCA ENGAGE

SESSION 21 **LEADING THE WAY TO CHANGE**

**IMPLEMENTATION
GUIDANCE**

- This is the final core session before forming support groups. Programmes will need to decide if they are doing the graduation on the same day or separately and whether they will be doing the post assessment on the same day or separately. If the programme does plan to do either of these things on the same day as graduation, the session will need to be extended.
- Men and women may also want to come together for this session; there are adaptations included, and it is important to identify a space where women feel comfortable.



- Core
- Optional

- IRC Girl Shine Early Marriage Curriculum
- NCA ENGAGE

SESSION 22

FORMING CAREGIVER SUPPORT GROUPS (FOLLOW UP SESSIONS)

IMPLEMENTATION GUIDANCE

- This session helps those caregivers, who decided to meet regularly (in mixed or separate groups), to come together and review progress and challenges they face in completing their action plans, while supporting adolescent girls in the community.
- The facilitator guides the participants in forming caregiver support groups, if caregivers want to continue supporting each other.



Core

Optional

Only for caregivers of
unmarried girls.

IRC Girl Shine Early Marriage Curriculum

NCA ENGAGE

FACILITATING SENSITIVE TOPICS FOR FEMALE AND MALE CAREGIVERS

Early marriage is a sensitive topic to discuss, in both communities where it is legal and communities where it is illegal. Challenging deeply-ingrained norms and practices could be perceived as interfering and may create distrust in the community. Rooted in patriarchy, control of adolescent girls' sexuality is a key driver of early marriage, making it an even more difficult topic to discuss. This is why trust-building is so important and why some of the most sensitive content in the curriculum comes later on.

Because early marriage is so widely accepted, it is likely that differences of opinion will come up, and there could be difficult situations or challenging comments that arise from discussions or outreach. As a team, it's important to be prepared for this; for example, the team can use the framing "delaying marriage" instead of "early marriage prevention" and ensure that it is accepted and understood in the community. It is also important to be clear and transparent on the programme's position on early marriage, yet at the same time not to pass judgment on those who are already married or who marry during the programme.

Girls are at the heart of what we do and should not be excluded under any circumstances; we should always be available to offer support. Drawing on international and national legal frameworks (if they exist) is a helpful advocacy and educational tool for raising awareness of early marriage being a violation of rights. When coming up against people who are resistant to information and concepts related to early marriage, facilitators can follow up with a few statements:

"I appreciate you sharing your opinion with us. Can you tell us why you feel this way? Please do also try to understand that not everyone will share the same opinion."

"If you would like to discuss this more, I am happy to sit with you after the session/discussion/meeting to talk about it, or to introduce you to people who have more information they could provide."

Facilitators should remember not to let any potentially harmful views and comments go unchallenged or explained within sessions. For example, some people may say that it is okay for girls to get married at a younger age than boys.

Facilitators can respond in the following ways:

- ✔ "Thank you for sharing your opinion. What do the rest of you think? Who here has a different opinion?" If another point of view is not offered, then facilitators should make sure to offer one. If possible, facilitators should draw on facts and evidence to make their case.²

² Adapted from: https://www.girlsnotbrides.org/wp-content/uploads/2018/08/1.-GNB_Trainer_Manual_FINAL.compressed-1.pdf

- ✔ Facilitators could say, “All of us want to ensure that the girls in our community are safe, happy, and healthy. We can do this by avoiding the harmful health consequences that come with early marriage.”
- ✔ If early marriage is illegal, facilitators can say, “Does anyone know what the law says about the age of marriage?”

The facilitation guidance included in the **Girl Shine Caregiver Curriculum (Part 3)**³ are also relevant for the implementation of the early marriage sessions. There is also content included on the types of resistance facilitators may experience from caregivers and how to challenge harmful attitudes, which can be found in **Girl Shine (Part 3)**.⁴

As stated, these sessions have been designed to allow trust to be built between facilitators and among caregivers; so, a lot of the sensitive content is included later in the curriculum, with the aim of reducing the potential resistance that could be faced.

CLOSING OUT THE EARLY MARRIAGE GROUPS

While you can refer to the chapter on sustainability for more guidance as well as the guidance in **Girl Shine (Part 1)**⁵, there are a few key considerations for the immediate closure of groups.

Caregivers may be wondering what comes next as the sessions near an end. Female caregivers are encouraged to continue meeting, both for solidarity and support between each other; they should also ensure that girls remain at the centre of their actions. Male caregivers are also encouraged to meet; girls and women must remain at the centre of their actions, and they should both provide a supportive environment for women and girls to access their rights and advocate for women and girls' rights. If caregivers are interested in continuing to meet, there are a few things to consider:



Have caregivers developed a plan?

The last two sessions help prepare the caregivers for group closure and help them plan what they will focus their time on, based on feedback from girls. Caregivers are encouraged to develop feasible action plans that reflect the changes girls would like to see in the community.

3 Facilitation techniques: <https://rescue.box.com/s/p31j9tbz3mwyfur2amgjimlh2nx4b8af>

4 Challenging harmful attitudes: <https://rescue.box.com/s/eyqf8jtv69n1frcpl63b9aj6zfs1dltl>

5 Group closures: <https://rescue.box.com/s/mdx2bd3mxzu1jln60z0o2bpj0v2p554x>



Does the facilitator think caregivers are ready to move forward without the facilitator’s guidance? Are there people in the group with harmful attitudes and beliefs?

The facilitator can continue to meet with caregivers on the same day and time, until they are ready to move forward without the facilitator’s support. The facilitator does not need to be fully involved in the sessions but just be there to support if the caregivers need guidance, e.g., the facilitator can be there at the start of the session but then leave.

There may be Village Savings and Loans Associations (VSLAs) that caregivers can be signposted to, or there may be other activities taking place in the community they could benefit from.

CAREGIVERS’ GRADUATION

Caregivers should have the opportunity to celebrate their participation and completion of the sessions, and to show girls what they have learned and how they intend to support girls moving forward. It would be important to encourage the caregivers to publicly commit during the celebration to supporting girls (for example, this could be done in a form of reading out loud a public commitment statement), thus, demonstrating their willingness and readiness to act.

There are a few key considerations:

- Will the graduation take place during the last session or at a separate date?
- Will anyone else be invited to the graduation? Girls and caregivers from the other group, community members? If yes, have safety risks been identified and managed?
- Will caregivers be expected to prepare anything in advance of the graduation? For example, will they be expected to give a speech?
- Has the team organised certificates for the group in advance?
- Has accessibility been considered, and have accommodations for access been made?
- Have the arrangements been considered for breastfeeding and childcare?

FEMALE CAREGIVER SESSIONS

SESSION 1

INTRODUCTION TO THE PROGRAMME⁶

SESSION AIMS

In this session, facilitators will:

- Build trust with caregivers.
- Introduce caregivers to the Girl Shine Caregiver Curriculum.
- Help caregivers reflect on the hopes and dreams they have for their daughters.

MATERIALS

- | | | | | |
|-------------------------------|---|---|---|--|
| <input type="checkbox"/> Ball | <input type="checkbox"/> Stickers | <input type="checkbox"/> Resource 1.1 - Asset Cards | <input type="checkbox"/> Post-it notes | <input type="checkbox"/> Coloured pens |
| <input type="checkbox"/> Tape | <input type="checkbox"/> Flip chart paper | <input type="checkbox"/> Markers | <input type="checkbox"/> Opaque evaluation jars (or cardboard boxes) and pebbles (or scrunched up papers) | |

PREPARATION

- Review the guidance in Appendix 1 and 2 in the IRC Girl Shine Caregiver Curriculum Part 3 to help facilitators in case they encounter harmful responses from caregivers.
- Print out Resource 1.1: Asset List and cut into Asset cards.

DURATION

This session is 2 to 2.5 hours, as facilitators may need to give a brief introduction to the programme and organization beyond what is included here.

TIMING

Before or in parallel to the start of Adolescent Girls Life Skills Curriculum with adolescent girls.

⁶ Adapted from International Rescue Committee, Girl Shine Early Marriage Curriculum for Caregivers: https://gbvresponders.org/wp-content/uploads/2022/07/Part-3A_HighRes_English.pdf



WELCOME & REVIEW (15 MINUTES)

- ☑ **DO:** Welcome caregivers to the first session of the Caregiver Curriculum.
- ☑ **DO:** Introduce yourself, your role and your organization and thank the group for coming and for their willingness to participate.



EXPLAIN: The reason we have brought you all together is to:

Draw upon our collective experience and knowledge to understand how to support adolescent girls to achieve their hopes and dreams and how to keep them safe, happy, and healthy.

Learn information and skills to help strengthen relationships with our daughters and family in general. We will discuss marriage of girls; how we decide when is the right time for a girl to marry; what we can do to support married girls and explore ideas about the benefits and challenges of delaying marriage. Each week will start with a check in on how everyone is doing and then move on to activities on the subject we're discussing. After the activities we will think about how we can use what we have learnt in our homes and community


- ☑ **DO:** Get caregivers to talk to their neighbour, introduce themselves, and share how they are feeling about participating in the group. Then ask caregivers to introduce their neighbour to the wider group. It is ok if they forget things, their neighbour can assist them.

GROUP AGREEMENTS

- ☑ **DO:** Get the group to suggest some agreements and add the following if they don't mention them:
 - ☑ We agree that the main purpose of these sessions is to learn how we can be a support to our women and girls. While some of the information we hear and the discussions we have might relate to all of our children, our priority here is to talk about adolescent girls.
 - ☑ Personal stories shared in the group are not to be shared outside the group.
 - ☑ Stories shared about other people should not reveal their identity or be shared outside the group.

- ✔ We respect and listen to all. We won't interrupt or talk over each other.
- ✔ We support and encourage each other.
- ✔ Treat everyone equally.
- ✔ Keep an open mind.
- ✔ Don't judge others for things they share.

LET'S EXPLORE (20 MINUTES)

 **SAY:** To help us achieve the goal of supporting girls to lead healthy and happy lives and achieve their dreams, we feel it is critical to involve you, as important decision-makers in the lives of girls and who help shape the lives of girls.


DO:


- ✔ Explain to caregivers how many sessions you would like them to be part of. Explain that we need caregivers to commit to participating in as many sessions as possible. This is because each session will address a different topic and each topic has important information that caregivers can benefit from. If we want to support girls to lead healthy and happy lives and to achieve their dreams, it is important to participate in as much of the programme as possible.
- ✔ Confirm their availability - weekly, monthly, etc. Ask them how many hours they would like to meet for each session.
- ✔ Ask caregivers to make a verbal commitment and include it in the group agreements.
- ✔ Explain that the reason the sessions are separate is because our experiences as men and women are different in relation to caregiving, and we want to make sure the sessions are relevant to your experience as women. We might have the opportunity to have a mixed group for the last session, but this will be decided later.

- ☑ Give caregivers a brief overview of the sessions you plan to cover with them (there is no need to explain the sessions that will be done with men, only discuss the sessions you will do with women). Write the session titles out on flip chart paper and put them up on the wall.

SESSION 1	Introduction to the Programme
SESSION 2	Celebrating our Family
SESSION 3	My Experience as a Caregiver
SESSION 4	The Family Environment
SESSION 5A	Exploring our Relationships with Adolescent Girls
SESSION 5B	Exploring our Relationships with Adolescent Boys
SESSION 6	Power in the Home
SESSION 7	Communicating with adolescent girls about their aspirations (joint caregiver-daughter session)
SESSION 8	Parenting for Equality
SESSION 9	Marriage in our Community
SESSION 10	Dowry/Bride Price
SESSION 11	Household Decision Making
SESSION 12	Planning the Family Budget
SESSION 13	Violence Women and Girls Experience
SESSION 14	Supporting Girls who Experience Violence
SESSION 15	Family Honour and Child, Early and Forced Marriage
SESSION 16	Our Vision for the Family
SESSION 17	Adolescent Girl Development
SESSION 18	Supporting Adolescent Girls
SESSION 19	The Change Begins with Us
SESSION 20	Supporting Girls in the Community
SESSION 21	Leading the Way to Change
SESSION 22	Forming Caregiver Support Groups

- ☑ **DO:** Give each caregiver five stickers and ask them to place stickers next to the topics they think will be most interesting. When they have finished, you can ask why they chose or didn't choose particular topics.



 **NOTE:** *If caregivers have literacy challenges, you can read through all the sessions once, and ask them to note their favourite. Inform that you will read them again and ask caregivers to raise their hands at the topics which they find most interesting.*

 **DO:** Ask caregivers if they want to share anything with the group about their selection and what they want to gain from the curriculum, anything they are particularly interested in, etc.

ACTIVITIES (55 MINS)




1 SUPPORTING GIRLS FOR THE FUTURE (25 MINUTES)

 **DO:**

-  Print out and cut the Assets cards from the Resource 1.1 (or select assets closest to those that are contextually relevant). Assets should focus on Safety, Health & Hygiene skills and be relevant to girls recently married, at risk of marriage, divorced, with a disability etc. to ensure that caregivers have the group of girls in mind who are participating in the programme.
-  On flip chart paper, list the ages 10-19 one age on each card, or draw pictures of girls, starting with a very young one to an older adolescent.

 **CONTEXTUALISATION:** *If age is not a category used to determine maturity, swap this out with relevant categories such as marital status, disability, employment, etc.*


 **DO:**

-  One by one, read the assets out to the group and ask them to decide at which age a girl should have received the information or skills that are listed on the card. They should make a decision as a group (or a majority decision) and place the respective asset card accordingly on the flipchart.
-  Once finished, ask caregivers to look at where the assets are placed. If you notice that the cards are listed mainly in later adolescence or after marriage, probe as to why caregivers have made the choices they have.
-  If you notice that cards are listed in early adolescence or before marriage, reinforce the point that it is important for girls to receive this information as early as possible to help ensure their safety and well-being.

 **ASK:** How do you think this information is linked to supporting girls for the future?


 **EXPLAIN:**

- If girls have access to this type of information, it can help to protect them from harm.
- They can learn very important things that will help them make informed decisions and support their safety.
- The earlier they receive the information, the more helpful it will be.
- Through the adolescent girls' programme, girls will (or are) learning about many things that will be useful to them in their daily life. This includes information about health, how to communicate well with their caregivers, how to stay safe, and how to make good decisions about their future, trust, early marriage challenges and benefits and the value of girls.
- Regardless of marital status, ability or age, all girls should be able to receive the same information.


 **ASK:** How do you define a 'child' and an 'adolescent'? Allow a few volunteers to respond. Follow up by asking if these concepts change if a girl is married?


 **EXPLAIN:**

- Although different places have different cultural and sometimes legal understandings of 'childhood' and 'maturity', there is a global definition for children as anyone under age 18.
- Boys and girls under age 18 have certain rights and giving them access to this information will support them to achieve these rights and support them to have better options in the future when they become adults.


 **ASK:** Does anyone have any questions or is there anything that you are concerned about girls learning?

 **DISTRIBUTE:** Annex 1: Information Sheet for Caregivers

 **NOTE:** *Be sure to address the concerns caregivers have. If their concern is particularly related to information on adolescent sexual and reproductive health (ASRH), try to understand what their concerns are and what steps would need to be taken to support girls in receiving this information. For example, if it is given by the mother, if it is scientific or if it is not too detailed.*

 **EXPLAIN:** Use the evaluation jars to see how the participants liked the activity. Take note on of the number of pebbles.

2 UNDERSTANDING SEX & GENDER (20 MINUTES)

 **EXPLAIN:** We are here to learn from each other and to talk about issues related to our own experiences and the experience of adolescent girls. While we may already have a lot of information and knowledge about these topics, we may also be introduced to new information. One thing we will discuss in many sessions is how our experiences are different, depending on whether we are women, men, girls, or boys. So, for us to understand this in a bit more detail, I want us to discuss a story of one family:

Requires CONTEXTUALISATION

SAY

Fatima is married to Salim and is pregnant. Salim and Fatima also have a baby boy who is one year old. Fatima gives their son milk from her breast some days.

Salim goes to work every day and comes home at 7p.m.

Fatima does go to work, two days a week. When she goes to work, a family member looks after the baby.

Fatima cooks dinner for the family, their favourite thing to eat is rice and vegetables.

Salim does cook, especially on the days that Fatima goes to work. Salim prepares dinner, because Fatima cooks dinner on the other days. With a small child at home and with two caregivers working, the household chores are sometimes forgotten. On the weekend, Fatima likes to make sure these chores are done.

Fatima and Salim split the chores between them. This way, it takes less time to do and is a fairer division of the labour.

ASK

Can Salim also get pregnant and breastfeed? Why not? (Because he does not have the organs to carry a baby in his stomach.)

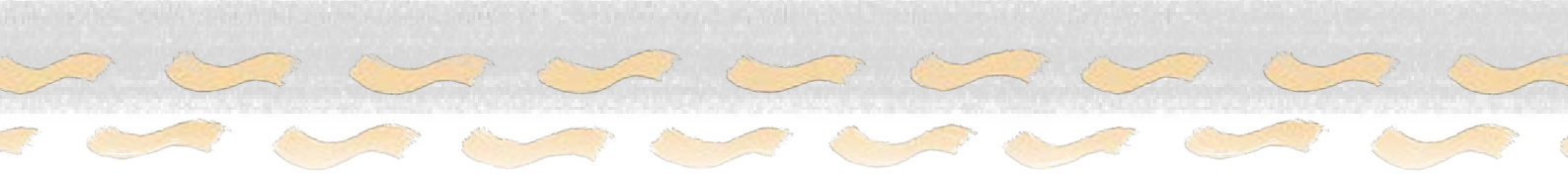
Can Fatima also go to work?
(Ask why yes or why no.)


Is the family member male or female?
(Either can look after a baby.)


Can Salim also cook?
(Ask why yes or why no.)

Who can take care of chores in the house?


Did you notice that there were some things only Fatima could do and Salim couldn't, and there were other things they were both able to do? What were these things?




 **EXPLAIN:** The things that only males and females can do are related to their sex, but the things they can both do are related to their gender.


 **NOTE:** Use the internal and external organ resources from *Girl Shine* if you need help explaining this content. You can place the diagrams on the wall if helpful or share in handouts.


- “Sex” refers to the physical body and the biological differences commonly found between females and males. Most females are born with female body parts and functions—such as breasts, a vagina, uterus, going through menstruation, etc. Most males are born with male body parts and functions— they have a penis, they ejaculate, they have sperm, etc.
- “Gender” refers to family, social, or community expectations of females and males. Most of the time it has nothing to do with the body parts we have but is related to the roles and behaviours society thinks is appropriate for females and males. For example, women can give birth because of their sex, but the expectation that it is a woman’s role to raise children and clean the house is about gender⁷. And I say expectation because many women and girls will enjoy raising children and doing chores, but if they decide they do not want to do it, there is still the expectation that they will do it and if they don’t they will be judged by society. So, their choice about which roles they want to perform is decided by society.
- There are some people who may be mocked or shamed especially when they don’t behave in ways society expects them to according to their ‘gender’. For example, if a man cries his community might say he is acting like a woman, since the society have decided that being emotional is something only women can be, even though it is very normal for a man to cry. Another example is that girls and women are expected by society to not have body hair and if they do not remove it, society may mock them and tell them they look like a man, even though it is very normal for women and girls to have hair.

 **ASK:** Is this something you have heard about before, or are these new ideas? What do you think about the information presented?

 **EXPLAIN:** Women and men are often told that they should do certain things because of their “gender.” We learn that society expects us to behave differently and to fulfil certain gender roles. These expectations impact us throughout our lives and lead to unequal power between women and men. We can see this by looking at the position’s men have in society and women have and who is in control of decision making. The different value placed on women and men can sometimes also lead to different access to rights. This affects women and girls in particular who are divorced, with a disability and those who are experiencing other challenging situations due to their economic or nationality status. But people should not be treated differently because of these issues and we should all have access to the same rights and opportunities and feel valued in the community.

⁷ https://www.alignplatform.org/sites/default/files/2018-09/2-GCOC_GEN_Module_FA.pdf


 **ASK:** Can you think of any examples of expectations based on someone's gender or roles someone is supposed to perform because they are a man or woman?


 **EVALUATE:** Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.





3 OUR HOPES & DREAMS CIRCLE (10 MINUTES)

 **DO:** Get caregivers to make a circle.

 **SAY:** We are all here because we care about the safety and happiness of our daughters. I am going to pass the ball to everyone in the circle, and each person will tell the group what they would like their daughter to learn or achieve or what their hopes and dreams are for her.

 **ASK:** How did it feel to share your hopes and dreams for your daughters?

 **NOTE:** *If some of the hopes and dreams caregivers mention were related to traditional gendered roles, for example, finding a good husband to take care of, becoming a good mother, etc., acknowledge the importance of these to caregivers, but also ask them if they can think of things that they want for their daughters that are not based on gender. (Remind them of the first activity.) Review the guidance in Appendix 1 & 2 in the Girl Shine Caregiver Curriculum in case you encounter harmful responses.*

 **EXPLAIN:** Adolescence is a time when a lot of things change in a girl's life, and so it is a very important time. As this is a time of change, girls may feel scared or ashamed about what they are experiencing, but this change is a healthy and normal part of growing up. What happens in her adolescence will influence her life as an adult woman, and we know that we want our daughters to lead happy and healthy lives. We understand that having girls of this age can also be challenging for caregivers, and that female and male caregivers experience the challenges differently.



FOR GIRLS THAT ARE RECENTLY MARRIED, we know that there are many challenges they face, new experiences and also being away from their biological family. They may be expected to take on new roles, develop new relationships and this can be scary and unknown. They need support from their biological family and their new family to navigate this situation.

So, we want to be able to support each other to give our daughters the opportunity to transition into adulthood in a healthy and safe way. We may worry more about girls compared to boys, and this can sometimes mean we limit girls in their movement and opportunities as they get older. Some girls may be facing more restrictions than others, for example, girls who are recently married, divorced, girls with disabilities, girls who are new mothers. But we should try to make sure they have the same access to safe spaces, services and opportunities as other girls and boys. We want to explore this more and see how we can provide a supportive environment for girls and give them opportunities to be valued members of our community.



EVALUATE: Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.

★ KEY MESSAGES



SAY: We all have hopes and dreams for our daughters, sometimes girls' hopes and dreams for themselves may be different to the ones we have for them. It's important to talk to our daughters and listen to what they want too and involve them in decisions related to their life.



CHECK IN (5 MINS)



ASK caregivers how they found the session and if there are any changes they would like to make for the next one. (It is important that you act on or incorporate the changes suggested by participants or explain why it's not possible).



REMIND caregivers that they can leave more feedback in the comments box and that you will be available at the end of the session to talk to them if needed.



TAKEAWAY (5 MINUTES)



SAY: Each week, we will end the sessions with a Takeaway Activity. This is a small task that you will do on your own or with your daughter/daughter in-law. Some activities may involve a male caregiver, particularly if the caregiver is participating in this programme.

For today's Takeaway, discuss with your daughter what she is looking forward to learning in the life skills sessions. When she comes home from the session, ask her what made her happy this week and what activity she enjoyed.

SESSION 2

CELEBRATING OUR FAMILY

IRC GIRL SHINE SESSION 2



FOR CAREGIVERS OF MARRIED
AND UNMARRIED GIRLS

🎯 SESSION AIMS

By the end of the session, caregivers will:

- Develop positive relationships with daughters/daughters-in-law.
- Caregivers provide a supportive environment for recently married girls.
- Caregivers begin to challenge ideas they hold about diverse girls.



MATERIALS

- Papers
- Comments box
- Markers
- Coloured pens
- Resource 2.1: Rafiki's story
- 3 Opaque evaluation jars (or cardboard boxes) and pebbles (or scrunched up papers); or a box to place all pebbles/post-it notes in
- Pebbles or colourful post-it notes—enough for each participant to have 5-6 (or more depending on family size)



PREPARATION

- Illustrations of family members for the Rafiki's story Resource 2.1



TERMINOLOGY

- Local definitions for terms such as disability, divorced, older unmarried women (that are respectful and don't reinforce discrimination or stigmatise).
- The concept of "celebrating our family" might make caregivers feel they require money to do this. Explain that celebrating your family can be simply showing appreciation, recognising their achievements, spending family time together, etc.




DURATION

This session is 2.5 to 3 hours



WELCOME & REVIEW (15 MINUTES)




DO: Welcome the caregivers.


 **ASK:** What did your daughters/daughters-in-law share about the ENGAGE sessions they participated in? What did they say they learned or enjoyed? What did they say they found useful?

LET'S EXPLORE (20 MINUTES)

 **SAY:** Today we are going to talk about and celebrate our families.

 **ASK:**

-  When you think about your 'family' who exactly do you think of? (participants may mention husbands, children, parents, aunts, uncles, cousins, sisters, brothers, friends, etc. Note whether there is mention of daughters-in-law).
-  What does family mean to you? (i.e. what are some of the ideas we have about what a family is or does, what the role of a family is, etc.)
-  Does the idea of family change over time or remain the same? What changes and what remains the same? (i.e. change when people move away, displacement/crisis, when children grow up roles change, new members join the family such as in-laws or grandchildren).

 **SAY:** Everyone's family is different and people may include different people into their idea of what a family is. One thing we all have in common in this group is that we all have daughters or daughters-in-law and as we think through our ideas of family, we will make sure these girls/young women are included in our discussions and actions.

ACTIVITIES (95 MINS)


1 THE RAFIKI'S STORY⁸ (35 MINS)

DO: Read the following story to the participants. If possible, use illustrations for the different family members (See Resource 2.1):

⁸ Inspired by IRC's Safe @ Home Curriculum





PART 1:

 **SAY:** “In the community called _____ (create a community name relevant to your context), there is a family called the 'Rafiki'. They are a large family so there is always so much happening in the house. Mariam and Sayed are the parents of 5 children and Mariam’s mother – Amma, also lives with them as well as their daughter in-law. They have family visiting regularly, including uncles, aunts, cousins and siblings. There is never a quiet moment, but the Rafiki’s wouldn’t want to change this.


 **ASK:** Does this sound like your family or families you know? What are the similarities/differences?

PART 2:


 **SAY:** Their children vary in age and personality. There is Yasmine who is 11 years old, she loves school and is so smart and active. Asma is 14 years old and is a bit quiet and irritable, but her parents imagine she will grow out of it like her other siblings did. There is Adam 18 years old, he works a few hours a week to support his family and he also attends a vocational training college. Adam has a visual impairment which means he requires some additional support, but both his work and training college have improved their spaces to be more accessible to him and his specific needs and this has led to Adam being the best at college and the workplace.

 **ASK:** Do you think it is common for places to be so accommodating of people with disabilities? What does this story tell us about the value in making adaptations to better accommodate people with disabilities? (By making adaptations, people with disabilities can thrive and benefit like people without disabilities). For example in ENGAGE activities and at the safe space we can adapt our activities so girls with limited mobility can participate, we can encourage girls with disabilities to attend the safe space with their female support person, we can have visuals to help girls with disabilities understand the information we are presenting, we can build in extra time to allow for understanding information or carrying out activities and most importantly we should consult with girls with disabilities to understand how to make adaptations that make the activities and safe space accessible to them.


PART 3:


 **SAY:** Selina is 19 years old and is divorced. She married at 16 and this led to a difficult marriage and a strained relationship with her in-laws. She is back home now and trying to understand what to do next. As with any families, there are difficult moments and there are wonderful moments. One of the difficult moments the Rafiki’s had was deciding to marry off Selina in the first place. Due to the overcrowding in their house and other issues they faced, they thought marrying Selina would be the best thing for her, but after seeing Selina’s experience, they have decided to wait longer before Asma is married.



 **ASK:** Is it common for girls who are married young to experience difficulties? What did the family learn about marrying Selina at a young age? (That it was better to wait until she was older and more mature).


PART 4:

 **SAY:** And finally, there is Osman, he is 22 and recently got married to Dina who is 21. Dina completed her education and was ready for marriage. She had a lot of information on what marriage would be like and decided to wait to get married because of the consequences of marrying at a young age (e.g. health consequences, not being prepared emotionally or physically, etc.). She married when she felt ready and mature enough for marriage and she was lucky to have parents that supported her. She knew where she could receive information on sexual and reproductive health and where she could access information on parenting if she was to become a mother. A happy moment for the family was when Osman married Dina. They love Dina a lot and feel she is very mature and knowledgeable, probably because she is a little bit older than when the other girls in the Rafiki family were married. When Dina joined the family, they felt they gained a daughter, not just a daughter-in-law. Dina helps Yasmine with her homework, she is someone that Asma trusts and who Asma can talk to if she has any questions about changes in her body. She makes Adam laugh a lot and Dina is also a friend to Selina. Dina knows that it is difficult for Selina, as girls like her are judged in the community even though Selina is not to blame. So Dina tries to be as supportive and helpful as possible.

 **ASK:** How do you think the Rafiki's feel about their relationship with Dina? Why do you think Dina is able to be such a supportive part of the family? Because she is mature, completed her education and made an informed decision about marriage.

 **SAY:**

- This story showed us that families are different but also similar to ones we know. There are many struggles that families have, but one thing this family taught us is that supporting, understanding and appreciating each other is a way for families to get through even in the most difficult times together.
- This story showed us that getting married at an older age can lead to a healthier marriage environment.

 **EVALUATE:** Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.



2 THE POSITIVE THINGS WE BRING TO MY FAMILY (40 MINS)



SAY: Now we've heard about the Rafiki's, we are going to think about our own families.



DO:

- ✓ Ask each participant to map out everyone in their family (no need to be prescriptive about who they include, but adolescent girls related to the programme should be included). They can draw them, write their names or just use symbols or dots to differentiate the different people*. If not possible, they can close their eyes and visualize this.



*To ensure everyone is included, use the method that is accessible to everyone.

- ✓ Once they have finished mapping these people out, ask them to think about, write down or draw what the positive things are (strength, support, happiness) that each person you've identified gives to you.
- ✓ Next, they should think about, write down or draw the positive things (strength, support, happiness) that they give to each of these people in their family.
- ✓ Finally, they should think about how the strengths they and others bring impact the family as a whole.
- ✓ When they have finished, ask if anyone in the group wants to share. Ask specifically for participants to share about their daughters (including daughters-in-law/ daughters who are married).
- ✓ After they feed back to the group, ask participants what they thought the purpose of the activity was.



EXPLAIN: This activity has helped us to think about the strengths of our family. We looked at what individual members of the family bring to the family as a whole. It also helped us to see what we contribute to individual members of our family and the family as a whole. When things are difficult, we can use this activity to remind us of how special and important our family is to us and even when it is not easy sometimes, we have each other as a source of support.



CLOSING ACTIVITY CELEBRATING MY FAMILY (10 MINS)

DO:

- ✔ Ask everyone to stand in a circle. Or everyone sit if some are unable to stand.
- ✔ To finish the session, explain to participants that you will do a short activity that will sum up all the positive aspects they mentioned in the last activity.



SAY:

- We are going to go around the group and each of us will complete the following sentence (encourage them to be playful if they are comfortable, saying it loud, proud, clapping, etc.) “I celebrate my family because...”

DO:

- ✔ Give them a few minutes to think about what they want to share with the group and then go around each person.
- ✔ If they need some encouragement, the facilitator can start.



NOTE: *Some women may be in difficult family situations and may not be comfortable engaging in the process of celebrating their family. They can choose specific people in their family they want to celebrate such as their children.*



EVALUATE:

Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.



★ KEY MESSAGES

- Recognising and developing positive relationships in our family will lead to a happier and more supportive environment.
- Adolescent girls, especially those recently married, need support both from their in-laws and their parents to help them with the transition into the new role. It is helpful for caregivers to be a supportive person to these girls in particular.
- Girls who are not married need encouragement and guidance to make healthy choices for their lives.
- Sometimes the community may stigmatise specific groups of people, including those with a disability, or girls who are divorced, have children outside of a formal recognised relationship for example, outside marriage and 'spinsters'/women who have never married. But we can try to make sure that these girls in particular feel supported in the home and not further isolated or shunned.
- Everyone has the right to be treated equally and with dignity and this applies to girls, boys, people with disabilities, divorced girls, women, men (you can insert other diverse or marginalised groups relevant to your context).



CHECK IN (5 MINS)

SUMMARISE how many pebbles there were for each activity and see if caregivers want to share any specific feedback about this. Explain that we are testing these activities to see how caregivers respond to them and you want to have their feedback to know if some activities should be changed or removed, or if there are activities they liked in particular.



REMIND them that the comments box is there if they want to leave further feedback and that you will be available at the end to discuss further.



TAKEAWAY (5 MINUTES)



SAY: Try to be aware of a moment that you appreciate with your family generally but also more specifically with your daughters (including those who are married/daughters-in-law, for the purpose of the group) in the next week. Mark the moment in a way that makes sense to you, either for yourself or by sharing with the rest of your family. We can share back our experiences in the next session.

SESSION 3

MY EXPERIENCE AS A CAREGIVER

IRC GIRL SHINE SESSION 3



FOR CAREGIVERS OF MARRIED
AND UNMARRIED GIRLS

🎯 SESSION AIMS

By the end of the session, caregivers will:

- Reflect on their experience of caregiving, especially in relation to girls and how this has been shaped by internal and external factors.
- Start (or continue) valuing girls as much as boys and won't only associate a girl's value with childbearing and being a good wife.



MATERIALS

- Paper
- Coloured pens
- Flip chart paper
- Peanuts
- 1 Large box
- Markers
- Post-it notes
- Opaque evaluation jars (or cardboard boxes) and pebbles (or scrunched up papers)



PREPARATION

- This session may be sensitive and bring up some past experiences for women. Be sure to remind them of the “Group Agreements” (Session 1) and check to see whether they want to have additional group agreements for this session.
- Be prepared with information about services that women can access if they need further support.
- This session may create lots of discussion, and it may not be possible to cover all the content. That's okay. If caregivers want to use the time for discussion on a particular topic, you can cover the rest of the content in another session or let caregivers decide if they want to move on to the rest of the content or continue with a particular discussion.



TERMINOLOGY

- Refer to local definitions for gender discrimination, gender roles, gender stereotypes.

DURATION


2 hours


TIMING

Before the start or in parallel to the start of Girl Shine Life Skills Curriculum with adolescent girls





WELCOME & REVIEW (15 MINUTES)


 **ASK:** Who would like to share any moments they appreciated with their daughters/daughters-in-law from last week's takeaway?

 **SAY:** Today we are going to talk more about our own experiences as caregivers and how this may be different from men's experience.

LET'S EXPLORE (20 MINUTES)

 **ASK:** Can anyone think of any ways in which our experience of raising and caring for children and household responsibilities as women is different to that of men's? For example, are there certain tasks that women are responsible for and other tasks men are responsible for?

 **EXPLAIN:** Within the family, women, girls, boys, and men may have different responsibilities. Some examples of situations are listed below.

 **CONTEXTUALISATION** (This should be based on the family structure of the caregivers you are working with.)

A

There is a caregiver who looks after the children at home, while the other caregiver goes to work.

B

Both caregivers work and share the caregiving responsibilities.

C

One caregiver is expected to do the caregiving responsibilities and earn an income, while the other caregiver is just responsible for earning an income.

D

There is one caregiver present, and children (especially adolescent girls) are expected to take on additional responsibilities.

E

One caregiver is responsible for caregiving, earn extra income and support in the provision of all family needs including food, shelter and clothes, while other caregiver has no such responsibility.




 **ASK:**


- ② Do any of these situations sound familiar to you? Which ones?
- ② Are there any situations described that you don't agree with or where the responsibilities could be different?

 **NOTE:** *If caregivers don't mention c, d, or e, probe further.*

 **ASK:**

- ② If both caregivers are working, who do you think should be responsible for caregiving? Is this different from who actually does it in real life situations? Why?
- ② If there is only one caregiver present and children need to take on additional responsibilities, how should this be decided? Are girls expected to take on more responsibilities than boys?

 **NOTE:** *Women might say that it is not a man's role to help with the household responsibilities, that they don't think they would do a good job, or they don't want their help. Facilitators should probe as to why women feel this way and whether in some situations it could be helpful for men to support in these tasks.*

 **EXPLAIN:** Sometimes society can place different expectations or limitations on the roles that women, girls, boys, and men play inside and outside of the home. These act like a set of rules and usually these rules benefit men more than they benefit women.

- These rules set limitations on a person and on how they can behave, act or what they can achieve and prevent them from reaching their full potential. For example, it may not be considered 'normal' for a man to cook for the family while the woman goes to work.
- But when the situation is difficult, women and men may see a shift in their roles. For example, a woman may need to be the main provider for the family in situations where this was seen traditionally as a man's role. But while the responsibilities of women may increase, sometimes they are not supported with the responsibilities they already had or rewarded/recognised for the work they do.
- While some women may be able to negotiate responsibilities with their partners, some are unable to because they have limited decision-making power in the household. (For example, they may contribute to the family income by working but have no say in what the household income is spent on).
- Because of the experience of women in this situation, it is possible that the same expectations are then shifted to adolescent girls, or girls are expected to take on additional burdens that their mothers inherit.



ASK:

- ① Does this sound familiar to anyone?
- ① Does anyone have experience dealing with this situation?



ACTIVITIES (60 MINS)



1 EXPECTATIONS OF A WOMAN AND OF A MAN IN OUR SOCIETY⁹ (40 MINUTES)



SAY: We are going to do an activity that will help us understand in more detail the expectations society has of women and men and how this can influence us as caregivers.



ASK: Who can remind us of the difference between sex and gender (that we discussed in the first session)?



EXPLAIN: “Sex” refers to the physical body and the biological differences between females and males. “Gender” refers to the social status, opportunities, and restrictions that are faced by girls, women, boys, and men. As we have already discussed, men may be seen as being in charge of the house and earning income, while women are seen as primary caregivers. Boys might be considered more active and loud, while girls might be considered quiet and obedient. But we know that some girls are not quiet, and some boys are quiet. Some women are the head of the household, some men take care of the children. But these expectations can affect the lives of women, girls, boys, and men on a daily basis, as well as the relationships between them. They can also affect the family environment in a negative way.



DO:

- ① Place a large box with an image of a woman on it in front of the group where everyone can see it. Ask participants to sit around the box. Place a pile of peanuts next to the box.
- ① Tell the women that you want to know what they have been taught about being a woman and a girl in their community. Each of the peanuts in the centre symbolises these expectations, so when they want to share their opinions, they should take a peanut, explain what it means, and place it in the box.

9 IRC Lebanon (2016) *Male Engagement Toolkit*.



NOTE: *As the facilitator, you should also write down the expectation on a post-it note and place it in the box with the peanut.*

DO: To help participants think about their ideas more concretely, use the following questions:

- ✓ What kind of toys do little girls play with? What about boys?
- ✓ What are women and girls supposed to wear? What about men and boys?
- ✓ How are women supposed to act in relationships/marriage? What about men?
- ✓ What kinds of tasks do women and girls do in the home? What about men and boys?
- ✓ What kinds of tasks do women and girls do in the community? What about men and boys?

DO: After everyone has had a chance to place an idea in the box, review some of the ideas.

ASK: How did you learn to do these things? Who taught you when you were younger?

EXPLAIN: These are society's expectations of who women and girls should be, how they should act, how they should feel, and what they should say. They are taught to us from the moment we are born, by many different people, the community and through experiences.

DO: Facilitate a discussion based around the questions below.

ASK: Are the ideas about what it means to be a woman that are listed in this box helpful or harmful to women and girls?

NOTE: *Emphasise that women and girls may enjoy or take pride in some of the characteristics/ actions in the box (cooking, caretaking, etc.) and be limited and harmed by others (being submissive, passive, etc.).*

ASK: What happens to women and girls who step outside of the box? (For example, they can be raped, beaten, shunned from community.)


ASK: What do people say about them?


NOTE: *Use examples that the group has generated to demonstrate what this means. (For example, women who have sex with more than one man, women who assume leadership positions, etc. Write responses on post-it notes and stick them outside of the box.)*





 **ASK:**

- ① How does this make women and girls feel?
- ① What do women and girls do to try and not be called those things or be physically harmed?
- ① What do the ideas both inside and outside of the box teach people about what it means to be female?
- ① Is it only men who think this way? Are women also conditioned to think this way about their peers?
- ① What attitudes do we hold towards girls in particular? How do we think about them and treat them?


 **NOTE:** *Explain to women that sometimes, because we grew up with these rules placed on us, we also expect our daughters to have the same rules and limits placed on them.*

 **SAY:** As women, we can empower our daughters to achieve their full potential by supporting them to reach their goals.

 **EXPLAIN:** We are taught to think that there is a right and a wrong way to be a woman or a girl. Women are taught to think about themselves in these ways by their families and communities. These messages begin the day we are born and continue throughout our lives. These ideas control and restrict the lives of women and girls—they set rules for women and girls to follow, and there are dangerous consequences to being seen as not following the rules.


 **ASK:** What are the advantages and disadvantages of staying inside the box for women? What about for men?

 **NOTE:** *The consequences for women of stepping out of the box are generally much more severe than for men, but men are affected negatively as well by gender roles.*

 **EVALUATE:** Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.



2 VISIONING FOR THE FUTURE (20 MINUTES)

 **SAY:** We have now discussed how some of the rules placed on women, girls, boys, and men can be harmful, while also understanding that we may value some of these rules. Now I want you to think about your own experience growing up.




FOR CAREGIVERS OF UNMARRIED GIRLS


- When you were adolescent girls, a similar age to your daughters, what were the things that influenced you?
- Who were the people that influenced you?



FOR CAREGIVERS/IN-LAWS OF MARRIED GIRLS

- How did you feel when you first got married, what were your expectations or fears?

 **DO:** Give caregivers some paper and coloured pencils and explain that they are going to draw a picture of themselves when they were girls.

 **NOTE:** *This activity may be triggering. Do not force caregivers to draw if they don't want to. Ask them to think of a way in which they would like to participate in the activity that makes them feel comfortable, for example closing their eyes and imagining, writing a story, etc.*

 **SAY:** When you are drawing your picture, I want you to think about the following:

- What were your dreams and aspirations at the age similar to your daughters? Think about this both a) before you married and b) after.
- Who were some of the people who made decisions in your life at this age?
- Was there anyone there to encourage you to follow your dreams or who supported you to reach your goals?
- Did you face any challenges or barriers from decision-makers?
- What was the outcome? Did you manage to achieve what you set out to?
- Was there something or someone that could have provided you with support and encouragement that would have made a difference to you?



☑ **DO:** Once they have finished, ask if one or two volunteers want to share their drawings or share back their thought or reflections with the group. Reminder: Please only share back what you feel comfortable and safe to share in our group.

🗨️ **SAY:** Now I want you to take a few minutes to think about your own daughters/in-law. Do you know what their goals and aspirations are? Do you think they are likely to face barriers in reaching these? Who or what are the barriers?

⚠️ **NOTE:** Give them a few minutes to think about this.

💬 **ASK:** What can we do to support them? (Acknowledge that some things may be out of our control.) They can discuss this in pairs if they prefer.

Examples could include:


- taking time to listen to girls
- encouraging them to think outside of the gender box
- not ridiculing them if they show an interest in something that is traditionally perceived to be a boy's role
- encouraging girls with disabilities to participate in activities that interest them
- supporting daughters-in-law adjust to their new role
- be understanding and encouraging of divorced girls to continue living a happy life.

☑ **DO:** Write their answers on a flip chart.

📊 **EVALUATE:** Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.




★ KEY MESSAGES


 **SAY:** Society places expectations of who women and girls should be, how they should act, how they should feel, and what they should say. They are taught to us from the moment we are born, by many different people and through experiences. Sometimes it can be difficult and even unsafe to challenge these, but we do have the power to take even small steps within our own home in the way we treat girls and boys. And these small steps can make a big difference.

CHECK IN (5 MINS)

SUMMARISE how many pebbles there were for each activity and see if caregivers want to share any specific feedback about this. Explain that we are testing these activities to see how caregivers respond to them and you want to have their feedback to know if some activities should be changed or removed, or if there are activities they liked in particular.

 **REMIND** them that the comments box is there if they want to leave further feedback and that you will be available at the end to discuss further.

TAKEAWAY (5 MINUTES)

 **SAY:** Discuss with your daughter/in-law the hopes you have for her and ask what her hopes are for herself. Then share a story with your daughter about what it was like for you growing up and what was important to you at that age.

SESSION 4

THE FAMILY ENVIRONMENT

IRC GIRL SHINE SESSION 6



FOR CAREGIVERS OF MARRIED
AND UNMARRIED GIRLS

🎯 SESSION AIMS

By the end of the session, caregivers will:

- Recognise the importance of a healthy family environment.
- Learn tips and techniques to help them contribute towards a healthy family environment.



MATERIALS

Markers

Coloured pencils/pens

Opaque evaluation jars (or cardboard boxes) and pebbles (or scrunched up papers)

A4 paper

Flip chart paper



FACILITATOR NOTE

This session may be sensitive and bring up some difficult experiences for caregivers. Be sure to remind caregivers of the group agreements and check to see whether they want to have additional group agreements for this session. Be prepared with information on services that women can access if they need further support.



TERMINOLOGY

- Refer to local definitions for terms such as stress, stunting, modelling



DURATION

2 hours





WELCOME & REVIEW (15 MINUTES)

ASK:

Did you discuss with your daughter/in-law the hopes you have for her? Have you asked about her hopes for herself? Have you shared the story with your daughter about what was it like for you growing up and what was important to you at that age?

LET'S EXPLORE (20 MINUTES)

 **NOTE:** *Be aware of gender norms in this session that reinforce the idea that it is women's responsibility to raise their children in the home. It's important to clarify that taking care of children is a shared responsibility.*

 **SAY:** Today we are going to talk about the family environment. By this we mean the relationships and experiences we have within our family structure. We will go into more detail about how a healthy and safe family environment is essential for our own well-being and that of our girls, including daughters-in-law and boys.

 **NOTE:** *Recognise that this may be difficult for some female caregivers. Caregivers do not need to share answers verbally if they are not comfortable.*

 **ASK:** When we imagine a family environment, what are the things we think of?

 **EXPLAIN:** The family environment can include a number of things:

PHYSICAL ENVIRONMENT – for example, a house or a specific physical space;

EMOTIONAL ENVIRONMENT – for example, stressful, tense, happy, relaxed, safe space, open communication;

LEARNING ENVIRONMENT – for example, stimulating/stunting, modelling good/bad behaviour, encouraging/ discouraging communication and ideas.



ASK:

- ① What makes a family environment unsafe, tense, or stressful? (Physical or verbal violence directed at children, daughters-in-law or between a couple – for example, fighting, yelling, arguing, harsh punishments, etc.)
- ① What can happen if the family environment is not safe and is a tense and stressful place?
- ① What do we think the impact of stress in the home is on girls, including daughters-in-law? What is the impact of stress on boys?
- ① What about on us as women?



EXPLAIN: Children who are exposed to a stressful home environment and violence in the home experience added emotional stress, which can impact the development of their brains and decrease the prospects for a happy, healthy adulthood. It can also lead to behaviour problems, sleep problems, emotional distress, fear of being alone, immature behaviour, and problems with language development. Violence and abuse at home can also increase the possibility of girls experiencing violence in relationships or marriages, and it may also increase the chances of violence being used against their own children in the future.



ASK: What information did you already know and what information was new to you?



EXPLAIN: As they grow, children who are exposed to a stressful home environment and violence may continue to show signs of problems. Children and young adolescents may have more trouble with schoolwork and show poor concentration and focus. As they grow, they may suffer from depression, suicidal tendencies, and bed-wetting. Others feel socially isolated, unable to make friends easily, and may also show signs of aggressive behaviour¹⁰. Each situation is unique and some children may or may not experience these problems depending on the support they have and their coping mechanisms.

ASK:

- ① What information did you already know and what information was new to you?
- ① How do you think this impacts girls who are married? Is the situation the same or different for them compared to unmarried girls? How?
- ① What about girls who are divorced? Is the situation the same or different for them compared to unmarried/married girls? How?
- ① What about girls with disabilities? Is the situation the same or different for them compared to girls without disabilities? How?

10 17 UNICEF (2006) Behind Closed Doors: The Impact of Domestic Violence on Children



EXPLAIN: There may be some things we cannot control, such as the setting or structure in which we live, but there are things we can do to make those spaces nurturing, safe and supportive to our family. Girls who have a disability, are married or divorced may have additional needs that should be considered. For example, married girls may be expected to take on adult responsibilities before they are ready, girls with disabilities may require additional support from a carer and divorced girls may experience stigma and therefore isolation in the community and their immediate family. Girls with disabilities may also want to be treated in the same way (as much as feasible accounting for any necessary additional needs) as girls without disabilities. Thus, it is very important to communicate with them to factor for their wishes. As caregivers, we have power over our daughters, daughters-in-law and sons and we have control over whether we choose to use violence with them or not. If we want our children to grow up healthy, we should use our power to choose to be non-violent. Parents, caregivers and adults can be powerful models for safe and healthy relationships.

ASK: Does anyone have any examples of how they make their family environment more nurturing, supportive, and safe? Probe for examples related to girls who are married, girls with disabilities, etc.

SAY: It is important to look at the relationship between the decision makers in the family environment (for example, the husband/wife, intimate partner, other significant decision-maker, etc.)

NOTE: *Women may say they have no control over their family environment, and it is men who influence the experience in the environment. Encourage women to think about their one-to-one interactions with their children, daughters-in-law and how they can negotiate for more decision-making power.*

ACTIVITIES (1 HOUR 5 MINS)

1 HEALTHY RELATIONSHIPS (25 MINUTES)

SAY: I want us individually to think about what a “healthy relationship” looks like.

ASK: What do we understand by the term “healthy relationships”? (They are relationships based on respect, trust, and honesty. They are relationships that make us feel good and happy and where we have shared power with our partner.)




- ✓ **DO:** Distribute pens and paper and ask participants to draw a picture that represents a healthy relationship. It can be between a caregiver/daughter, husband/wife, mother in-law/daughter in-law, boyfriend/girlfriend, fiancé or other forms of intimate partnerships, and it doesn't need to be reflective of the women themselves or their current situation.

ALTERNATIVELY:

DO: Split participants into pairs and allocate the following roles: caregiver/daughter, husband/wife, daughter in-law/mother in-law or other forms of family relationships. Invite the participants to create a role-play, representing healthy relationships between these two people. After a few minutes, ask them to present their role plays, paying attention to language and gestures.


After a few minutes...

-  **ASK:** Now looking at your pictures/role-plays. What does the pictures/role-plays tell you about the things that make a healthy, safe relationship between two people?

DO: Write down caregivers' answers on flip chart paper and add the following, if not mentioned:

- ✓ Talking to each other in kind ways without shouting or calling names
- ✓ Women having shared power and decision-making with men on raising children, educating children, and how to spend the family's money, as well as all other issues that affect the family
- ✓ Listening to each other and showing empathy
- ✓ Being able to express feelings with each other
- ✓ Respecting each other as people and supporting each other's goals, hopes, and dreams

-  **ASK:** Do the things we mentioned reflect our actual experience as caregivers?

-  **SAY:** Women may be experiencing anger, stress, or even violence from their husbands/boyfriends, or due to other causes like displacement, etc. They may express their anger or frustration towards their children, in particular adolescent girls, because of girls' position within the family. Violence is a choice, and we should choose to use non-violent approaches towards children and seek support for the situations we are facing. At the same time, we should find coping mechanisms that do not involve aggression towards children, as this creates an unsafe environment for children in the home and might influence their long-term development.



NOTE: Remind caregivers of the services available to them. If they would like more information, explain that they can see you after the session.



EVALUATE: Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.



2 STEPS TOWARDS A HEALTHY FAMILY ENVIRONMENT (40 MINUTES)

DO: Read the following story to the caregivers, then split them into groups and give each group a question to think about. They will report their reflections back to the group.



CAREGIVERS OF UNMARRIED GIRLS


Jihan (14 years old) usually helps her mother/mother in-law, Amira, with the chores at home, but recently Jihan has not been doing her chores. One day, Amira comes home and Jihan has not prepared dinner. Amira is very annoyed. She asks Jihan why she hasn't cooked dinner; Jihan tells Amira that she has to finish her schoolwork as she has exams. Amira is annoyed at Jihan and tells her that she is being disrespectful.



CAREGIVERS OF MARRIED/DIVORCED GIRLS

Jihan usually helps her mother in-law, Amira, with the chores at home, but recently Jihan has not been doing her chores. One day, Amira comes home and Jihan has not prepared dinner. Amira is very annoyed. She asks Jihan why she hasn't cooked dinner; Jihan tells Amira that she has many things she is juggling for her husband and her baby. Amira is annoyed at Jihan and tells her that she is being disrespectful.



 **SAY:** I want you to take a few minutes to think about what happened. (Repeat the story if necessary.) And then in your groups, answer the following questions:



Group 1:

What emotions was Amira experiencing? What emotions was Jihan experiencing? How can Amira express this to Jihan? How can Jihan express this to Amira?


NOTE: *Facilitators should get women to try to think from the perspective of both Amira and Jihan.*



Group 2:

How can Amira improve her communication with Jihan?

NOTE: *Facilitators should get women to think about practical things they can say and do in these situations.*

 **EXPLAIN¹¹:** When dealing with a similar situation experienced by Amira and Jihan, we should consider the following:

- **BE EMPATHIC**
Put yourself in the other person's shoes and think about how they will feel about what you are telling them. How would you feel if the roles were reversed? Give others time to ask questions and explain themselves.
- **THINK ABOUT YOUR BODY LANGUAGE:**
Make eye contact and try to sit or stand in a relaxed way. Do not use confrontational language or aggressive body language.
- **LISTEN**
When we are stressed, we tend to listen less well. It is important to give the person your full attention.
- **STAY CALM AND FOCUSED**
Communication becomes easier when we are calm. Take some deep breaths and try to maintain an air of calmness. Others are more likely to remain calm if you do.
- **USE "I STATEMENTS"**
If the situation is tense, using "I statements" can help to focus on the effects of the actions of a person, instead of the actions themselves. It may be easier for family members to communicate when an action is not singled out for blame, and young adults and adolescents in particular may be more receptive to hearing how their actions have affected others when the language used is not accusatory. Some examples of "I statements" include:

11 Adapted from Skills You Need - <https://www.skillsyouneed.com>



 <p>I'M FEELING ANNOYED RIGHT NOW.</p>	 <p>I'VE HAD A BAD DAY.</p>
 <p>I FEEL DISRESPECTED WHEN SOMEONE RAISES THEIR VOICE AT ME.</p>	 <p>I FEEL VERY SAD WHEN I HEAR RUDE WORDS BECAUSE THEY HURT MY FEELINGS.</p>

DO: Practice! Ask participants to spend a few minutes doing role-play focused on how Amira could deal with this situation, thinking about “I statements” and body language. Ask a few participants to share their roleplay with the group.

EVALUATE: Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.



★ KEY MESSAGES



SAY: While we may not have the power to change everything around us, there are small steps we can take to strengthen communication with our children, which includes our daughters and daughters-in-law. Strong communication can lead to healthy relationships which can maintain a supportive family environment.



CHECK IN (5 MINS)

SUMMARISE how many pebbles there were for each activity and see if caregivers want to share any specific feedback about this. Explain that we are testing these activities to see how caregivers respond to them and you want to have their feedback to know if some activities should be changed or removed, or if there are activities they liked in particular.



REMIND them that the comments box is there if they want to leave further feedback and that you will be available at the end to discuss further.



TAKEAWAY (5 MINUTES)



SAY: Practice the communication techniques we learned today with adolescent girls and daughters-in-law. Specifically think about using “I statements” and share feedback on whether this technique was helpful or not.

SESSION 5A

EXPLORING OUR RELATIONSHIPS WITH ADOLESCENT GIRLS

IRC GIRL SHINE SESSION 7



FOR CAREGIVERS OF MARRIED
AND UNMARRIED GIRLS

🎯 SESSION AIMS

By the end of the session, caregivers will:

- Explore the concept of empathy and practice techniques to increase empathy towards their daughters.
- Get aware of and supportive of girls accessing their rights.
- Continue to build positive relationships with girls.



MATERIALS

Coloured pens

Markers

Opaque evaluation jars (or cardboard boxes) and pebbles (or scrunched up papers)

Flip chart paper

A4 paper



PREPARATION:

On separate flipcharts write out:

- Communication Tips
- Steps of Empathetic Communication (1-4 bold text only)
- Stories of Mariam and Leila



TERMINOLOGY

- Refer to local definitions for terms such as empathy, empathic communication

DURATION

2 hours

TIMING

Before the start, or in parallel to, the adolescent girls' participation in the 'Our Relationships' Part 1 & 2 sessions.



WELCOME & REVIEW (15 MINUTES)

ASK: Did you practice the communication techniques we learned in the last session with adolescent girls and daughters-in-law?

Probing questions:

- Which ones did you use?
- Which ones were most helpful/unhelpful?
- Did you use any that we didn't talk about in the session? What were they?



SAY: Last session we discussed what it means to have a healthy family environment, and one of the things we discussed was the emotional environment. One of the key factors we discussed with regard to creating a healthy family environment was good communication. Today we are going to talk in more detail about how we communicate with adolescent girls and how we can strengthen our relationships with them during this time of transition for girls.



LET'S EXPLORE (20 MINUTES)

ASK: What are some of the challenges or issues caregivers face with adolescent girls they care for?



SAY:



CAREGIVERS OF UNMARRIED GIRLS:

- Sometimes the issues you have with girls may be due to things beyond your control and may also not be the girls' fault either.
- Living in difficult situations, caregivers face many pressures and stress, which may affect the way they treat their children. It is also important to remember the impact this difficult situation is also having on them.



CAREGIVERS OF MARRIED/DIVORCED GIRLS

- Sometimes the issues you have with girls may be due to things beyond your control and may also not be the girls' fault either.
- Living in difficult situations, caregivers face many pressures and stress, which may affect the way they treat their children. It is also important to remember the impact this difficult situation is also having on them.




CAREGIVERS OF UNMARRIED GIRLS:

- It is important to listen and communicate with girls as they are growing. This helps build a healthy and nurturing family environment.
- Relationship-building takes some time, and it is normal to experience difficulties, starting conversations that are different from our usual patterns or routine, but we can do so with continuous and persistent efforts.



CAREGIVERS OF MARRIED/DIVORCED GIRLS

- Married girls may not see their caregivers often and it may be difficult for mothers to know how their daughters are feeling or what they are experiencing.
- For mothers in-laws, they may still be learning about their daughter in-law and going through adjustments that happen when a new person joins the family.
- It is important to listen and communicate with girls, even married girls, because they are still growing. This helps build a healthy and nurturing family environment. Even if, as a mother, you are no longer living in the same household as your daughter, it is still important to keep up this communication and listening, as it can be mutually beneficial.
- Relationship-building takes some time, and it is normal to experience difficulties starting conversations that are different from our usual patterns or routine, but we can do so with continuous and persistent efforts.

 **ASK:** Who is responsible for developing a healthy relationship with girls? (Both the male and female caregivers and mothers-in-law.)

 **NOTE:** For caregivers who say it is the girl's role, ask them why.

 **ASK:**

Why is it important to build the relationship between you and your daughter/in-law?



CAREGIVERS OF UNMARRIED GIRLS:

- Especially during times of uncertainty, crisis or displacement, it is important to try as much as possible to continue building relationships with all your children.
- Your relationship with adolescent girls in particular may change. You may expect them to take on more responsibility. Due to the changes they experience during puberty, other people may also treat them differently. New environments, like during displacement, can also mean that they have more limited freedom than before and fewer opportunities than their male siblings. Alternatively, they might find themselves with more freedom and caregivers may be worried about how they are spending their time. ◊
- And while this is a stressful time for the entire family, and building relationships may not seem like a priority, it is essential if you want to ensure they are healthy, happy, and safe.
- Doing so will help your daughters be more open to discussing their concerns, needs, and worries with you. Trying to put yourself in their shoes opens space for dialogue and will alert you to any potential risks or issues they may be facing. This will help you to provide support to them if needed.



CAREGIVERS OF MARRIED/DIVORCED GIRLS

- Especially during times of uncertainty, crisis or displacement, it is important to try as much as possible to continue building relationships with all your children, including married girls and daughters-in-law.
- Your relationship with your married daughters in particular may change as you may not see them as often, but this doesn't mean they don't need you. If anything, they need you more as they will be experiencing many new things.
- Mothers-in-law may expect daughters-in-law to take on more responsibility that may be new to the girl and she didn't have to do before.
- Married girls may have more limited freedom than before they were married and fewer opportunities as they are occupied with managing the home.
- In times of uncertainty and displacement, girls might get married at an even younger age than they would have done before displacement.
- Girls are still growing and they may struggle to take on adult responsibilities and this could lead to tension in their new home.
- Even if girls are married, they are still young and should be encouraged and supported to access the same opportunities as their unmarried counterparts. Caregivers can have an important role in championing this for married girls.



CAREGIVERS OF UNMARRIED GIRLS:

- During these situations, sometimes caregivers might think it is best for a girl to be married and think this might be the best option for her future. There are other options that can be explored before going down the route of marriage.
- Communicating with girls and exploring their wants and needs for the future could help prevent issues they may face if married at a young age.



CAREGIVERS OF MARRIED/DIVORCED GIRLS

- Communicating with girls and exploring their wants and needs could help prevent issues they may face during the marriage.



ACTIVITIES (1 HOUR 5 MINS)

1 COMMUNICATING WITH GIRLS (25 MINUTES)

DO: Read the following scenarios to the group. After each scenario, ask volunteers to come forward to act out the scenario and how they would respond in each situation.

NOTE: *If caregivers suggest harmful ways of dealing with the situation, for example, punishing the girl by hitting, yelling, etc., ask them what the risks or benefits are to responding in this way. You can also ask other caregivers if they have alternative suggestions about how to handle the situation. They can step in to show their approach through the role-play.*

CONTEXTUALISATION: Not all scenarios are relevant to all contexts. Please choose the ones that are most relevant to yours. You do not need to do all scenarios.



CAREGIVERS OF UNMARRIED GIRLS:

SCENARIO 1

Betty is going through puberty and is experiencing many changes. Betty has many questions about puberty, menstruation and pregnancy. This is not normally something that is discussed openly and Alice (her mother) doesn't have all the answers to Betty's questions.

ASK: What would you advise Alice?

NOTE: *It is important to mention that it is Betty's right to have information about her body. Alice can seek help from the safe space or health provider if she is unsure how to explain to Betty.*



CAREGIVERS OF MARRIED/DIVORCED GIRLS

SCENARIO 1:

Betty is recently married and wants to continue going to school. She wants information about family planning so she can delay getting pregnant. She asks Alice – her mother/in-law. This is not normally something that is discussed openly and Alice doesn't know how to respond to Betty.

ASK: What would you advise Alice?

NOTE: *It is important to mention that it is Betty's right to have information about her body. Alice can seek help from the safe space or health provider if she is unsure how to support Betty's request for information.*



CAREGIVERS OF UNMARRIED GIRLS:

SCENARIO 2

Asha has been feeling very sad lately and Dana, her female caregiver, is worried about her. One day, Dana overheard a conversation between Asha and a friend of hers about a boy that had upset Asha. Dana is concerned that Asha may be having a relationship with this boy and might be having some problems.

ASK: How would you handle this situation?

NOTE: Try to encourage caregivers to have a conversation with girls that is non-judgmental so that girls don't feel they have to keep secrets from their mother and that if the girl is experiencing any risks, she can turn to her mother without fear of judgment or rejection. This applies to the current scenario, but also more broadly in case it is not appropriate to talk about boyfriends.



CAREGIVERS OF MARRIED/DIVORCED GIRLS

SCENARIO 2

Asha has been feeling very sad lately and Dana, her mother/in-law, noticed. One day, Dana overheard an argument between Asha and her husband and it was very bad. Dana is concerned that the relationship is not going well.

ASK: How should Asha handle this situation?

NOTE: Try to encourage caregivers to have a conversation with the girl to see how she is feeling. The mother/in-law should try not to take sides and should try to talk to girls in a way that is non-judgmental. This will help girls speak to their mother/in-law about what is happening from the girl's perspective. Often, we are quick to blame the women or girl in these situations and, as women, we should show solidarity to other women and girls, knowing how difficult some of these situations can be for us.



CAREGIVERS OF UNMARRIED GIRLS:

SCENARIO 3

Randa is growing up and her caregivers have noticed that her behaviour is changing. Randa begins to challenge and question her caregivers much more than she did before. One day, her mother asks her to fetch water. Instead of doing what her mother says, like she normally does, she asks her mother why she never asks her brothers to fetch the water. Randa says she has a lot of homework since going into a higher class and she wants her brothers to take more responsibility around the house.

ASK: How would you handle this situation?

NOTE: *It's important to mention that Randa has the right to go to school and also to have free time and that it is beneficial for everyone if chores are spread out fairly and equally so they don't fall to one person.*



CAREGIVERS OF MARRIED/DIVORCED GIRLS

SCENARIO 3

Randa got married recently and is struggling with all the responsibilities that have been given to her in her new home. She struggles to cope and this has led to some problems. She doesn't talk to anyone in the house, she is withdrawn and seems sad all the time. One day her mother/in-law asked her why she is behaving so badly and Randa got very angry and then started to cry and told her mother/in-law to leave her alone.

ASK: What would you do if you were Randa's mother/in-law?

NOTE: *Her mother/in-law can try to talk to Randa about what is bothering her and see if they can find a way to make things easier for her. It is better to open the conversation in a way that is not blaming.*



CAREGIVERS OF UNMARRIED GIRLS:

SCENARIO 4

Ruth has been going out late at night and even though her mother tells her she doesn't want her to go, Ruth is still going and ignoring her mother's wishes. People in the neighbourhood are talking about Ruth and her friends saying they have spotted them at discos. Ruth's mother is worried about what happens at these discos.

ASK: What would you advise her mother?

NOTE: *This question may raise strategies which involve marrying Ruth off. Try to get caregivers to think about talking to girls, understand and have a conversation with Ruth to see together if the discos are safe/unsafe for Ruth to attend, and how they can set boundaries that both can agree on.*



CAREGIVERS OF MARRIED/DIVORCED GIRLS



SAY: Here are some additional tips that you can use to improve communication with your daughters.



DO: Use the flipchart with the Tips for Communicating with Girls, or if possible, print out the Tips for the participants (using Resource 5.1) and give as a handout.



COMMUNICATION TIPS:

Encourage girls to express their opinions. Even if you don't agree with them, make them feel that their opinion is being considered.

Explore ways to help girls express themselves, especially girls who may have a disability and are unable to communicate their opinions verbally.

Show a genuine interest in their thoughts and concerns. They are at a sensitive stage and some find it hard to express themselves.

Give them your time and attention. Even if your own life is very busy with lots of changes happening, it is important to try to make time for your daughter/in-law, especially during this sensitive stage in her life.

Don't judge girls harshly, as this can close down communication and opportunities to become closer to the girl. Use "I statements," for example, "I feel sad because you broke my trust," instead of saying, "You are bad for lying to me."

Don't impose your opinions. Instead, ask girls what they think should be done in a specific situation.

Encourage girls and allow them opportunities to be helpful. If you want them to assist with chores in the house, make sure they realise how helpful it is to you, as they will be more likely to want to support in this way. Use of praise makes everyone both the giver and the receiver feel good!

Allow girls to be sad. Don't expect them to always be tough or always happy and smiling. Encourage healthy expression of their emotions that reflects what they are truly feeling. Ask: can you think of examples of how you are expected to behave in a certain way because of the 'woman box'?

Encourage girls to form solutions on their own, by asking questions and encouraging them to think through the possible positive and negative consequences of any situation. It is also important to do this with girls with disabilities, supporting them to find ways to share their ideas and solutions with you.

If you're concerned about girls going to certain places and doing certain things, instead of saying 'no', try to provide reasons why you think this or what it is you're worried about so that you can come to an understanding.

Try to put yourselves in their shoes and try to understand what they are feeling and what is on their mind. Remember how you felt when you were that age. For mothers-in-law, ask them to remember what it was like for them when they were first married.



EVALUATE: Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.



2 EFFECTIVE COMMUNICATION TAKES TIME (40 MINUTES)



SAY: We are going to talk about how to respect and understand others' thoughts, feelings, and views. Some people use the word "empathy" to describe this respect and care.



NOTE: *It is not necessary to use the word empathy, as long as its main concept and rationale is communicated. You could choose, for example, to use the phrase "respect and understanding others' thoughts, views, and feelings."*



ASK: Does anyone know what we mean by empathy?



EXPLAIN: When I think of "empathy," I think of working to understand the situation from the perspective of another, seeing with the eyes of another, hearing with the ears of another, and feeling with the heart of another. Empathy is the ability of one person to walk in the shoes of another person and feel what that is like. Often times, when we are facing difficulties ourselves, it is hard to consider someone else's feelings and act with care, but empathy is an important skill that can help us to improve our relationships with girls.



SAY: Empathy, simply, is the ability to understand and act with care towards our daughters.

BLAME VS. EMPATHY SCENARIOS:

Require CONTEXTUALISATION:



CAREGIVERS OF UNMARRIED GIRLS:

SAY: I want to read you a story about Mariam and Leila.

Mariam is 11 years old and lately she has been coming back from school in a very negative mindset and her behaviour is also becoming negative. She yells at her siblings and refuses to talk to her mother, Leila. One day after school, she comes home and throws her things on the floor. Her mother asks her what's wrong. Mariam tells her mother that she doesn't want to go to school anymore! She says that some of the girls in class have begun to tease her now that she started menstruating, and they haven't. They tell her she is dirty, and they don't want to play with her anymore. This has made Mariam feel really upset and isolated.

ASK: How do you think Mariam is feeling?

SAY: Now I am going to read some of the potential responses from Leila. After each response, I would like you to move to the front of the room if you think that Leila was blaming Mariam, and to the back of the room if you think Leila was being understanding/empathetic to Mariam's situation and her feelings. You can stand in the middle if you're really unsure.

NOTE – if participants are struggling with mobility issues, you can change the activity, so everyone raises their hands, or shouts out.



CAREGIVERS OF MARRIED/DIVORCED GIRLS

SAY: I want to read you a story about Mariam and Leila.

Mariam recently got married and is visiting her mother, Leila, and her siblings. It is the first time she has been home since getting married. When Leila asks Mariam how married life is going, Mariam responds to tell Leila that it is very difficult sometimes and that the other week her husband shouted at her. This has made Mariam feel really upset and isolated and she doesn't feel like going back there.

ASK: How do you think Mariam is feeling?



CAREGIVERS OF UNMARRIED GIRLS:

1

Leila exclaimed, “Don’t be so silly! These things happen all the time and you are being too sensitive. Focus on your studies and just ignore them!”

(Pause to give caregivers time to move to the front or back of the room.)

SAY: Leila’s blaming her.

2

Leila said in a stern voice, “You must have done something to provoke these girls. I can’t understand why anyone would do this to you. Why do these things always happen to you?”

(Pause for five seconds.)

SAY: Leila’s blaming her.

3

Leila said in a concerned voice, “I can see/ understand that you are upset. I am so sorry that this happened to you; this is not your fault. School is very important, so what can we do to try to solve this problem?”

(Pause for five seconds.)

SAY: Leila’s showing empathy.



CAREGIVERS OF MARRIED/DIVORCED GIRLS

1

Leila exclaimed, “Don’t be so silly! These things happen all the time in marriage and you are being too sensitive. Focus on your marriage, making your husband happy and don’t allow yourself to be bothered by silly things”

(Pause to give caregivers time to move to the front or back of the room.)

SAY: Leila’s blaming her.

2

Leila said in a stern voice, “You must have done something to provoke your husband or failed him as a wife somehow. I can’t understand why he would shout at you. Why do these things always happen to you?”

(Pause for five seconds.)

SAY: Leila’s blaming her.

3

Leila said in a concerned voice, “I can see/ understand that you are upset. I am so sorry that this happened to you; this is not your fault. What can we do to try to solve this problem?”

(Pause for five seconds.)

SAY: Leila’s showing empathy.



ASK:

- ? Which of the responses given by Leila did you prefer? Why? Which responses would you like to hear if you were Mariam?
- ? Why is empathy necessary in order to be a caregiver/mother-in-law of an adolescent girl?

DO: Have caregivers discuss; add to their list if any of the following is missing:



CAREGIVERS OF UNMARRIED GIRLS:

- Being empathetic helps ensure your daughters get their needs met and they feel safe.
- Caregivers can have empathy for each other and themselves, and this teaches children to care for themselves and others. Children are great imitators of our behaviour, so when we respond to them with respect and empathy, they learn to treat others with respect and empathy.
- When we respond empathetically to our daughters, we are communicating that they are important and they matter. We are supporting their healthy social and emotional development.
- Being empathetic allows our daughters to openly share and discuss their problems and the risks they are facing, without the fear of being blamed.



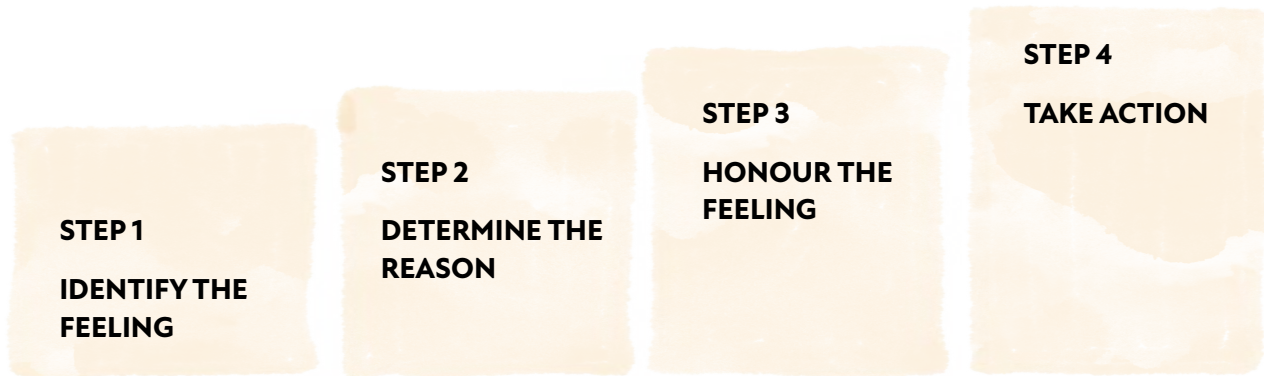
CAREGIVERS OF MARRIED/DIVORCED GIRLS

- Being empathetic helps ensure your daughters/in-law get their needs met and they feel safe.
- Caregivers can have empathy for each other and themselves, and this teaches the family, including daughters-in-law, to care for themselves and others.
- When we respond empathetically to our daughters/in-laws, we are communicating that they are important and they matter, they are part of the family no matter if they live with us or are living with our in-laws. We still have a responsibility to support their healthy social and emotional development.
- Being empathetic allows our daughters/in-law to openly share and discuss their problems and the risks they are facing, without the fear of being blamed.
- Girls need to have someone they can trust to talk to about the challenges they may experience as a married girl.



SAY: I'm going to share with you a simple technique to help you improve your empathy, to understand your daughters' feelings better, and be able to be responsive to them. This technique has four Steps (refer to flipchart with Steps and stick it on a wall):

STEPS OF EMPATHETIC COMMUNICATION:



STEP 1 **IDENTIFY THE FEELING**

Try to identify or label what someone is feeling. When caregivers honour a feeling, they first identify it or label it. For example, "Mariam, you look like you are worried right now - are you?"

STEP 3 **HONOUR THE FEELING**

Honour the girl's feelings. Mariam might have had a disagreement with a friend or been rejected by her peers at school. Don't dismiss that reason. Acknowledge and respect the "why." If you make your daughter think that her feelings are not important, she might not talk to you anymore about the things bothering her. "I understand that this makes you feel sad/upset/tired."

STEP 2 **DETERMINE THE REASON**

Understand why they are feeling that way. "Would you like to tell me why you are worried?" Mariam can tell you, or she may choose not to right now. You can say to Mariam, "Feel free to come and talk to me when you are ready."

STEP 4 **TAKE ACTION**

Deal with those feelings with your daughter. You can brainstorm with her what, if anything, needs to be done. Sometimes the situation may require the caregiver and the girl to come up with possible actions that may help remedy the situation. Sometimes the situation doesn't need an action other than just comforting your daughter/in-law or sharing in her joy. "Let's sit down together and discuss how to address this problem."



STEPS OF EMPATHETIC COMMUNICATION



Step 1- Identify the feeling:

Try to identify or label what someone is feeling. For example, "Mariam, you look like you are worried right now - are you?"



Step 2- Determine the reason:

Understand why they are feeling that way. "Would you like to tell me why you are worried?" Mariam can tell you, or she may choose not to right now. You can say to Mariam, "Feel free to come and talk to me when you are ready."



Step 3- Honor the feeling:

Mariam might have had a disagreement with a friend or been rejected by her peers at school. Don't dismiss that reason. If you make your daughter think that her feelings are not important, she might not talk to you anymore about the things bothering her. "I understand that this makes you feel sad/upset/tired."

Step 4- Take action:

Deal with those feelings with your daughter. You can brainstorm with her what, if anything, needs to be done. Sometimes the situation may require the caregiver and the girl to come up with possible actions that may help remedy the situation. Sometimes the situation doesn't need an action other than just comforting your daughter/in-law or sharing in her joy. "Let's sit down together and discuss how to address this problem."

Illustration by Vidushi Yadav, Visual Designer, Illustrator and Communications Specialist.

<https://in.linkedin.com/in/vidushi-yadav-10512220>

International Rescue Committee, Girl Shine Early Marriage Curriculum for Caregivers



SAY: Now we are going to practice the four Steps of empathetic communication.



DO: Ask caregivers, in pairs, to practice the Steps of empathetic communication, using the example of Mariam and Leila. Refer caregivers to the flipchart with Mariam and Leila's story on it, so they can recall the specifics.



NOTE: They can change the story and replace it with other problems they may encounter. They can also switch roles so each caregiver has the opportunity to be Mariam and Leila. Ask: Were these new skills for you, or have you used these before?



ASK: Do you feel this is something you can practically use in your interactions with your daughters? If not, what alternatives do you suggest?



NOTE: *Let them know that this may not come to them naturally, since it may be new and we may be used to different ways of dealing with these situations. However, since they have a vision to support girls and help them to achieve their goals, the use of this technique will lead them towards their vision.*



EVALUATE: Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.

★ KEY MESSAGES



SAY: being empathetic helps us to strengthen our relationships with our daughters/in-laws, sons and other family members, It is a great way to create a happy and healthy environment for the entire family.



CHECK IN (5 MINS)

SUMMARISE how many pebbles there were for each activity and see if caregivers want to share any specific feedback about this. Explain that we are testing these activities to see how caregivers respond to them and you want to have their feedback to know if some activities should be changed or removed, or if there are activities they liked in particular.



REMIND them that the comments box is there if they want to leave further feedback and that you will be available at the end to discuss further.



TAKEAWAY (5 MINUTES)



DO: Explain to caregivers this week's home assignment is to practice the four Steps of empathetic communication with their daughters/in-law. They should provide feedback as to which ones they used and whether or not they were effective in the next session.



SESSION 5B

EXPLORING OUR RELATIONSHIPS WITH ADOLESCENT BOYS

NCA SESSION



FOR CAREGIVERS WHO ALSO HAVE MALE ADOLESCENT-AGED CHILDREN

🎯 SESSION AIMS

By the end of the session, caregivers will:

- Learn communication techniques that can contribute towards healthier relationships with their sons.
- Explore the concept of empathy and learn techniques to increase empathy towards their sons.



MATERIALS

- Coloured Pens
- Markers
- Opaque Evaluation Jars (Or Cardboard Boxes) And Pebbles (Or Scrunched Up Papers)
- Flip Chart Paper
- A4 Paper



PREPARATION

- Print out Resource 5b.1: Tips for Communicating with Adolescent Boys, to be shared with all the participants
- Print out Group Work Scenarios to practice steps for empathetic communication (Resource 5b.2)
- On separate flipcharts write out Steps of Empathetic Communication



FACILITATOR NOTE

- In case if there are caregivers who participated in the previous session 5a: “Exploring our Relationships with Adolescent Girls”, adjust the communication, reminding participants on the concepts already discussed, such as “empathy”. This will be important in order for the participants not to feel that the session is repetitive, but rather build on what they have learned already in the previous session.



DURATION

2.5 hours.






TIMING


To be delivered around the same time as adolescent boys’ session on Session 3: Effective Communication (only applicable if the participating caregivers also have male adolescents participating in adolescent boys’ programme).




WELCOME & REVIEW (10 MINUTES)


ASK:

-  What was one piece of information that stood out for you from the last session?
-  Did you carry out the task from last session's Takeaway? What was the outcome?
-  How are you feeling about being part of the group? Are there any new concerns that have come up for you since our last meeting? What kinds of responses have you been getting from others about your involvement in the group?

 **DO:** Remind participants that they can approach you separately after the meeting to discuss any issues.

 **SAY:** A few sessions ago, we discussed what it means to have a healthy family environment, and one of the things we discussed was the emotional environment. One of the key factors we discussed with regards to creating a healthy family environment was good communication. We have discussed how to communicate effectively with girls. Today we are going to talk in more detail about how we communicate with adolescent boys and how we can strengthen our relationships with them during this challenging time of transition.

LET'S EXPLORE (10 MINUTES)

 **ASK:** What are some of the challenges or issues caregivers face with adolescent boys they care for?

 **EXPLAIN,** if not mentioned by the participants:

- Sometimes the issues you have with boys may be due to things beyond your control and may also not always be the boys' fault.
- Living in difficult situations, caregivers face many pressures and stress which may affect the way they treat their children. It is important to remember the impact this difficult situation is also having on them.
- It is important to listen and communicate with boys as they are growing. This helps build a healthy and nurturing family environment.
- Relationship-building takes time, and it is normal to experience difficulties starting conversations that are different from our usual patterns or routine, but we can do so with continuous and persistent efforts.



ASK: Who is responsible for developing a healthy relationship with boys?

NOTE: *If the group does not say both male and female caregivers are responsible, ask them why. Remind them of the gender roles and the gender box discussed previously, and how this can limit us. If there is anyone who believes that it is both caregivers' responsibility, ask them to explain why – thus, providing a different perspective.*

ASK: Why is it important to build the relationship between you and your son?

EXPLAIN:

- Especially during times of uncertainty or displacement, it is important to try as much as possible to continue building relationships with all your children.
- Your relationship with adolescent boys in particular may change. You may expect them to take on more responsibility. Due to the changes they experience during puberty, other people may also treat them differently. New environments, like during displacement, can also mean that they face new challenges and are expected to become adults more quickly, such as working to provide income for the family. Because of the way that boys learn from an early age how they are supposed to act and behave, they may be less likely to communicate openly about their feelings or if they are having problems.
- And while this is a stressful time for the entire family, and building relationships may not seem like a priority, it is essential if you want to ensure they are healthy, happy and safe.
- Doing so will help your sons be more open to discussing their concerns, needs, and worries with you. Trying to put yourself in their shoes opens space for dialogue and will alert you to any potential risks or issues they may be facing. This will help you to provide support to them if needed.



ACTIVITIES (1 HOUR 20 MINS)

1 COMMUNICATING WITH BOYS (40 MINUTES)

ASK:

- How much time do you currently spend talking to your children about their lives or things that are important to them? Is this different for your female and male children? (Let them reflect on the answer; they can share if they want to.)



- ② How easy is it to talk to boys about sensitive topics related to health, relationships with their friends and/or girls, or how they are feeling? Do boys feel comfortable approaching their female and male caregivers if something is bothering them?
- ② Are there any specific ways for boys to let you know when they need to talk about something privately, whether it is related to relationships/dating or something else?
- ② Can you think of any strategies that might make boys feel comfortable approaching their caregivers if they have something sensitive they want to discuss? Is there a difference in strategies to approach male and female children?



SAY: We will now reflect on the ways our fathers communicated and interacted with us and the influence the father had on you as a child growing up. Although you might have had both positive and negative experiences in your childhood, in this activity think about how you can learn from the positive aspects of your fathers in raising their own children.



NOTE: *If participants do not feel comfortable, or are unable to recall instances of positive parenting with their own fathers, ask them to think of an extended family member (such as an uncle, or grandfather) or a positive male role model in their own lives (such as a teacher, coach, older friend, sibling, etc.)*



DO: Ask everyone to close their eyes and think about the positive influences their fathers or another man who was important to them during their childhood (example: an uncle, grandfather, older brother, etc.) had on them. Tell the group to spend a few minutes focusing on the a positive moment or memory that they shared with their father (male figure). What emotions does this moment recall for them? Ask participants to write their reflections down on paper or draw a picture. After two minutes, ask the group to open their eyes. Tell them to turn to the person sitting next to them and share their reflections on the relationship they have with their father, or main male figure, if they feel comfortable enough to do so. Give them 5 minutes to share.



DO: Once everyone has finished sharing, read the statement below out loud (**NOTE:** *you can put the statement on a flipchart making it visible to the participants:*

“One thing that my father (or male parental figure) did that I want to repeat with my own son is...”



SAY: Please think how you would complete this statement. Simply reflect on this, or you can write these reflections down on paper. Reflect for couple of minutes and then share your thoughts with the person sitting next to you.



- ✓ **DO:** Invite participants to share those reflections with the larger group.
- ✓ **DO:** Hand out the 'Tips for communicating with boys' to the participants (Resource 5b). Invite participants to read each statement out loud.

ASK:

- ? Are there any tips that you would recommend adding?
- ? Is there anything you would suggest to remove from the list?



TIPS FOR COMMUNICATING WITH ADOLESCENT BOYS

GIVE THEM YOUR TIME AND ATTENTION.

Even if your own life is chaotic, it is important to try to make time for your son, especially during this sensitive stage in his life. Learn about your son's interests. Let HIM teach YOU. Express genuine curiosity – "That seems really cool. I'd love to learn more." Create rituals for one-on-one time with your son. Try to make this time fun with no alternate agenda. This works best when you are able to provide undivided attention once or twice a week at a consistent time that you can commit to. Welcome ideas from your son around what you can do together.

ENCOURAGE THEM TO EXPRESS THEIR OPINIONS AND FEELINGS.

Boys do want to connect – you just might have to be the one to initiate. Model communicating about your feelings – this creates an emotional vocabulary for your children. It also makes talk about feelings a more of a normal part of life and not anything "weird" or unusual.

SHOW A GENUINE INTEREST IN THEIR THOUGHTS AND CONCERNS.

They are at a sensitive stage and some find it hard to express themselves. Boys are often socialised to be competitive and they sometimes don't have the tools to express feelings or ask for emotional support. If you get brushed off, don't give up on connection. Even if they won't talk, it's important that they get the message that you care about them and what's going on in their lives. Let them know that everyone feels vulnerable sometimes and it's OK to talk about our feelings.

EVEN IF YOU DO NOT AGREE WITH THEM, MAKE THEM FEEL THAT THEIR OPINION IS BEING CONSIDERED.

When disagreements inevitably arise – take a minute to think about how you can express your opinion without putting theirs down. Aim for having a conversation instead of argument, modelling an approach where people can have respectful disagreements. This teaches your son that the way to navigate the complex diversity of our world is not through rigidity.



ALLOW THEM TO BE SAD.

Do not expect them to always be tough. Create environments to encourage healthy expression of their emotions. As boys get older, they often become less comfortable engaging in important conversations that require direct eye contact. For example, suggesting to go for a walk could serve as a good opportunity for working around this. You can also watch a movie or read a story together, discussing then the feelings, characters or behaviours of the main heroes. Talking while you are actively doing something else that doesn't require a lot of thought allows adolescent boys to step into and out of the conversation. This allows them to negotiate vulnerability and distance within the conversation. Keeping moving will also help to keep your son alert and engaged.

DO NOT JUDGE THEM HARSHLY, AS THIS CAN CLOSE DOWN COMMUNICATION.

Be aware of how you talk about the people in your son's life. Try not to make assumptions about his friends without taking the time to learn about why these relationships are important to him. If you're judgmental and critical in the way that you talk about others, he may fear the same treatment when it comes to talking about himself. This is especially important to set the stage for talking about sex, drugs, and alcohol. By showing genuine curiosity and interest in his relationships BEFORE you express concern, you build trust and allow for more open and honest communication.

DO NOT IMPOSE YOUR OPINIONS.

Instead, ask them what they think should be done in a specific situation. Encourage them to form solutions on their own, by asking questions and encouraging them to think through the possible positive and negative consequences of any situation. If something that you're doing with your son hasn't been working for a long time – stop doing it. Ask yourself why you have this expectation and then look for another way to teach this lesson, maintain expectations, or ask questions. Invite your son in on this process and give him an opportunity to practice a valuable life skill, solving a problem collaboratively. You may want to ditch "How was school today?" if the answer is always just, "fine." Try asking for one high and one low from their school day. Or try asking them why they always say, "fine."

ENCOURAGE AND ALLOW THEM OPPORTUNITIES TO BE HELPFUL.


If you want them to assist with chores in the house, make sure they realise how helpful it is to you, as they will be more likely to want to support in this way.



EVALUATE: Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.




2 EFFECTIVE COMMUNICATION TAKES TIME (40 MINUTES)


 **SAY:** As we were exploring our relationships with adolescent girls in the previous session we have started to talk about how to respect and understand others' thoughts, feelings, and views. We used the word "empathy" to describe this respect, care and understanding for others. We will continue this conversation looking at empathy as our ability to understand and act with care towards our sons.


BLAME VS. EMPATHY SCENARIOS:

Require CONTEXTUALISATION:

 **SAY:** Let's discuss couple of scenarios. I want to read you a story about Hamid and Leila:


Hamid is 16 years old and lately he has been coming back from school in a very bad mood. He yells at his siblings and refuses to talk to his mother, Leila. One day after school, he comes home and throws his things on the floor. His mother asks him what's wrong. Hamid tells his mother that he doesn't want to go to school anymore! He says that some of the boys in class have begun to tease him now because he does not have a girlfriend yet. They tell him that all the other boys his age are having sex. This has made Hamid feel really upset and isolated.

 **ASK:** How do you think Hamid is feeling?

 **SAY:** Now I am going to read some of the potential responses from Leila. After each response, I would like you to move to the front of the room if you think that Leila was blaming Hamid, and to the back of the room if you think Leila was being understanding/empathetic to Hamid's situation and his feelings.

- 1 Leila exclaimed, "Don't be so silly! These things happen all the time and you are being too sensitive. Focus on your studies and just ignore them!"


(Pause to give caregivers time to move to the front or back of the room.)

 **SAY:** Leila's blaming him.

- 2 Leila said in a stern voice, "You must have done something to provoke these boys. I can't understand why anyone would do this to you. Why do these things always happen to you?"


(Pause for five seconds.)






 **SAY:** Leila's blaming him.


3 Leila said in a concerned voice, "I can see/understand that you are upset. I am so sorry that this happened to you; this is not your fault. School is very important, so what can we do to try to solve this problem?"





(Pause for five seconds.)


 **SAY:** Leila's showing empathy.

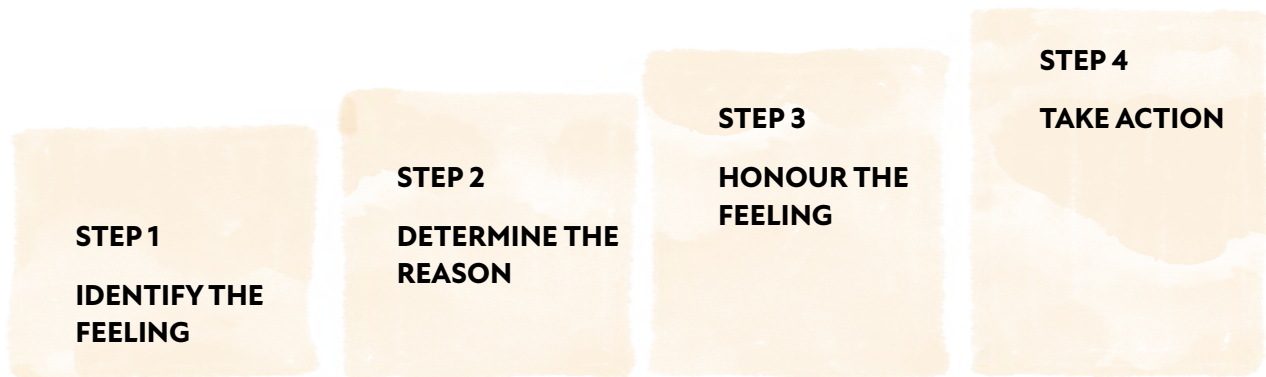
 **ASK:**

-  Which of the responses given by Leila did you prefer? Why?
-  Which responses would you like to hear if you were Hamid?
-  Why is empathy necessary in order to be a caregiver of an adolescent boy?

 **DO:** Have caregivers discuss; add to their list if any of the following is missing:

-  Being empathetic helps ensure your sons get their needs met and they feel safe.
-  Caregivers can have empathy for each other and themselves, and this teaches children to care for themselves and others. Children are great imitators of our behaviour, so when we respond to them with respect and empathy, they learn to treat others with respect and empathy.
-  When we respond empathetically to our sons, we are communicating that they are important and they matter. We are supporting their healthy social and emotional development.
-  Being empathetic allows our sons to openly share and discuss their problems and the risks they are facing, without the fear of being blamed.

 **SAY:** As we were exploring our relationships with girls, we have familiarised ourselves with a simple technique to help improve our empathy. The four steps of this technique are applicable to communicating with our sons too and will help to understand your son's feelings better, and be able to be responsive to them.



✓ **DO:** Remind the four steps of the technique.

⚠ **NOTE:**

STEP 1
IDENTIFY THE FEELING

Try to identify or label what someone is feeling. When caregivers honour a feeling, they first identify it or label it. For example, “Hamid, you look like you are afraid right now - are you?”

STEP 2
DETERMINE THE REASON

Understand why they are feeling that way. “Would you like to tell me why you are scared?” Hamid can tell you, or he may choose not to right now. You can say to Hamid, “Feel free to come and talk to me when you are ready.”

STEP 3
HONOUR THE FEELING

Honour the child’s feelings. Hamid might have had a disagreement with a friend or been rejected by his peers at school. Do not dismiss that reason. Acknowledge and respect the “why.” If you make your son think that his feelings are not important, he might not talk to you anymore about the things bothering him. “I understand that this makes you feel sad/upset/tired.”

STEP 4
TAKE ACTION

Deal with those feelings with your son. You can brainstorm with him what, if anything, needs to be done. Sometimes the situation may require the caregiver and the boy to come up with possible actions that may help remedy the situation. Sometimes the situation does not need an action other than just comforting your son or sharing in his joy. “Let’s sit down together and discuss how to address this problem.”

🗨 **SAY:** Now we are going to practice the four Steps of empathetic communication.



- ☑ **DO:** Divide caregivers into 6 groups to allow two groups to work on each of the Scenarios (use Resource 5b.2). Give Scenario 1 to groups 1 and 2; Scenario 2 to groups 3 and 4 and Scenario 3 to groups 5 and 6. Using their group's scenario ask participants to come with the caregiver's response and the way for the caregiver to communicate with her boy. Remind them to consider four Steps of empathetic communication in the process.

📌 **Require CONTEXTUALISATION**

SCENARIO 1

Ahmed is going through puberty and is experiencing many changes. One of the things his mother Nisreen noticed is that Ahmed is talking less to his family and is becoming distant. Ahmed often gets angry at his siblings or doesn't talk to his caregivers. Nisreen is becoming increasingly annoyed with Ahmed's behaviour and doesn't know how to manage him but is also worried that something might be wrong.

Group Assignment: How could Nisreen handle this situation? What should be Nisreen's empathetic communication with Ahmed?

SCENARIO 2

Haitham has been acting sad lately and Dana, his female caregiver, is worried about him. One day, Dana overheard a conversation between Haitham and a friend of his about a girl that had upset Haitham. Dana is concerned that Haitham may be having a relationship with this girl and might be having some problems.

Group Assignment: How could Dana handle this situation? What should be Dana's empathetic communication with Haitham?

SCENARIO 3

Waleed is growing up and his caregivers have noticed that his behaviour is changing. Waleed begins to challenge and question his caregivers much more than he did before. One day, his mother Aisha finds out that Waleed has been hanging out with some older boys after school, harassing girls as they walk by.

Group Assignment: How could Aisha handle this situation? What should be Aisha's empathetic communication with Waleed?



☑ **DO:** Ask one group to share. Then invite the other group, working on the same Scenario, to add or share their group's version. Discuss the similarities and differences in the approaches with the wider group. Invite other groups to present their group work too.

💬 **ASK:**

- ❓ Were these new skills for you, or have you used these before?
- ❓ Do you feel this is something you can practically use in your interactions with your sons? If not, what alternatives do you suggest?

⚠ **NOTE:** *Let them know that this may not come to them naturally, since it may be new and we may be used to different ways of dealing with these situations. However, since they have a vision to support boys and help them to achieve their goals, the use of this technique will lead them towards their vision.*

📊 **EVALUATE:** Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.

💬 CHECK IN (5 MINS)

DO: Use the closing activity caregivers chose from the previous session. Check in to see if they would like to continue using the same format, or whether someone would like to volunteer a closing activity for the next session.

🧠 TAKEAWAY (5 MINUTES)

☑ **DO:** Explain to caregivers this week's home assignment is to practice the four Steps of empathetic communication with their sons. They should provide feedback as to which ones they used and whether or not they were effective in the next session.

SESSION 6

POWER IN THE HOME

IRC GIRL SHINE SESSION 8



FOR CAREGIVERS OF MARRIED
AND UNMARRIED GIRLS

🎯 SESSION AIMS

By the end of the session, caregivers will:

- Explore the idea of power in the home.
- Learn strategies to make decisions that are important in their lives.



MATERIALS

- Art box
- Opaque evaluation jars (or cardboard boxes) and pebbles (or scrunched up papers)



PREPARATION

- Prepare a flip chart for 'Who Decides What' Activity.



TERMINOLOGY

- Refer to local definitions for power, status.



DURATION

2 hours




FACILITATOR NOTE


- This session may lead to disclosures of GBV the women have experienced, or violence committed against adolescent girls. Facilitators should be prepared in advance with how they will deal with this. For violence disclosed, you can refer women to a caseworker. For violence committed, you can check in with your supervisor on the best interest of the child, in case anything arises that may need to be followed up on, and can read through the guidance provided in the introduction of the Girl Shine Caregivers Curriculum.
- Be prepared with up-to-date contact information on GBV services for women and girls. (You should have this from your service mapping.)
- Be sure to remind caregivers of the “Group Agreements,” and check to see whether they want to have additional group agreements for this session.


WELCOME & REVIEW (15 MINUTES)

ASK: Did you practice the four steps of empathetic communication with your adolescents? How did it go?

 **SAY:** Today we are going to talk about power. In particular, we will talk about power in the home and how this relates to our relationships with men and children (especially adolescent girls) and daughters-in-law.

LET'S EXPLORE (20 MINUTES)

 **ASK:** What do you think we mean by power?

 **EXPLAIN:** Power is the ability to control and access resources, opportunities, privileges, and decision-making processes. This does not mean that power is always negative. We all have some kind of power in the community, but we all choose whether to use this power for good or for bad.



FORMS OF POWER ARE:



“POWER OVER”

when our words or actions make it difficult, frightening, or even dangerous for others to use their own power.



“POWER WITHIN”

Our own power that comes from us recognising our uniqueness and the contribution we can make when we are free to reach our potential.



“POWER WITH”

when we join others without bias or discrimination to positively improve our own and others' lives.

ASK:

- ① Who do you think has power in our community?
- ① Can you think of times when you felt powerful or not powerful? (Sharing is voluntary.)
- ① Who do you think has power inside the home? Is it women, girls, boys, or men? Or a combination?



SAY: As a community, we generally tend to assign women and girls a lower status than men and boys—and this results in women and girls being treated differently than men and boys, and having different day-to-day lives than men and boys.

ASK:

- ① How does power influence the choices that we have as women, or that men, boys, or girls have?
- ① What happens when power is abused? What are some forms of power abuse or power inequality you see in your environment?
- ① Are there some women and girls who have more power than other women and girls in our community? Why might this happen?



In the event that exploitation or abuse is disclosed as being perpetrated by an NGO/UN/humanitarian agency, this should be documented separately and reported to your supervisor immediately. You could approach the individual(s) after the session to let them know that you need to share this information with your supervisor, but will consult with them before you take any steps.



EXPLAIN:

- As we mentioned, society generally tends to assign women and girls to a lower status than men and boys, but within that, women and girls may experience further barriers or challenges due to their marital status, citizenship status, economic status, ability, etc., but they deserve to be treated equally and with dignity.
- It is also necessary to share power to ensure that everyone is able to access the rights they are entitled to under international and many national laws. When power is used over others, this can also be a violation of their rights.



SAY: I am going to read you some scenarios and I want you to tell me if the power described is good or bad.


Requires CONTEXTUALISATION:


SCENARIO 1	A woman needs to feed her children but does not have enough money. A merchant says that he will forgive her credit at the store if she gives him a sexual favor in the backroom.	Negative
SCENARIO 2	A young man stands up in the bus and allows an elderly woman to take his seat.	Positive
SCENARIO 3	Men march with women to demand an end to domestic violence.	Positive
SCENARIO 4	After a flood, families from the dominant ethnic group help rebuild the school that is primarily used by children from the minority group.	Positive
SCENARIO 5	After a heavy storm and rain, some NGO or local organization workers have come to help the people who were most affected.	Positive
SCENARIO 6	A wealthy man builds a public library, social centre or playground for the community to use.	Positive



ACTIVITIES (1 HOUR 15 MINS)

1 WHO DECIDES WHAT?¹² (25 MINUTES)

 **SAY:** The power we have or do not have influences the decisions we are able to make or not make. To help us understand this further, we are going to start by reviewing what kind of decisions we make in our home.

 **DO:** Place the flipchart in the middle of the group. Explain that you are going to go through areas of decision-making we might encounter in our life. For each area you mention, participants should discuss and agree on who makes decisions about this issue in the majority of cases (there will always be exceptions, but you have to come to a decision quickly on each point and not spend too much time discussing specific cases). You will mark on the flipchart who makes the decision, whether it is men, women, or men and women together.

 **Requires CONTEXTUALISATION:**

 **ASK:**



This is a generic list, including a range of different areas of decision, but it can be adapted to the context.

- ① Who decides the number of children to have in a family?
- ① Who decides how to spend family income?
- ① Who decides when to ask for a financial assistance?
- ① Who chooses which economic activity to engage in?
- ① Who makes decisions about children's health, such as when to bring a child to the clinic, what vaccinations to get?
- ① Who makes decisions about women's health care, such as attending the health centre during pregnancy, delivering in a health facility, going to the clinic when sick?
- ① Who decides what to cook for family meals?

¹² Adapted from Concern Worldwide (2016) BRACED - Women's Life Skills Curriculum

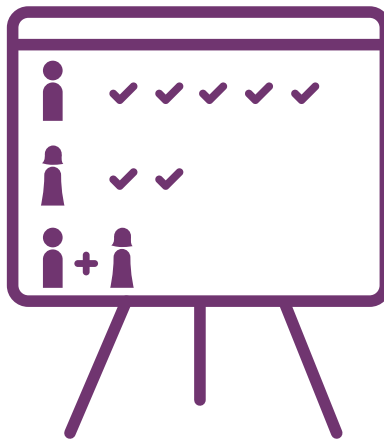



- ? Who makes decisions about children's education?
- ? Who decides when children should get married and to whom?
- ? Who decides when to visit family and friends?
- ? Who decides which community activities (such as meetings, committees, etc.) to participate in?
- ? Who decides which NGO activities (for example, homestead gardening groups, recreational activities, non-formal education, cash for work, volunteer health worker programmes, etc.) to participate in?

If group includes mothers-in-law, ASK:


- ? Who decides the number of children a daughter in-law should have?
- ? Who decides how daughters-in-law should spend money?
- ? Who decides if daughters-in-law can attend health appointments?
- ? Who decides what daughters-in-law can do with their free time?
- ? Who decides if daughters-in-law can access education, activities in the community etc.?

EXAMPLE 1: WHO DECIDES? FLIPCHART



 **SAY:** Through this activity, we have seen that there is a difference in the types of decisions that men make alone without consulting women in the house or community, and that women make alone without consulting men in the house or the community.




 **ASK:** What do you think are the barriers or obstacles that women face when making decisions? What makes it difficult for women to make decisions? What stops women from making decisions?

 **NOTE:** *If women are struggling to identify barriers, you can use some of the contextually relevant points on the list below to facilitate the discussion:*

- *Low level of education*
- *Illiteracy*
- *Norms and traditions*
- *Lack of experience in negotiations and decision-making*
- *Heavy workload, lack of time*
- *Lack of experience in or information on issues to be decided upon*
- *Feeling that it is impossible to change things or make a difference (hopelessness)*
- *Lack of self-confidence, feeling shy*
- *Feeling that it is not a woman's role or responsibility*
- *Feeling comfortable with the current balance of decision-making power*
- *Lack of freedom to go outside of the house whenever they want and to places they want to go*
- *Lack of freedom to work outside of the home*
- *Feeling that the work you do is unpaid and unappreciated labour*
- *Fear of the consequences of a wrong decision*
- *Men's negative attitudes (father, brother, husband, etc.)*
- *Fear of punishment for speaking out (by husband, father, mother-in-law, etc.)*

 **SAY:**

We have seen that there are many barriers that can prevent women from making decisions that affect them and their family. Some of these barriers are more difficult to remove and require both men and women in the community to make changes. However, there are barriers that we can try to remove ourselves, using the power that we have and also barriers we can remove for others, using the power we have over certain groups (children, especially girls and daughters-in-law).

 **ASK:** Does anyone have examples of how they (or someone they know) have managed to overcome barriers to decision-making in the home?



EVALUATE: Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.



2 MARY'S STORY (25 MINUTES)

DO: Read the following story to the group:



CAREGIVERS OF UNMARRIED GIRLS:

Mary's father says he has some very important matters to discuss with her and her mother. He tells Mary that because she is now 18 years old, he has arranged her marriage to a rich man. This man is the son of a good friend of the family and has a good reputation. Mary's mother tries to ask questions about the man, but Mary's father simply says the marriage is arranged and it will be a good one. Mary feels afraid because he is much older than she is and she has heard horrible stories about men beating their wives. She asks her mother to speak to her father and convince him to stop the marriage, but her mother tells her that it is up to her father, and she cannot do anything to change his mind.



CAREGIVERS OF MARRIED/DIVORCED GIRLS

Mary is 15 and recently got married/in a union. She is now living in the home of her in-laws and is learning how to manage the multiple chores assigned to her as well as getting to know the different people in her new family. Mary is excited about starting her new life with her new family but she is feeling overwhelmed with all the new responsibilities and expectations. Her sister in-law has been rude to Mary and this has made it hard for her to feel comfortable. When she shared her experience with her mother in-law, she told Mary that Mary needs to learn how to deal with it, all women have been in the same situation.



 **ASK:**



CAREGIVERS OF UNMARRIED GIRLS:

- Does this kind of situation happen in this community?
- Who has power in this scenario?
- What kind of power does the father have?
What kind of power does the mother have?
- Does Mary have any power?
- How does power relate to having choices?
- What are the expectations of Mary's mother?
Of Mary?
- What ideas from the gender box do we see in this scenario?



CAREGIVERS OF MARRIED/DIVORCED GIRLS

- Does this kind of situation happen in this community?
- Who has power in this scenario?
- What kind of power does the sister in-law have?
- What kind of power does the mother in-law have?
- Does Mary have any power?
- How does power relate to having choices?
- What are the expectations of Mary from her new family?



☑ **DO:** Break participants into small groups and ask them to discuss the following:



CAREGIVERS OF UNMARRIED GIRLS:

Imagine you are a friend of Mary's mother and she tells you about the situation. She is upset that her husband won't even talk with her about who will be marrying her daughter.

- How would you support Mary's mother?
- What have you done to support other women when they have wanted to change things or do things differently?
- If you were Mary's mother, what would you want to do so that your daughter was better supported?
- What do you need your friends/family (or other trusted people) to do to help you do that?



CAREGIVERS OF MARRIED/DIVORCED GIRLS

Imagine you are the friend of Mary's mother in-law and the mother in-law tells you about the issues with Mary at home. She tells you Mary is not adapting well and not managing her chores well.

- What would you say to Mary's mother in-law?
- Is there anything you can do to try and convince her that Mary needs some support and understanding?
- What would be the negative impact of getting involved
- What could be the positive impact of getting involved?

NOTE: *We should not expect people to take action where they are not comfortable or when it's not appropriate, but they can think through some of the pros and cons in case they do decide to.*

☑ **DO:** After 10 minutes, ask for volunteers to share their discussion with the larger group.



EXPLAIN: Those with more power in the home and community are usually the ones who make the rules for how things run and what people do. In order for things to become more equal, we have to re-think the ideas that we have about women and men and develop new kinds of power that is **shared – power with** rather than **power over**. We also need to consider the power we have within ourselves and how together as a group of women we can support each other to unlock our power within to benefit ourselves and each other.



EVALUATE: Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.



3 DECISION-MAKING POWER (25 MINUTES)


ASK:

- ① Can men and women share decision-making more equally?
- ② What would happen if women asked their husbands to share tasks or say they want to be involved in making more decisions in the household?
- ③ Does anyone have ideas or experience on how to negotiate for more decision-making power with men?



SAY: There are certain steps you can take to negotiate for more decision-making power:

- 1 Check whether the person that currently holds the decision-making power is ready to talk.

 **ASK:** How do you know if someone is ready to talk?

(Think about their body language, do they look relaxed or do they look distracted, busy with other tasks, etc.)


- 2 Be prepared! If they are ready to talk, make sure you have prepared what you want to discuss and what you are asking for.

 **ASK:** How can you prepare what you want to say?



(Make sure you are explaining what you want to happen, and the reason why. If you are presenting a problem, try to also think about your preferred solution to the problem.)

- 3 If the result is not what you wanted, think about a better time to have the discussion, or think about who else you can turn to for support.
- 4 If this still doesn't work, think about other options/solutions. Is there anyone else who can negotiate on your behalf?



 **Say:** Sometimes it is hard to negotiate with those that have more power and we can feel tired and hopeless. If safe to do so and if you feel you have the energy, you can keep trying. Sometimes it takes many attempts before we are able to convince someone of something. When we work together in solidarity and support each other, we are stronger and more powerful.

 **ASK:**

-  Do you think this is something you can realistically try? What do you think will be the result?
-  Do you think women can share decision making more equally among other women and girls in the household, e.g. with daughters-in-law? Do you think this is something you can realistically try? What do you think will be the outcome?



EVALUATE: Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.

★ KEY MESSAGES

Power can be positive or negative. While certain people hold more power than others, everyone has some kind of power. We can use our power to influence others that have more power than we do, but we can also use our power by sharing it with others that do not hold as much power as us.



CHECK IN (5 MINS)


SUMMARISE how many pebbles there were for each activity and see if caregivers want to share any specific feedback about this. Explain that we are testing these activities to see how caregivers respond to them and you want to have their feedback to know if some activities should be changed or removed, or if there are activities they liked in particular.




REMIND them that the comments box is there if they want to leave further feedback and that you will be available at the end to discuss further.



TAKEAWAY (5 MINUTES)

 **DO:** Ask women to think about how they can negotiate for more decision-making power in the household. One way might be to use the decision-making steps discussed today. Another option could be to talk to men in the household about the types of decisions men make and the decisions women make, and see if they can come to an agreement on involving women in more decisions.

 **NOTE:** *Explain to caregivers that the next session will be conducted as a joint dialogue session with their adolescents who are participating in the adolescent sessions.*

NOTE TO FACILITATORS, FOR THE NEXT SESSION:

Ensure to mobilise adolescent girls for the caregiver-adolescent joint session.



SESSION 7

COMMUNICATING WITH ADOLESCENT GIRLS ABOUT THEIR ASPIRATIONS¹³

NCA SESSION



FOR CAREGIVERS OF MARRIED
AND UNMARRIED GIRLS

SESSION AIMS

By the end of the session, caregiver will:

- Understand more about each other's likes and dislikes, interests, dreams and aspirations and create an environment that supports open dialogue with their adolescent children.
- Support alternatives to marriage for their female adolescent children.



MATERIALS

- Coloured pens
- Markers
- Opaque evaluation jars (or cardboard boxes) and pebbles (or scrunched up papers)
- Flip chart paper
- A4 paper



PREPARATION

- Print out interview questions for participating adolescents and caregivers to use for Activity 1 (refer to Resource 7.1 and 7.2).
- Alternatively, the questions for each round can be written on separate flipcharts.



DURATION

2 hours



TIMING



After adolescent girls' session 3: Effective Communication


¹³ Adapted from CARE USA. "Facilitator's Manual for Intergroup Dialogue: CARE's Tipping Point Phase 2." Cooperative for Assistance and Relief Everywhere, Inc., 2019, https://caringpoint.org/wp-content/uploads/2020/03/FM_Intergroup_Dialogue_Manual_with-citation.pdf, p. 15-18.



WELCOME & REVIEW (10 MINUTES)

ASK:

-  Did you think about the ways in which women can negotiate for more decision-making power? What were some of your ideas?
-  How are you feeling about being part of the group? Are there any new concerns that have come up for you since our last meeting? What kinds of responses have you been getting from others about your decision to get involved in the group?

 **DO:** Remind participants that they can approach you separately after the meeting to discuss any issues.



SAY: A few sessions ago, we discussed what it means to have a healthy family environment, and one of the things we discussed was the emotional environment. One of the key factors we discussed with regards to creating a healthy family environment was good communication. Today we are going to practice communicating with adolescent girls in order to create a supportive family environment through open dialogue.



ACTIVITIES (1 HOUR 40 MINS)

1 HOW WELL DO WE KNOW EACH OTHER? (30 MINUTES)



SAY: We are going to play an interview game. It is important that in this game, we respect each other's answers and listen when the other person talks. We should feel safe to express ourselves freely without being afraid of judgement. If anyone is feeling uncomfortable with the activity, they can step out. Caregivers and their children should form groups, sitting across from each other. The first round of questions will be asked by adolescent girls for their caregivers to answer. Then the same or similar question will be asked by caregivers to their children. For each round a new question will be asked, first by adolescents to the caregivers, and then by caregivers to adolescents.



NOTE: *If less time is available, the facilitator can select 5 questions from the list below.*



DO: Distribute printed questions for each round to adolescents and the caregivers (Resource 7.1 and 7.2). Alternatively, write down the questions on separate flipcharts and display for all participants to see.



ROUND 1

Adolescents ask their caregivers:

- ② Who is your best friend?
- ② Who is your role model or most influential person in your life outside of the family?

Caregivers ask their adolescent children:

- ② Who is your best friend?
- ② Who is your role model or most influential person in your life outside of the family?

ROUND 2

Adolescents ask their caregivers:

- ② What was your favourite subject at school when you were a child?
- ② Your least favourite?

If caregiver did not attend school, change the question to:

- ② *What was your hobby when you were a child?*

Caregivers ask their adolescent children:

- ② What is your favourite subject at school?
- ② What is your least favourite?

If the child is not enrolled in school, change the question to:

- ② *What is your hobby or favourite thing to do for fun?*

ROUND 3

Adolescents ask their caregivers:

- ② What is something that makes you really happy or an accomplishment you are really proud of?
- ② What is your greatest fear?
- ② What is something that makes you really angry or annoyed?

Caregivers ask their adolescent children:

- ② What is something that makes you really happy or an accomplishment you are really proud of?
- ② What is your greatest fear?
- ② What is something that makes you really angry or annoyed?



ROUND 4

Adolescents ask their caregivers:

- ① What is your biggest complaint about our family?
- ② What could make it better?

Caregivers ask their adolescent children:

- ① What is your biggest complaint about our family?
- ② What could make it better?

ROUND 5

Adolescents ask their caregivers:

- ① What is your favourite thing about being a male/female?
- ② What is something that you do not like about being a male/female?

Caregivers ask their adolescent children:

- ① What is your favourite thing about being a male/female?
- ② What is something that you do not like about being a male/female?

ROUND 6

Adolescents ask their caregivers:

- ① What is one way that you are different from your parents?
- ② What is one way that you are the same?

Caregivers ask their adolescent children:

- ① What is one way that you are the same as us?
- ② What is one way that you want to be different from us? (e.g. getting married at a later age or moving to a different city)

ROUND 7

Adolescents ask their caregivers:

- ① How old were you when you got married?
- ② How old were you when you had your first child?

Caregivers ask their adolescent children:

- ① How old do you want to be when you get married?
- ② How old do you want to be when you have children?



ASK:

- ? How do you feel after interviewing each other?
- ? Do you feel like you understood each other better, learned new things about each other?
- ? Do you think you can practice communicating more at home?

 **NOTE:** Make sure to hear the reflections and opinions both from the caregivers and adolescents.




EVALUATE: Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.




2 REFLECTION AND ASPIRATIONS SHARING (1 HOUR 10 MINUTES)

 **DO:** Tell all the participants to close their eyes.













 **SAY:** Let us all go in the past... Imagine you are in the past of your parents. Each mother and father should remember their life as a teenager and the adolescents should imagine themselves in the shoes of their teen parents with closed eyes. Think of the time you/ your parents were 13-15 years old.

- What was your/their life like? What did you do?
- Who were around you? Your parents, friends, brothers and sisters, schoolteachers, any others?
- What did you do at home? What did you do outside home, in school, in the village... What did you enjoy doing?
- Did you discuss what you enjoyed doing with anyone, if yes, with whom?
- What were your dreams for the future? Did you tell anybody about your dreams? Did anybody listen to your dreams? Did anybody support your dreams? Was there any difference in the support you received to achieve your dreams and the support your brothers received to achieve their dreams, why was it like this?


 **NOTE:** Allocate around 20-30 minutes for the participants to reflect.

 **DO:** Ask the participants to open their eyes. Ask them how did they feel reflecting? Ask if anyone wants to share about what they saw and felt? Invite a few of the parents to share their own reflections. Ask the adolescents, if they were aware about their parents dreams and aspirations from adolescence? How did they get to know about this? Ask them if any of them have similar dreams as their parents? Ask them to share what connection they felt when they heard about their parent's dreams?



-  **EXPLAIN:** Some of us in the past could share our hopes and aspirations with others; some of us did not feel like we had anyone supportive to share with. Some of us could achieve our aspirations with the help of others; some of us could not. Often, we could not achieve these dreams because different barriers, sometimes because we were a girl and so some social barriers kept us from achieving our aspirations and sometimes due to other barriers such as financial difficulties.
-  **DO:** Invite for a few caregivers to volunteer to share the challenges or barriers they faced as adolescents trying to achieve their aspirations.
-  **SAY:** Now let's discuss with the adolescent girls, what can we, as parents, do to be supportive to their hopes and aspirations.
-  **DO:** Ask the adolescents to team up with their parents and discuss about what dream they have for themselves. If time permits, give them some paper and markers and 20 minutes to make a poster together of the adolescents' goal or aspiration. They can draw or even write about it and use the opportunity to open a dialogue between the adolescent girl and her caregiver about their goals. Place all the posters on a wall / or ground. Ask the parents and adolescents to have a look at all the posters.
-  **NOTE:** *If there is less time, just ask them to discuss about what their dreams are, and have they ever discussed these dreams amongst themselves.*
-  **DO:** Ask for a couple of volunteers to explain their poster/ or share about the dream discussed.
-  **DO:** Ask the parents and the adolescents to go re-join in their small family group. Ask them to discuss what can they collectively and individually do to support the adolescents to live their dreams and aspirations. What could be done on a day-to-day basis and what can be done on a longer-term basis.
-  **ASK:**
-  What resources will be needed? Do you have those resources?
 -  Are the resources equally available to girls as they are to boys specially when there is a constraint?
 -  Who/ what will keep the adolescents encouraged to focus and pursue their dreams?
-  **NOTE:** *The issue of economic barriers may arise during this discussion as some adolescent girls may have aspirations that require financial resources to fund, for example going to university may not be attainable for families, especially if they are facing economic difficulties to displacement, etc. Make sure to guide caregivers and adolescents to discuss non-economic resources. For example, if a child studies hard they may be able to attain a scholarship.*



 **DO:** Invite some of the pairs to share their plans.

★ KEY MESSAGES

- It is good to have goals and dreams.
- It is needed to share your dreams and goals with your loved ones. It is useful to make it everyone's aspiration.
- It is important that caregivers support the dreams of their children – both girls and boys, even if they are different from their own wishes for their children and help them to remove hurdles as they come.
- This is especially important for girls, as they often have to follow dreams that are not their own but are the wishes of their family or the norms of the community.



EVALUATE: Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.



CHECK IN (5 MINS)

SUMMARISE how many pebbles there were for each activity and see if caregivers want to share any specific feedback about this.

USE the closing activity the participants chose from the previous session. Check in to see if they would like to continue using the same format, or whether someone would like to volunteer a closing activity for the next session.



TAKEAWAY 5 MINUTES)

DO: Explain to caregivers that this week's home assignment is to practice communicating more at home and to discuss further about how to support their children to achieve their dreams. They should provide feedback in the next session about how the discussions went.

SESSION 8

PARENTING FOR EQUALITY

IRC GIRL SHINE SESSION 9



FOR CAREGIVERS OF MARRIED
AND UNMARRIED GIRLS

🎯 SESSION AIMS

By the end of the session, caregivers will:

- Explore further the idea of gender roles and how they relate to adolescent girls.
- Learn about how they can contribute to upholding the rights of girls.



MATERIALS

Coloured pens

Flip chart paper

Small box/bag for rights cut-outs

Tape/string

Markers

Opaque evaluation jars (or cardboard boxes)
and pebbles (or scrunched up papers)



PREPARATION

- Print out two copies of Resource 8.1: Activity Clock
- Cut-out rights Resource 8.2: Children's Rights and put in a small bag/box.



TERMINOLOGY

- Refer to local definitions for terms such as equality, gender.



DURATION

2 hours





TIMING

Before the start, or in parallel to, the adolescent girls' participation in the 'Our Relationships' Part 1 and Part 2 sessions.



WELCOME & REVIEW (20 MINUTES)

ASK:

-  What stood out for you from the last session?
-  Did you practice communicating at home and discussing how to support your children to achieve their dreams? How did the discussions go?






SAY: Today we are going to talk about parenting techniques and what this looks like in our community.



LET'S EXPLORE (15 MINUTES)

ASK:

-  In your home, what are the rules or expectations for how children are supposed to behave? (Ask volunteers to share some examples.)
-  Are there differences in the rules and expectations for girls and boys? (Ask volunteers to share some examples.)
-  Are there differences in the rules and expectations for daughters and daughters-in-law?



NOTE: *If caregivers only have female children, ask them how they treat them differently based on age.*



ASK: Why do we have different rules or expectations for girls and boys, especially during adolescence?




EXPLAIN:

- Adolescence is a critical period in which the way we treat girls and boys significantly changes from how we treated them when they were younger children.
- When they reach the age of puberty, many things change for them, especially for girls. Caregivers and society sometimes have different expectations of girls than of boys. They might expect girls to leave school, get married, and focus on having a family.
- Because of these expectations, girls are not given the same opportunities as boys. They may be made to stay home, not allowed to play with friends anymore, and even removed from school, as it is not seen as important to educate them.



- Long before they reach this age, we start to prepare girls and boys for their “gender roles.” For example, girls may be given more household tasks than boys, or boys are expected to go out to work. The rules and expectations we place on girls and boys are, in many cases, based on what we previously discussed – the gender box. For example, boys are told not to cry, not to fear, not to be forgiving, and instead to be assertive and strong. Girls on the other hand are asked not to be demanding, but to be forgiving, accommodating, and nurturing.
- This can influence the way we treat girls, and the opportunities, expectations, and rules we place on girls and boys.

 **ASK:** Can anyone think of examples of how they were treated differently from their male family members growing up?

ACTIVITIES (1 HOUR 25 MINS)


1 GIRLS' & BOYS' EXPERIENCE OF THE FAMILY ENVIRONMENT (25 MINUTES)


DO: Place tape or string down the length of the room.



ADAPTATION:

If participants have difficulty walking, you can adapt the activity to have them raise two hands for 'agree', one for 'disagree' and no hands for 'not sure' or it can take place as a discussion with everyone sharing their opinion verbally.

 **SAY:** I will read a number of statements, and you will decide whether you agree or disagree with them. Those who agree will stand at one end of the line and those who disagree will stand on the other end of the line. Those who are not sure can stand somewhere along the line, according to how much they agree or disagree with statement.

 **NOTE:** For caregivers who demonstrate negative attitudes and beliefs about the roles of girls, women, boys, and men, do not engage in a one to one confrontation with the participants on their opinion towards a specific statement, but use the opportunity to discuss this in the plenary.



CAREGIVERS OF UNMARRIED GIRLS

- Girls are just as smart as boys.
- Girls, not boys, are responsible for taking care of their younger siblings.
- Girls should do as their brothers tell them (no matter whether they are younger or older).
- Girls and boys should equally support their family with household responsibilities.
- Boys should have more freedom than girls.
- Girls are responsible for the honour of the family.
- Girls and boys should be treated equally.
- Boys are less emotional than girls.
- It is more important for boys to go to school than girls when families have limited money for school fees.
- Girls should be given the same amount of free time as boys to play and study.
- A girl's role is to stay in the home.
- Girls and boys deserve equal opportunities.
- Boys are more naturally confident and dominant than girls.
- Boys can date and have girlfriends, but girls aren't allowed to.



CAREGIVERS OF MARRIED GIRLS

- Girls, not boys, are responsible for taking care of their younger siblings and younger in-laws.
- Daughters-in-law should do as their husband and in-laws tell them without questioning.
- Daughters-in-law and their husbands should equally support their family with household responsibilities.
- Husbands should have more freedom than their wives.
- Girls should have an equal say as their husbands when it comes to family planning and using contraception.
- Girls can't/shouldn't be budget holders at home as the husband can manage this better.
- Girls are responsible for the honour of the family.
- Daughters-in-law should be treated equally to everyone else in the family.
- Boys are less emotional than girls.
- It is more important for boys to go to school than girls, when families have limited money for school fees.
- Daughters-in-law should be given the same amount of free time as other family members.
- A daughter in-law's role is to stay in the home.
- Girls and boys deserve equal opportunities.
- Boys are more naturally confident and dominant than girls.
- Boys can date and have girlfriends, but girls aren't allowed to.



 **ASK:**

- ② What difference did you notice about how we perceive or treat girls/ daughters-in-law and boys?
- ② How do you think this impacts and influences girls/daughters-in-law and boys?

 **EXPLAIN:**

- Girls/daughters-in-law usually have fewer opportunities and are expected to take on more responsibilities in the home (leaving them less time for studying or other opportunities, for example).
- Because girls are expected to be nurturing and not demanding, they are sometimes not allowed to express what is important to them.
- Sometimes caregivers might express their frustrations more towards girls than boys, because girls are expected to be forgiving and accepting. They may also sometimes express this more towards daughters-in-law than daughters.
- They may also expect girls to take on more responsibilities and help more within the home, due to the belief that this is the role of a girl, this may be particularly the case for daughters-in-law.
- The expectations we put on girls can mean that we might limit their potential and hinder them from developing their skills and competencies.



EVALUATE: Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.



2 GENDER ROLES IN MY HOME¹⁴ (40 MINUTES)

DO: Break into two groups and give each group an Activity Clock (resource 8.1). Assign them the following task:



CAREGIVERS OF UNMARRIED GIRLS



Group 1:

What do girls do during the different hours of the day listed on the clock?



Group 2:

What do boys do during the different hours of the day listed on the clock?

NOTE

They may not agree exactly on all points, but ask them to decide on the most common things.



CAREGIVERS OF MARRIED GIRLS/ DIVORCED GIRLS



Group 1:

What do daughters-in-law do during the different hours of the day listed on the clock?



Group 2:


What do their husbands do during the different hours of the day listed on the clock?

NOTE





They may not agree exactly on all points, but ask them to decide on the most common things.

¹⁴ Adapted from IRC, Engaging Men through Accountable Practice (EMAP) - <http://gbvresponders.org/prevention/emap-tools-resources/>



 **DO:** After 10 minutes, bring the groups back together and ask them to share their timelines.

 **ASK:**

-  What do you notice about these timelines?
-  Who has the longer list of tasks to do each day? Why?
-  How are tasks assigned to girls and boys or daughters-in-law and their husbands?
-  Are they consulted? What choice do they have in accepting these tasks or not? Should girls be consulted on the tasks that are assigned to them?

 **NOTE:** *Clarify any differences between girls and boys, daughters-in-law and their husbands.*



EXPLAIN:

- Girls and women often do not have a choice about the activities and tasks that they are expected to do each day, and they tend to take on more tasks than boys and men.
- This means girls have less time than boys to focus on homework, develop life skills, and simply to have time to be children.
- Daughters-in-law have less time to engage in training or skills building, or time for themselves to do the things they like.
- Girls may also be expected to take on tasks that are beyond their physical development capacity, e.g. girls who are young and expected to carry frequent and heavy loads.



CAREGIVERS OF UNMARRIED GIRLS

- Ensuring girls have the opportunity to develop life skills is essential. As girls may not have as much free time as their male siblings, they may not have the opportunity to learn skills that are important to their development. These skills include being able to make healthy decisions, solve problems, take care of themselves, and protect themselves from harm. Without these life skills, girls will find it more difficult to deal with the pressure that comes with adulthood, and may not have the capabilities to take care of themselves or those around them.
- While it is necessary for children to help in the home, especially in difficult settings, chores can be more equally distributed among girls and boys. That way girls, too, have the opportunity for the free time that boys may be more likely to experience.
- Boys/brothers can be a great support to their sisters in task sharing and this can strengthen family bonds and also help boys to learn more skills too.



CAREGIVERS OF MARRIED GIRLS/ DIVORCED GIRLS


- Ensuring that daughters-in-law have the opportunity to develop life skills is essential. As married girls may not have as much free time as other people in the family, they may not have the opportunity to learn skills that are important to their development. These skills include being able to make healthy decisions, solve problems, take care of themselves and their family, and protect themselves and their children from harm. Without these life skills, girls will find it more difficult to deal with the pressure that comes with marriage, and may not have the capabilities to take care of themselves or their family.
- While it is expected for daughters-in-law to help in the home, chores can be more equally distributed among the family. That way daughters-in-law, too, have the opportunity to develop and grow so that they are equipped with the skills and knowledge that are essential when taking on new roles and responsibilities.
- Boys/men in addition to other female family members can be a great support to wives/sisters and daughter-in-law in task sharing and this can strengthen family bonds and also help boys/men to learn more skills too.



ASK:

- ② How can boys/ girls' husbands benefit from taking on more responsibility in the home?
- ② **ADD** if not mentioned: They will learn essential skills for taking care of themselves and their family. They will also learn to support their sisters and wives, and treat them as equals. They will learn to think about the well-being of others, which will help them to build healthy and happy relationships as adults.
- ② How can we make sure that household responsibilities are distributed more equally?
- ② What challenges do we think we will face?

 **NOTE:** *Caregivers may say that men and boys might be resistant to this idea. Get them to think of ways they can address this in their family.*

 **DO:** Ask caregivers, in pairs, to discuss how they can introduce the idea of shared decision-making into the family.

INTRODUCING DECISION MAKING INTO THE FAMILY

 **EXPLAIN:** Here are some tips on how to introduce shared decision making into the family with regard to household responsibilities:

STEP 1

Discuss your suggestions with male decision-makers in the house.

 **NOTE:** *Ask caregivers to recall the communication techniques discussed during the session on a healthy family environment.*

STEP 2

Ask girls/daughters-in-law what tasks they would like more support with. Make sure you listen to their opinions and ideas and address the ones that are realistic.

- Listen with full attention (eye contact, open body language, not distracted).
- Explain why you want to have this discussion. (For example, “I think it would be good to discuss how we can make more time for you to do other activities/spend time on your homework, or for married girls - with your family and friends.”)



- Reflect back what you think your daughter/daughter in-law is saying. (For example, “You are saying you would like more time, especially in the evenings, to focus on school-work or to talk to your family/friends.”)
- Ask them how they would like to address this. (For example, “So what would you suggest we do to help give you more time?”)

STEP 3

Ask boys/girls’ husbands to think about the future they wish for their sisters/wives. Do they want them to succeed in school/employment and be successful in their lives? Then explain to boys/girls’ husbands that this means they need equal time for school, homework, or other interests and activities. For married girls this may involve spending more time with family and friends who can be a great support during this new transition for girls.

 **NOTE:** *Remind caregivers to use "I statements" and other communication techniques that can help them with this process.*

STEP 4

Give girls encouragement and praise when they are supporting each other and you to make them feel valued.

- I am so proud of the way you are doing your homework so carefully.
- Thank you for helping me at the market today.
- You did such a great job helping your sister/brother today.
- You did such a great job helping me prepare dinner today.

STEP 5

Check in with girls and boys regularly to see how the new distribution of chores is working.

DO: Split caregivers into three groups. Each group will practice a role-play based on the scenarios below.

 **NOTE:** *Encourage them to incorporate the suggestions and tips discussed.*



SCENARIO 1:

You are telling your husband that you would like your sons to take on more responsibility in the house.

SCENARIO 2:

You are asking your daughter/daughter in-law what kind of support she needs so she can have more time to do the things that are important to her.

SCENARIO 3:

You are talking to your son (or male family member) about taking on more responsibility in the house and supporting your daughter/daughter in-law.

ASK: How did you find this activity? Do you think you can practice some of these things at home with your family?



3 EQUAL OPPORTUNITIES FOR GIRLS & BOYS (20 MINUTES)

ASK: What do we mean when we talk about “our rights”?

EXPLAIN: Our rights are what every girl, woman, boy, and man deserves, no matter who they are or where they live, so that all can live in a world that is fair and just. We are protected by many of these rights through laws or agreements that our own countries or the countries hosting us have signed on to.

ASK: Can anyone think of any rights that we have as women?


POSSIBLE ANSWERS TO ADD— *Requires* CONTEXTUALISATION:

- Right for women to be treated equally to men and without discrimination and to live free from violence
- Right to work
- Right to free education
- Right to live with freedom and safety
- Right to say and think what we want





ASK: Does anyone know what the rights of girls and boys are? (Write down their answers on a flip chart.)

EXPLAIN: Girls and boys, like us, are protected by a number of rights, and as their caregivers, it is our responsibility to make sure their rights are protected. We are going to hear about some of the rights girls and boys have.



-  **DO:** Place the cut-out rights in a small bag/box (Resource 8.2). Ask each caregiver to pull one out of the box/bag and ask her if she wants to read it out or if she would like to ask the facilitator to read it out.

Once finished, Ask:

-  What do we think about the rights I mentioned?
-  Do we think that we give these rights equally to girls and boys?
-  Do we think these rights apply equally to boys and girls? (Probe: What about education?)
-  What can we do to ensure girls also have access to these rights?



SAY: It is important to remember that these rights apply to adolescent girls, including married girls, divorced girls and girls with disabilities as much as they apply to boys. When making decisions on a girl's role in the family or determining her future, it is important we are considering the rights that she has. It is the responsibility of a caregiver to ensure girls are accessing their rights.



NOTE: *Women might say that they have no control over the rights that their children have, as their own rights are violated. It is important to get caregivers to go through the list and identify where they can work on strengthening access to some of these rights for girls. Emphasise that even if they cannot address all of the rights, they do have some power to address some things for their daughters. You can also remind the women that they are welcome to seek support services for themselves and attend activities at the women and girl safe space (WGSS), where they can discuss issues related to their own rights.*



SAY: We also have a role to play in making sure we are not stopping someone from securing their rights. We can start by supporting each other and women we know, because when women support other women incredible things can happen in the world and supporting another woman's success, for example, does not take away from your own personal successes and achievements. Some of the things we can do are:

- Respecting the ideas of other women even if their ideas are different from mine.
- I should respect the privacy of my friends.
- I should treat other women and girls equally, even if they are different to me.
- I should welcome those women and girls who are from a different culture or background.
- I could share information with women and girls on where they can learn about their rights (if safe to do so)



EVALUATE: Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.



★ KEY MESSAGES



SAY: Rights are things every girl, boy, women and man should have or be able to do and everyone has the same rights. As caregivers, we have a responsibility to support girls and boys to secure their rights and also make sure we are not stopping other people secure their rights. One place we can start is by supporting each other and girls that we care for.



CHECK IN (5 MINS)

SUMMARISE how many pebbles there were for each activity and see if caregivers want to share any specific feedback about this. Explain that we are testing these activities to see how caregivers respond to them and you want to have their feedback to know if some activities should be changed or removed, or if there are activities they liked in particular.



REMINDE them that the comments box is there if they want to leave further feedback and that you will be available at the end to discuss further.



TAKEAWAY (5 MINUTES)



SAY: Try to introduce shared decision making into the family with regard to household responsibilities using the steps discussed. If not possible to do this, talk to girls to raise their awareness about some of the rights we discussed today.

SESSION 9A

MARRIAGE IN OUR COMMUNITY

 FOR CAREGIVERS OF UNMARRIED GIRLS

SESSION AIMS

By the end of the session, caregivers will:

- Understand the root causes of early marriage.
- Understand the consequences of early marriage.
- Identify alternative coping mechanisms to early marriage.

MATERIALS

- | | | | |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> Art box | <input type="checkbox"/> Comments box | <input type="checkbox"/> Flip chart paper | <input type="checkbox"/> Tape/string |
| <input type="checkbox"/> Markers | <input type="checkbox"/> A4 paper | <input type="checkbox"/> Coloured pens | <input type="checkbox"/> Projector |
| <input type="checkbox"/> Laptop and speakers if showing the girl effect video | <input type="checkbox"/> Opaque evaluation jars (or cardboard boxes) and pebbles (or scrunched up papers) | | |

PREPARATION

- Make sure the video is prepared in advance and ready to show to participants. There is an option to change language on the subtitles, so make sure this is practiced ahead of the session.



FACILITATOR NOTE

- In countries where it is illegal to marry under the age of 18, some caregivers may hide marriages of girls. Conversely, caregivers may report marriages to the authorities if the girl herself makes the decision to marry; this may happen in contexts where girls are in a “love” marriage that the caregivers disapprove of. Both scenarios can be problematic if it means that girls are not receiving the support they need. It is important as a facilitator to focus on highlighting the risks of marrying girls young and how caregivers can continue to support girls if they are married. It is important as a facilitator not to pass judgement on caregivers of girls who are already married to allow for an honest conversation about the situation so they can better support girls.
- Additionally if considering reporting a case of early marriage to authorities in settings where it is illegal, it is important to refer the case to a caseworker who should take a survivor centred approach, asking the girl what the best course of action is for her, draw on the principle of ‘do no harm’ and assess the risks to the girl i.e. is the girl at imminent risk that would require mandatory reporting, would reporting the case create further risks to the girl, for example is she at risk of being arrested or detained if the age of consent to sex is over 18?
- In contexts where marriage is legal under 18, some caregivers may be reluctant to admit their daughters are married under 18 because they’re often afraid of the reaction of society, NGOs and humanitarian workers. It is therefore important to not pass judgments as this might place barriers between girls, facilitators and their access to services.



DURATION

2 hours





TIMING

Before the men’s session.




WELCOME & REVIEW (10 MINUTES)


 **ASK:** Were you able to introduce shared decision making into the family with regards to household responsibilities using the steps discussed. How did it go? If not, did you talk to girls to raise their awareness about some of the rights we discussed today?


 **SAY:** Today we are going to discuss marriage and what it means and looks like in our community.


LET'S EXPLORE (20 MINUTES)


 **ASK:** What does marriage look like in our community?

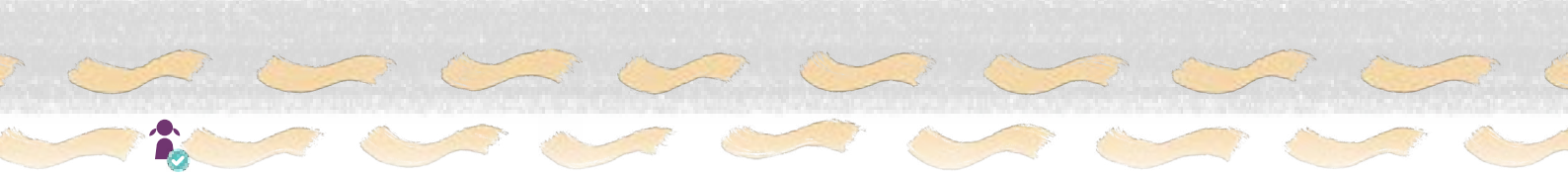
PROBING QUESTIONS:

- ① At what age do women get married? What about men?  **NOTE** *(in some contexts this question may be sensitive due to legal frameworks, be sensitive how it is asked in contexts where this is the case).*
- ① What is the best age for women and men to marry?
- ① Are the legal and religious frameworks always followed?
- ① What is the traditional marriage or union process?
- ① Who makes decisions about who to marry and when to marry?
- ① What are some of the reasons why a girl or woman might get married?
- ① What are some of the reasons why a girl or woman might not get married?
- ① Is the situation the same now as it was before displacement? How is it different or the same?

 **ASK:** What does marriage look like for women and girls with disabilities? What about men? (use probing questions from above)

 **ASK:** How are women who are divorced treated in the community? What about women who are widowed?

 **SAY:** Marriage is something that many people choose to do. It is when two people come together to start a life and sometimes a family together. Marriage can take many forms, sometimes two people can fall in love and decide to get married. Sometimes it may involve other family members who help women or men to find a potential wife or husband. It could happen because of financial interests




or for strengthening certain family ties. Sometimes it may be a friend that connects two people together as they think they will be a good match. The important thing to remember is who has power to choose to say yes and to choose who to marry, as such a big life decision should involve the wishes of women and girls as much as men and boys.

 **ASK:** Who can think of examples of when power may not be equal?


If not mentioned by the group, and if appropriate **ADD** these examples:


- When the parents force or influence a girl to get married to someone
- When the girl is a child (under 18) and the man is an adult
- When the age difference between the woman and the man is very large
- When the power of the community and society makes girls and parents believe that girls should be married at a younger age


 **SAY:** Today we will discuss the wonderful things that come with marriage and also the unhealthy aspects that can come if the process of marriage is not equal for girls and women.

ACTIVITIES (1 HOUR 25 MINS)

1 THE CONCEPT MARRIAGE (20 MINUTES)

 **SAY:** Marriage is something that is part of our culture and community. We have many ways of valuing and marking marriage in our community.

 **NOTE:** *This doesn't necessarily mean a wedding ceremony, as in many situations, especially for refugee girls, marriage is marked without a ceremony.*

 **DO:** Split the group into 2-3 and ask them to discuss and draw a scene that highlights the positive aspects of marriage. This can be from a celebration or ritual they do, to marking the beginning of a union, to becoming part of a community (to mark a marriage), to valuing a partnership over time, extending the family, etc. (ongoing positive aspects during a marriage).

Once finished, ask the participants to come and share back with the wider group.



ASK:

- ? What are some of the positive things that come with marriage?
- ? What are some of the challenges that come with marriage?



EXPLAIN: There are positive aspects of marriage and there are also challenges. Sometimes however, the challenges can be increased, when the power in the marriage is not equal, like in the examples we discussed earlier. So, we are going to dig deeper into some of these examples and will discuss early marriage.



EVALUATE: Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.



2 WHY EARLY MARRIAGE HAPPENS (35 MINS)



It is possible that not everyone is aware of the legal framework in countries they are citizens of or are hosted in. If marriage is illegal under 18, highlight to the group, so they have this information. And if the age of marriage is different in the country they are hosted in compared to the country they may return to (e.g. Syria and Lebanon), it is important they have this information as well as information related to how to navigate that process.



ASK: Does anyone know what we mean by the term 'early or child marriage'? Have you heard it before?



SAY: 'Early or child marriage' is a term that is used to describe marriage that happens to girls and boys when they are under the age of 18. According to many international agreements (like we discussed in a previous session) marriage that occurs before the age of 18 can be harmful to girls, even if the national legal or religious frameworks allow it.



ASK: What do you think about this information?



SAY: Some of us were either married under the age of 18 or know someone who was, it is something that is very common. It is also possible that we married young and had no complications, so are not sure why this might be a problem. But over time, we have more information and scientific evidence that highlights to us that marriage at a young age can be harmful and also difficult for girls.



- ☑ **DO:** Tell the following story to the group and stop at the specified points to ask questions to the group about what is happening.

PART 1:

Zeina is 15 years old and her parents want her to get married. They are worried that she is getting older, she spends a lot of time out of the house (for study) and some of her friends are not a good influence. They are afraid she will be influenced by her friends and they are worried about her reputation.

- 🗨️ **ASK:** How do you think Zeina is feeling?

SOME SUGGESTIONS INCLUDE:

- She is too young to get married.
- She is jumping from childhood to adulthood too fast.
- She doesn't feel ready for this commitment.
- She is scared about what will happen to her.
- She wants to keep studying.
- She feels like she has no future.
- She feels really sad.

- 🗨️ **Ask:** What is driving Zeina's parents decision to marry her?

- 🗨️ **EXPLAIN**, if not mentioned by the participants:

- As we discussed in previous sessions, there are different expectations placed on girls and women in society compared to boys and men. This includes keeping girls in the 'Woman Box'¹⁵ and controlling how she behaves, who she should spend time with and the things she is allowed to do.
- These expectations are everywhere and are heavily influenced by what the community thinks. Zeina's caregivers may be worried about her starting a relationship or bringing dishonour to the family because this would affect the status of the family in the community. Again, this is related to the unequal expectations placed on girls compared to boys.

¹⁵ We discussed in previous sessions that the man and woman box was about society's expectations of who women and girls or boys and men should be, how they should act, how they should feel and what they should say. They are taught to us from the moment we are born, by many different people, the community and through experiences.



PART 2:

Zeina's parents are also struggling financially and since moving to this current location they have not been able to work. The house is small and the children are many. They think Zeina is getting too old to share with her siblings, especially now she is menstruating. Marriage will help them to manage the finances better and also give Zeina a better life.


 **ASK:** What are the other reasons contributing to the decision to marry Zeina?

 **EXPLAIN,** if not mentioned in participants' answers:

- In many places, girls may not be as valued as boys in the same way. Where boys are expected to take care of their parents when they get older and go out to work to provide an income, the same expectations are not placed on girls. Girls are maybe not as valued as boys and seen to be an economic burden.
- When situations like displacement happen, many families might decide to marry their daughters as a way to relieve the financial burden and to give girls what they think is a better chance at life.
- There are many examples of girls who earn an income for their family or take care of parents in their old age, but because of the 'Woman Box' they are often not considered to be able to do those things.

PART 3:

Zeina's parents approach her about the idea of marriage. Zeina is confused, she is happy attending school. But she has seen some of her friends get married and have wedding celebrations and she thinks it could be nice. She also likes the idea of having her own room and not having to share with her siblings if she marries. And she is worried that if she doesn't marry soon, she might not get a good husband.

 **ASK:** What are Zeina's reasons for wanting to get married?

 **EXPLAIN,** if not mentioned in participants' answers:

- Zeina is influenced by the community expectations and peer pressure. Her reason for wanting to get married is because society has told girls like Zeina that if they don't marry young, they might not marry at all.
- They have told Zeina that when a 'good catch' comes along you should marry him immediately because you don't know if another will come along. Also because of the difficult situation at home, Zeina thinks married life will be an escape from hardship.
- While it may seem like Zeina is making a choice to marry, she is influenced by the environment she lives in.

PART 4:

Zeina does get married and married life isn't exactly how she imagined. She was made to leave school and while she does have her own room, she also has to take on so many tasks she didn't have before. There are new pressures she is experiencing that are placed on her from her new family, such as having children or being a 'good wife'. Zeina doesn't have time to see her friends or family. She also doesn't feel she has the power to ask for the things she wants or needs.

ASK:


- ? Is Zeina's experience normal? What is the emotional or physical impact on her?
- ? How could her situation have been different?

EXPLAIN, if not mentioned in participants' answers:

- What Zeina experienced happens to many girls. And some of us would have experienced the same situation.
- Girls in the same situation as Zeina can feel isolated, unhappy and overwhelmed with marriage. They can also experience risks to their health that can be very severe.

ASK: What are some of the consequences of Zeina marrying young?

DO: Take some ideas from the group and **ADD** anything that's missing.

 **NOTE:** *If you are able to, you can show participants the Girl Effect Video. Translation is available in a number of languages, including French and Arabic. <https://www.youtube.com/watch?v=1e8xgF0JtVg>*

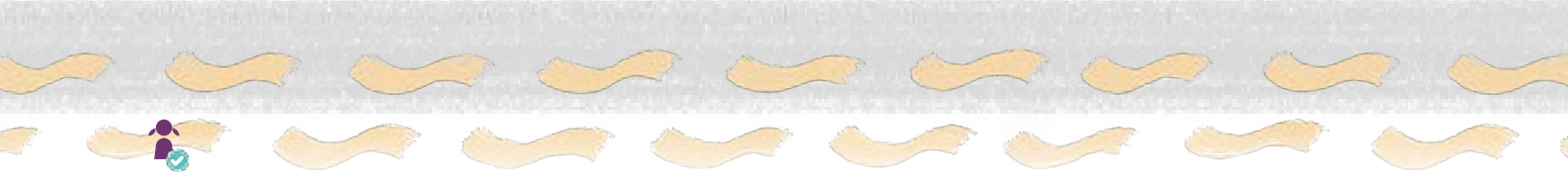
EXPLAIN:

Girls who marry young are often pulled out of school and miss important years of their education. Because of this, they will have limited knowledge, skills, and experience to negotiate adult marital roles.

Girls married at young ages tend to have larger age differences with their husbands than those who marry later. This can be traumatic for young girls. Often, they have very little information about "adult relationships."

Girls who marry at a young age are more likely to experience violence in their marriage. The larger the age difference, the more likely they are to experience violence. Girls who marry young are more likely to describe their first sexual experience as forced.

Childbearing is frequently expected after marriage, with first births being the riskiest for adolescent mothers. Pregnancy at this time is very dangerous, and doctors recommend that girls finish puberty and adolescence before attempting to have children.



Pregnant adolescents face a significantly higher risk of dying in or after childbirth.

Adolescent mothers are less likely to receive health services due to delays in seeking care, barriers to reaching a facility, and challenges in obtaining specialised care.

Physically younger girls (below 18) are not as developed as adults. Parts of their body are still growing, and they need to be fully grown to be able to deliver a healthy baby.

For instance, girls who become pregnant at an early age often have difficult deliveries because their pelvis is too small. This could lead to needing an operation to deliver the baby.

Young girls are at greater risk of dangerous fits during pregnancy, exhaustion, infection, injury, and death.

Young girls are also at high risk of delivering babies too early -- before the baby is ready to come out.

 **ASK:**

- ① What do you think about the information presented? Is any of the information new to you, or did you already have this information?
- ② Do you think this information could help someone make an informed decision about early marriage? Why/why not?
- ③ Is this a conversation that is easy for caregivers to discuss with each other? Why/why not?
- ④ What can caregivers do if it is the girls themselves that are requesting to get married?
- ⑤ If you have daughters that are already married, what are some of the things you think they need support with to ensure a safe and healthy married life?



EVALUATE: Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.



3 STRATEGIES TO DELAY MARRIAGE (30 MINS)



EXPLAIN: We respect that marriage is an important part of the community and that it is something many people will do. But we also think that given the harms associated with marrying at a young age, there are things we can do to delay marriage of young girls until they are older. This will help girls to have a better chance of a healthy marriage and life. To be able to support girls to delay marriage until they are a little older, it takes the decision of caregivers, but also influencing the community, particularly men and boys who have a lot of decision-making power when it comes to deciding when and who to marry.



SAY: I am going to give each group a scenario and in your group you will come up with strategies on how the family can consider delaying the marriage of their daughter until they are older. When deciding on strategies there are two key things you need to do:

1

Think about who you can include in your strategy, e.g. the girl, caregiver, community decision makers and/or the potential husband (and his family).

2

Think about what impact delaying marriage will have on the girl and her family, if there are some negative impacts, what can be done to resolve this?

- ✓ **DO:** Split participants into 3 groups and give each group a scenario. If unable to read, you can read the scenarios to the group.

SCENARIOS

! **Requires CONTEXTUALISATION**

SCENARIO 1

Yusra has three children and is raising them on her own. She earns some money by tailoring, but it is not enough to support her children. She has been struggling lately and had to remove her eldest daughter from school. Yusra thinks that maybe it is better that her daughter gets married. This will reduce the financial burden on her. She loves her daughter very much and thinks this is what is best for her. Yusra's daughter is 14 years old. Yusra wants your advice.

- ! **NOTE:** *They should ask Yusra to think about the pros and cons of the decision to get her daughter married. They should encourage Yusra to think about alternative strategies before marrying her daughter and ask her to think about how she can seek support.*

SCENARIO 2


Beatrice is spending time with a boy after school. One day her mother sees her and tells her that she has to marry the boy now as she cannot just be spending time with boys without being in a union/marriage. Beatrice doesn't want to get married to this boy, they are just friends, and she doesn't consider him to be anything more. Should Beatrice's marriage be prevented? How can this be done?


- ! **NOTE:** *In this case, Beatrice does not want to marry the boy. Whatever strategy the group decide on, it should not involve delaying the marriage to this particular boy but preventing the marriage altogether. Encourage caregivers to think about how they can support her and raise her awareness about healthy relationships.*



SCENARIO 3

Adam's family is growing and recently his cousin also moved into the house with his family. Adam's children are all sharing one small room. His eldest, Nancy, is 16 and is too old to be sharing with her younger siblings. Adam thinks the best solution is to get Nancy married. This way she will have her own space and the house will not be as overcrowded. Should Nancy's marriage be delayed? How can this be done?

 **NOTE:** *They should think about the pros and cons of the decision to get Nancy married (e.g. health risks to Nancy, school drop-out, isolated, etc.). They should think about alternative strategies that can help to delay the marriage.*


 **EVALUATE:** Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.

★ KEY MESSAGES


There are many harms associated with girls marrying at a young age, so marrying girls at a later age will help them to have a better chance of a healthy marriage. To be able to support girls to delay marriage until they are a little older, it takes the decision of caregivers but also influencing the community, particularly men and boys who have a lot of decision-making power when it comes to deciding when and who to marry.

CHECK IN (5 MINS)

SUMMARISE how many pebbles there were for each activity and see if caregivers want to share any specific feedback about this. Explain that we are testing these activities to see how caregivers respond to them and you want to have their feedback to know if some activities should be changed or removed, or if there are activities they liked in particular.

 **REMIND** them that the comments box is there if they want to leave further feedback and that you will be available at the end to discuss further

TAKEAWAY (5 MINUTES)

 **SAY:** Have a conversation with your daughter or someone else in your family you feel comfortable talking to about the issue of early marriage and some of the information we discussed today. See what their ideas are, if they are different or the same as what we discussed.

SESSION 9B

MARRIAGE IN OUR COMMUNITY

IRC GIRL SHINE SESSION 10



🎯 SESSION AIMS

By the end of the session, caregivers will:

- Understand the impact of early marriage on adolescent girls.
- Understand how to support married girls.

📝 MATERIALS

- Art box
- Comments box
- Flip chart paper
- Tape/string
- Markers
- A4 paper
- Coloured pens
- Projector
- Opaque evaluation jars (or cardboard boxes) and pebbles (or scrunched up papers)
- Laptop and speakers if showing the girl effect video

📄 PREPARATION

- Make sure the video is prepared in advance and ready to show to participants. There is an option to change language on the subtitles, so make sure this is practiced ahead of the session.



FACILITATOR NOTE

- In countries where it is illegal to marry under the age of 18, some caregivers may hide marriages of girls. Conversely, caregivers may report marriages to the authorities if the girl herself makes the decision to marry; this may happen in contexts where girls are in a “love” marriage that the caregivers disapprove of. Both scenarios can be problematic if it means that girls are not receiving the support they need. It is important as a facilitator to focus on highlighting the risks of marrying girls young and how caregivers can continue to support girls if they are married. It is important as a facilitator not to pass judgement on caregivers of girls who are already married to allow for an honest conversation about the situation so they can better support girls.
- Additionally if considering reporting a case of early marriage to authorities in settings where it is illegal, it is important to refer the case to a caseworker who should take a survivor centred approach, asking the girl what the best course of action is for her, draw on the principle of ‘do no harm’ and assess the risks to the girl i.e. is the girl at imminent risk that would require mandatory reporting, would reporting the case create further risks to the girl, for example is she at risk of being arrested or detained if the age of consent to sex is over 18?
- In contexts where marriage is legal under 18, some caregivers may be reluctant to admit their daughters are married under 18 because they’re often afraid of the reaction of society, NGOs and humanitarian workers. It is therefore important to not pass judgments as this might place barriers between girls, facilitators and their access to services.



DURATION

2 hours





TIMING

Before the men’s session.




WELCOME & REVIEW (10 MINUTES)










 **ASK:** Were you able to introduce shared decision making into the family with regard to household responsibilities using the steps discussed. How did it go? If not, did you talk to girls to raise their awareness about some of the rights we discussed?


 **SAY:** Today we are going to discuss marriage and what it means and looks like in our community.


LET'S EXPLORE (20 MINUTES)

 **ASK:** What does marriage look like in our community?

PROBING QUESTIONS:

-  At what age do women get married? What about men?  **NOTE** *(in some contexts this question may be sensitive due to legal frameworks, be sensitive how it is asked in contexts where this is the case)*
-  What is the best age for women and men to marry?
-  Are the legal and religious frameworks always followed?
-  What is the traditional marriage or union process?
-  Who makes decisions about who to marry and when to marry?
-  What are some of the reasons why a girl or woman might get married?
-  What are some of the reasons why a girl or woman might not get married?
-  Is the situation the same now as it was before displacement? How is it different or the same?

 **ASK:** What does marriage look like for women and girls with disabilities? What about men? (use probing questions from above)

 **ASK:** How are women who are divorced treated in the community? What about women who are widowed? What is your opinion on how they are treated?



SAY: Marriage is something that many people choose to do. It is when two people come together to start a life and sometimes a family together. Marriage can take many forms, sometimes two people can fall in love and decide to get married. Sometimes it may involve other family members who help women or men to find a potential wife or husband. It could happen because of financial interests or for strengthening certain family ties. Sometimes it may be a friend that connects two people together as they think they will be a good match. There are many other ways in which it happens. The important thing to remember is who has power to choose to say yes and to choose who to marry as such a big life decision should involve the wishes of women and girls as much as men and boys.

ASK: Who can think of examples of when power may not be equal?

If not mentioned by the group, and if appropriate **ADD** these examples:

- ① When the parents force or influence a girl to get married to someone
- ① When the girl is a child (under 18) and the man is an adult
- ① When the age difference between the woman and the man is very large
- ① When the power of the community and society makes girls and parents believe that girls should be married at a younger age



SAY: Today we will discuss the wonderful things that come with marriage and also the unhealthy aspects that can come if the process of marriage is not equal for girls and women.



ACTIVITIES (1 HOUR 25 MINS)

1 THE CONCEPT OF MARRIAGE (20 MINUTES)



SAY: Marriage is something that is part of our culture and community. We have many ways of celebrating this moment.



NOTE: *This doesn't necessarily mean a wedding ceremony, as in many situations, especially for refugee girls, marriage is marked without a ceremony.*



DO: Split the group into 2-3 and ask them to discuss and draw a scene that highlights the marriage celebration. There may be different ways they celebrate and rituals they do. There may be a wedding song or dance they want to share.



Once finished, ask the participants to come and share back with the wider group.

 **ASK:**

- ② What are some of the positive things that come with marriage?
- ② What are some of the challenges that come with marriage?



EXPLAIN: There are positive aspects of marriage and there are also challenges. Sometimes however, the challenges can be increased when the power in the marriage is not equal like in the examples we discussed earlier. So, we are going to dig deeper into some of these examples and talk about how we can strengthen our support to married and divorced girls.



EVALUATE: Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.



2 THE IMPACT OF EARLY MARRIAGE (35 MINS)



ASK: Does anyone know what we mean by the term 'early or child marriage'? Have you heard it before?



It is possible that not everyone is aware of the legal framework in countries they are citizens of or are hosted in. If marriage is illegal under 18, highlight to the group, so they have this information. And if the age of marriage is different in the country they are hosted in compared to the country they may return to (e.g. Syria and Lebanon), it is important they have this information as well as information related to how to navigate that process.



SAY: 'Early or child marriage' is a term that is used to describe marriage that happens to girls and boys when they are under the age of 18. According to many international agreements (like we discussed in a previous session) marriage that occurs before the age of 18 can be harmful to the health of girls, even if the national legal or religious frameworks allow it.



ASK: What do you think about this information?



SAY: We are here because we all have daughters or girls in our care who were married at a young age, it is something that is very common. It is also possible that we married young and had no complications so are not sure why this might be a problem. But over time, we have more information



and scientific evidence that highlights to us that marriage at a young age can be harmful and also difficult for girls. But there are some things that we can do to support girls who are already married to ensure that they have a better experience and are not at risk of harm. But first we need to understand what the issue is.

- ✓ **DO:** Tell the following story to the group and stop at the specified points to ask questions to the group about what is happening.

! **Required CONTEXTUALISATION**

- ! **NOTE:** *In groups where mothers-in-law are also present, some sensitivity may be required in facilitating this activity.*

PART 1:

Zeina is 15 years old and her parents want her to get married. They are worried that she is getting older, she spends a lot of time out of the house (for study) and some of her friends are not a good influence. They are afraid she will be influenced by her friends and they are worried about her reputation.

- ? **ASK:** How do you think Zeina is feeling?

SOME SUGGESTIONS INCLUDE:

- ? She is too young to get married.
- ? She is jumping from childhood to adulthood too fast.
- ? She doesn't feel ready for this commitment.
- ? She is scared about what will happen to her.
- ? She wants to keep studying.
- ? She feels like she has no future.
- ? She feels really sad.

- ? **Ask:** What is driving Zeina's parents decision to marry her?



 **EXPLAIN**, if not mentioned by the participants:

- As we discussed in previous sessions, there are different expectations placed on girls and women in society compared to boys and men. This includes keeping girls in the ‘Woman Box’¹⁶ and controlling how she behaves, who she should spend time with and the things she is allowed to do.
- These expectations are everywhere and are heavily influenced by what the community thinks. Zeina’s caregivers may be worried about her starting a relationship or bringing dishonour to the family because this would affect the status of the family in the community. Again, this is related to the unequal expectations placed on girls compared to boys.

PART 2:

Zeina’s parents are also struggling financially and since moving to this current location they have not been able to work. The house is small and the children are many. They think Zeina is getting too old to share with her siblings, especially now she is menstruating. Marriage will help them to manage the finances better and also give Zeina a better life.

 **ASK:** What are the other reasons contributing to the decision to marry Zeina?

 **EXPLAIN**, if not mentioned in participants’ answers:

- In many places, girls may not be as valued as boys in the same way. Where boys are expected to take care of their parents when they get older and go out to work to provide an income, the same expectations are not placed on girls. Girls are maybe not as valued as boys and seen to be an economic burden.
- When situations like displacement happen, many families might decide to marry their daughters as a way to relieve the financial burden and to give girls what they think is a better chance at life.
- There are many examples of girls who earn an income for their family or take care of parents in their old age, but because of the ‘Woman Box’ they are often not considered to be able to do those things.

PART 3:

Zeina’s parents approach her about the idea of marriage. Zeina is confused, she is happy attending school. But she has seen some of her friends get married and have wedding celebrations and she thinks it could be nice. She also likes the idea of having her own room and not having to share with her siblings if she marries. And she is worried that if she doesn’t marry soon, she might not get a good husband.

¹⁶ We discussed in previous sessions that the man and woman box was about society’s expectations of who women and girls or boys and men should be, how they should act, how they should feel and what they should say. They are taught to us from the moment we are born, by many different people, the community and through experiences.



ASK: What are Zeina's reasons for wanting to get married?



EXPLAIN, if not mentioned in participants' answers:

- Zeina is influenced by the community expectations and peer pressure. Her reason for wanting to get married is because society has told girls like Zeina that if they don't marry young, they might not marry at all.
- They have told Zeina that when a 'good catch' comes along you should marry him immediately because you don't know if another will come along. Also because of the difficult situation at home, Zeina thinks married life will be an escape from hardship.
- While it may seem like Zeina is making a choice to marry, she is influenced by the environment she lives in.

PART 4:

**May require adaptation if mothers-in-law present*

Zeina does get married and married life isn't exactly how she imagined. She was made to leave school and while she does have her own room, she also has to take on so many tasks she didn't have before. There are new pressures she is experiencing that are placed on her from her new family, such as having children or being a 'good wife'. Zeina doesn't have time to see her friends or family. She also doesn't feel she has the power to ask for the things she wants or needs.



ASK:

- ① Is Zeina's experience normal? What is the emotional or physical impact on her?
- ① How could her situation have been different?



EXPLAIN, if not mentioned in participants' answers:

- What Zeina experienced happens to many girls. And some of us would have experienced the same situation.
- Girls in the same situation as Zeina can feel isolated, unhappy and overwhelmed with marriage. They can also experience risks to their health that can be very severe.

PART 5:

**May require adaptation if mothers-in-law present*

Zeina's husband and in-laws are not understanding of Zeina's situation and what she is experiencing. Eventually they tell Zeina's family that they want Zeina to return back to her family home as she is not doing the things they expect of her.



ASK:

- Is it common for girls to get divorced when they marry at an early age?
- How are these girls treated?

NOTE: *There are many expectations placed on women when they marry (like we discussed in the man and woman box). When they do not fit into this 'box', communities and society can be unaccepting of girls and this can result in these girls being stigmatised through divorce or in other ways (e.g. gossip in the community). As adolescent girls are still growing and learning it is understandable that they are not able to manage the pressures that come with adult responsibilities.*

ASK: What are some of the consequences of Zeina marrying young?

DO: Take some ideas from the group and **ADD** anything that's missing.

NOTE: *If you are able to, you can show participants the Girl Effect Video. Translation is available in a number of languages, including French and Arabic. <https://www.youtube.com/watch?v=1e8xgFOJtVg>*

EXPLAIN:

Girls who marry young are often pulled out of school and miss important years of their education. Because of this, they will have limited knowledge, skills, and experience to negotiate adult marital roles.

Girls married at young ages tend to have larger age differences with their husbands than those who marry later. This can be traumatic for young girls. Often, they have very little information about "adult relationships."

Girls who marry at a young age are more likely to experience violence in their marriage. The larger the age difference the more likely they are to experience violence. Girls who marry young are more likely to describe their first sexual experience as forced.

Childbearing is frequently expected after marriage, with first births being the riskiest for adolescent mothers. Pregnancy at this time is very dangerous, and doctors recommend that girls finish puberty and adolescence before attempting to have children.

Pregnant adolescents face a significantly higher risk of dying in or after childbirth.

Adolescent mothers are less likely to receive health services due to delays in seeking care, barriers to reaching a facility, and challenges in obtaining specialised care.



Physically younger girls (below 18) are not as developed as adults. Parts of their body are still growing, and they need to be fully grown to be able to deliver a healthy baby.

For instance, girls who become pregnant at an early age often have difficult deliveries because their pelvis is too small. This could lead to needing an operation to deliver the baby.

Young girls are at greater risk of dangerous fits during pregnancy, exhaustion, infection, injury, and death.

Young girls are also at high risk of delivering babies too early -- before the baby is ready to come out.

When we spoke to divorced girls through our projects, they told us that marrying at an early age was a main reason for divorce. They also felt stigmatised and blamed for the marriage breakdown and faced many restrictions. But with the right support, girls who were divorced also went on to pursue their interests, gained opportunities and were able to remove themselves from a violent situation.

When we spoke to married girls in the project, they told us that one of the key consequences of early marriage was experiencing violence. They also said that early marriage led to negative relationships with their husbands and health risks were very high.

 **ASK:**


- ① What do you think about the information presented? Is any of the information new to you, or did you already have this information?
- ② Is this a conversation that is easy for caregivers to discuss with each other? Why/why not?
- ③ If you have daughters that are already married, what are some of the things you think they need support with to ensure a safe and healthy married life?




EVALUATE: Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.



3 SUPPORTING MARRIED AND DIVORCED GIRLS (30 MINS)

 **SAY:** We have learned about some of the risks married and divorced girls face. But there is something we can do! We are going to think of ways in which we can support married and divorced girls in our lives and also in the wider community.

 **DO:** Split participants into 2 groups, one focusing on married girls and the other on divorced girls. Ask them in their groups to discuss ways in which they can support these girls even if they are not in their care.


 **EXPLAIN,** if not mentioned in participants' answers:

If possible, check on married and divorced girls' **material needs** (specifically food, money, sanitary pads, clothes, school materials). In-laws might not be able to provide adequate support, so always check with the girl. If you are an in-law you can also check on girls' material needs.

Check in and support girls' **emotional needs**, specifically if you're an in-law, giving them time to see friends and family. And if you're a caregiver, making time to visit and spend time with girls.

If possible, check on married and divorced girls' **educational or vocational needs** (perhaps she wants to go back to school, learn new skills, attend a course or generate some income to become independent)

If possible, check on married and divorced girls' **health needs**. Girls may need access to medicine, health care, family planning services, antenatal care, etc. Encourage girls to wait until after 18 to have children. Even if they had a child already, each birth is different and they should delay pregnancy until their body is fully developed to prevent health risks such as death of mother or baby.

 **EVALUATE:** Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.



★ KEY MESSAGES



SAY: While there are many challenges associated with girls marrying young, as mothers and mothers-in-law there are many things we can do to help support girls in this situation. Some of the things include checking in on their material, emotional and health needs; delaying pregnancy until after 18 is key to ensure their health and the health of their baby. As caregivers, we may not have the resources to take care of all of these needs, but one thing we do have control over is supporting girls' emotional needs in particular.



CHECK IN (5 MINS)

SUMMARISE how many pebbles there were for each activity and see if caregivers want to share any specific feedback about this. Explain that we are testing these activities to see how caregivers respond to them and you want to have their feedback to know if some activities should be changed or removed, or if there are activities they liked in particular.



REMIND them that the comments box is there if they want to leave further feedback and that you will be available at the end to discuss further.



TAKEAWAY (5 MINUTES)



SAY: Have a conversation with your daughter or daughter-in-law to check what their needs are and see how you can support them. Even if you are unable to provide material help, there are other things you can do in terms of their emotional needs or supporting them to access health care.



SESSION 10

DOWRY/BRIDE PRICE¹⁷

NCA SESSION



FOR CAREGIVERS OF UNMARRIED GIRLS

🎯 SESSION AIMS

By the end of the session, caregivers will:

- Discuss the reasons behind dowry/bride price and the negative consequences on girls, family and society.
- Make commitments to challenge the dowry/bride price norms that encourage child marriage.

👉 FACILITATOR NOTE

- Bride price is a payment by the groom or his family to the bride or her family. Dowry is the wealth transferred from the bride, or her family to the groom or his family.



PREPARATION

For the group work discussion:

- Print out 3-4 copies of each story
- Write down the discussion questions for a group activity on a flipchart



TERMINOLOGY

- Refer to local definitions for terms such as dowry and bride price.






DURATION

2 hours


¹⁷ Adapted from CARE USA. "Facilitator's Manual for Intergroup Dialogue: CARE's Tipping Point Phase 2." Cooperative for Assistance and Relief Everywhere, Inc., 2019, https://caringpoint.org/wp-content/uploads/2020/03/FM_Intergroup_Dialogue_Manual_with-citation.pdf, p 27- 29.





WELCOME & REVIEW (15 MINUTES)

-  **ASK:** What was one piece of information that stood out for you from the last session? Did you carry out the task from last session's Takeaway? Have you had a conversation with your daughter/in-laws, particularly about the needs they have? What was the outcome?
-  **DO:** Remind participants that they can approach you separately after the meeting to discuss any issues.
-  **SAY:** In the last session, we discussed why child marriage happens in our community. Some of the reasons that child marriage happens are because of cultural traditions, such as dowry or bride price. Additionally, poverty, including changing economic circumstances of families due to displacement, conflict, or natural disaster, can contribute to child marriage and can influence the way that cultural traditions are practiced in the community. Today we are going to talk in more detail about the practice of dowry/bride price in the community, and what we might do to change this practice.

LET'S EXPLORE (5 MINUTES)

-  **EXPLAIN:** Poverty is often one of the drivers behind child marriage. In addition to poverty, specific transaction costs of child marriage also drive child marriage. Recent research shows that the costs of child marriage have increased substantially. The potential financial gain (for example through bride price) or cost (through dowry) effect the age that families want to marry girls. Especially in situations of conflict, displacement and disaster, financial concerns of families can be worsened, leading to an increase in child marriage as a coping strategy to economic shocks.

ACTIVITIES (1 HOUR 30 MINS)

-  **DO:** Split the participants into 4 groups. Give them 10 minutes to read the story or read it aloud to the groups, if required (choose the relevant story for dowry or bride price). Ask the participants to talk within the group and share their thoughts based on the below questions.
-  **NOTE:** *If possible, write down the questions on a flipchart and display in a place visible for the participants.*



! Requires CONTEXTUALISATION

RADA'S STORY (DOWRY)

When Rada was 16 years old, her family had been displaced for 3 years, living in a camp outside of their home region. Both her parents had lost their jobs. Rada's family decided that she should get married, even though things were tight with money, they were worried that if they waited longer and she was more educated, the dowry might be too expensive and they would not be able to afford it and Rada would never have the chance to marry because she would be too old. Rada's uncle offered to help pay the dowry.

Rada's husband was 10 years older than her. Rada's husband's new family made her do all the household chores from the moment she woke up, which was usually at dawn before the other family members awoke. She was only allowed to sleep after everyone had gone to bed at night. She was rarely given enough to eat; she was told that it was a punishment for not bringing any more dowry. She was unable to talk to her husband since he was much older than her. Previously, when she had requested him, she had been refused money for expenses; this added to her apprehension about talking to him about the situation at home. She was also very uncomfortable about her husband having sex with her whenever he wanted to. He rarely seemed to care about what she thought or wanted. Though Radha also wanted to resume her studies, nobody felt that was necessary.

AMINA'S STORY (BRIDE PRICE)

When Amina was 16 years old, her family had been displaced for 3 years, living in a camp outside of their home region. Both her parents had lost their jobs. Amina had 3 brothers. Her parents decided that her brothers should continue with their education, but they could not afford for Amina to attend school. Instead, Amina would get married. The income from her bride price would help the family to pay for the costs of educating her brothers, and with Amina out of the house, it would be one less mouth to feed.

Amina went to live with her husband, who was 10 years older than her. Because he paid a good price for Amina, he treated her like she was a possession. He often beat Amina if she was disobedient. Amina complained to her parents about this treatment, but her parents felt that they must keep silent as Amina's husband had paid a good bride price, and they could not afford to lose the money.

QUESTIONS

- ② Is how dowry/bride price practiced in the community today similar to the story you heard?
- ② What do you think are some of the consequences of dowry/bride price on a girl, her family and the community based on the story you read?
- ② Who benefits when the dowry is paid? Is it fair? Do you feel it is fair?
- ② What do you think the impact of dowry/bride price is on the age a family wants to marry a girl?
- ② Is the practice of dowry/bride price different now than it was when you were growing up? Has it been affected at all by the conflict/displacement/emergency?



NOTE: *In some communities, with an increase in age or education the price of dowry/bride price may increase. Therefore, families who have little income may choose to marry their female children early, especially in cultures where girls are seen as a financial burden as well as the bearers of the family's honour. Research has shown that sometimes crises can lead to an increase in poverty, pushing families to marry their daughters to ease the financial burden on the household. On the other hand, crises that lead to economic challenges in the household may also cause families to be unable to pay for dowry/bride price, which could delay marriage. Some research also shows that dowry/bride price leads to an increase in violence against girls/women because a payment has been made for the girl/woman and with this financial transaction comes an expectation for her to be obedient and conform to the role that is expected of her.*

DO: Bring the groups back together. Ask the participants if there was a positive story where dowry/bride price was not taken or given. What inspired the families not to give or take dowry/bride price? How did the community react to this? What do you think about such an example?

DO: Ask participants to think about the stories that they know from their community that involve dowry/bride price.

ASK:

- ① What would you do if someone demanded dowry/bride price for your son/daughter?
- ① Is there any way to refuse? How?
- ① What would happen if a family decided not to pay dowry or bride price? What would be the reaction of the community? What would be the consequences on the family?
- ① How can you convince members in the community to stop the practice of dowry/bride price? What arguments can you use?

ASK:

- ① What if instead of just one family refusing to pay dowry/bride price, the whole village decided not to pay? What would happen then? Do you think this would be possible/necessary?
- ① What changes could happen if there is no dowry/bride price required? (both positive and negative)
- ① If we could take away the negative aspects of the dowry/bride price, what could be done to get there? What could you personally do to contribute?
- ① What could be done collectively, as a community, to challenge and change negative aspects of the dowry/bride price norm?
- ① What would be required to implement such a collective action?



★ KEY MESSAGES

- Poverty is often one of the drivers behind child marriage. In addition to poverty, specific transaction costs of child marriage also drive child marriage.
- Dowry/bride price may lead to an increase in violence against girls/women because a payment has been made for the girl/woman and with this financial transaction comes an expectation for her to be obedient and conform to the role that is expected of her.
- Bride price payment has implications on gender relations, with a potential to worsen existing gender inequalities and inequities.



EVALUATE: Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.

🗨️ CHECK IN (5 MINS)

Use the closing activity caregivers chose from the previous session. Check in to see if they would like to continue using the same format, or whether someone would like to volunteer a closing activity for the next session.

🧠 TAKEAWAY (5 MINUTES)

Explain to caregivers this week's home assignment is to discuss in the family and with other community members what actions they can take to challenge the dowry/bride price norm, and to make a plan for what they will do if/when their children are getting ready to be married.



SESSION 11

HOUSEHOLD DECISION MAKING¹⁸

NCA SESSION



**FOR CAREGIVERS OF MARRIED
AND UNMARRIED GIRLS**

⚠ NOTE: *Session 6: “Power in the Home” is a prerequisite for completing this session. This session is optional. Only caregivers whose partner is also participating in the caregiver sessions should be invited to attend so that both caregivers receive the same information and avoid creating unintentional harm.*

🎯 SESSION AIMS

By the end of the session, caregivers will:

- Explore how people in healthy relationships make decisions together.
- Discuss the benefits of long-term planning and decision-making over short-term, with a focus on financial decisions as they relate to child marriage.



MATERIALS

- Flip chart paper
- Flipchart with three columns: husband | wife | jointly
- Markers
- Flipchart: advantages of joint decision making
- Copies of the stories, copies of annex 2: how healthy couples make decisions
- Opaque evaluation jars (or cardboard boxes) and pebbles (or scrunched up papers)

¹⁸ Adapted from CARE USA. “Facilitator’s Manual for Mother’s groups: CARE’s Tipping Point Phase 2.” Cooperative for Assistance and Relief Everywhere, Inc., 2019, https://caretippingpoint.org/wp-content/uploads/2020/03/FM_Mothers_Groups_with-citation.pdf, p. 71-76 and DRC and Women’s Refugee Commission, “Engaging Male Caregivers to End Early Marriage in Lebanon: Training Modules to Accompany Programmes with Adolescent Girls,” <https://resourcecentre.savethechildren.net/node/11975/pdf/engagingmalecaregivers-final-update1.pdf>, p. 54.



PREPARATION

- Draw on a flip chart paper three columns: Husband, Wife, Jointly
- On a flip chart paper put a title “Advantages of Joint Decision Making”
- Print out 3-4 copies of two stories for the participants to use in group work.
- Print out Annex 2: How Healthy Couples Make Decisions.



TERMINOLOGY

- Refer to local definitions for terms such as decision-making power, healthy couple.







DURATION


2 hours




WELCOME & REVIEW (10 MINUTES)

ASK:

-  What was one piece of information that stood out for you from the last session?
-  Did you carry out the task from last session's Takeaway? What was the outcome?
-  How are you feeling about being part of the group? Are there any new concerns that have come up for you since our last meeting?
-  What kinds of responses have you been getting from others about your involvement in the group?


 **DO:** Remind participants that they can approach you separately after the meeting to discuss any issues.

 **SAY:** In the last session, we discussed why dowry/bride price is harmful to girls, families and communities. Today we are going to talk in more detail about decision making in the family, and how a family's financial decisions relate to child marriage.

ACTIVITIES (1 HOUR 25 MINS)















1 HOW HEALTHY COUPLES MAKE DECISIONS (40 MINS)

 **SAY:** Today we are going to talk about how healthy couples make important decisions for the family. Couples deal with matters, both simple and complex, in their everyday lives. Decisions about these matters can be made by one member of the couple or they can be made jointly. When big decisions are made jointly – through the active participation of both parties – both are responsible for the outcome of that decision.

 **DO:** Lead a large group discussion with the questions listed below.



ASK:

-  What decisions does a husband typically make without consulting his partner?
-  **DO:** Record responses in the column titled **“HUSBAND”** on **FLIPCHART:**
HUSBAND | WIFE | JOINTLY.
-  Should these kinds of decisions be made by the husband without consulting his wife? Why or why not?
-  What decisions does a wife typically make without consulting her partner?
-  **DO:** Record responses in the column titled **“WIFE”** on **FLIPCHART:**
HUSBAND | WIFE | JOINTLY.
-  Why do you think these kinds of decisions are made only by a woman?
-  In our culture or community, who do you think has more decision-making power – husbands or wives? Why?
-  Can any of you tell us about an important decision you made together with your partner in the last few months?
-  **NOTE:** *Important or big decisions are decisions that affect both people in the relationship as well some or all members of a family. Explain to participants that you are really looking for examples of joint decision-making – not just running ideas by your partner or asking for a preference, but rather decisions that required discussion and the explicit agreement of both parties about the way forward.*
-  How did you make the decision?
-  What were the respective roles of husband and wife in the decision-making process?
-  **DO:** Record responses in the column titled **“JOINTLY”** on **FLIPCHART:**
HUSBAND | WIFE | JOINTLY.

As participants share their experiences, try to identify the processes they used to make the decision together (e.g., both people offering suggestions, both people listening, seeking counsel from someone, assessing their personal values, etc.). Share your observations with the group. These points will be helpful to recall later on in the session.



ASK:

We discussed gender and gender inequality in previous sessions. How do you think gender affects couples' ability to make joint decisions? In other words, how well can men and women share in decision-making if they are both following rigid and unequal expectations about gender?

EXAMPLES OF RESPONSES MIGHT INCLUDE:

- Since childhood, a man is conditioned to believe that he should be the head of his family, make decisions, and be dominant and in charge. This is what he witnessed as a child and is still witnessing as an adult, so it all seems normal to him.
- A man has also been taught that women should play a subservient role in the family. A woman has been taught that men's controlling behaviour is normal and she should not question it. She may have been conditioned to believe that her husband should be the master of the house and shall make all decisions.
- A woman has been taught to defer to her husband's desires and to avoid conflict. She has not likely had much experience expressing her opinions or desires.

ASK:

- ① How healthy is a relationship where the husband decides on everything and the wife has no say at all?
- ① What problems might you foresee for married couples who maintain unequal decision-making?

EXAMPLES OF RESPONSES MIGHT INCLUDE:

- Inability to make shared decisions
- Decisions that do not necessarily reflect the desires or needs of the couple or family as a unit
- Irritability, conflict, resentment, arguing, stress
- Physical, emotional, financial or sexual abuse/violence

ASK:

- ① What do you think are some of the advantages of a couple making big decisions together?

✓ **DO:** Record responses on **FLIPCHART: ADVANTAGES OF JOINT DECISION MAKING.**



EXAMPLES OF POSSIBLE RESPONSES:

- If a spouse is left out of a decision, then that spouse may feel that the other does not care enough about them or respect them, which in turn can lead to resentment or other negative feelings. Making decisions together is a way to show respect to your partner.
- When someone in a relationship makes a decision without consulting the other, there is often a strong impulse to argue. Making decisions together can avoid future conflict/arguments.
- Joint decisions can often lead to greater harmony within the family and at home.
- Making decisions together can bring the couple closer together. When the couple feels more connected, they are often more emotionally and physically intimate.
- Making an important decision by yourself can feel burdensome or stressful. Having someone to share in the decision-making can help lessen this burden.
- Both partners can also share in the results of the decisions – whether the results are positive or negative. Two heads are often better than one in coming up with potential solutions or ideas.



SAY: Now that we have had this discussion, look back at **FLIPCHART: HUSBAND | WIFE | JOINTLY**. Are there any items that are in the “Husband” or “Wife” column that you think should move to the “**JOINTLY**” column?



DO: Make the edits proposed by participants with a different coloured marker.



SAY: Couples who make joint decisions effectively often have some shared characteristics in terms of their process for making decisions.



ASK: Think about couples they may know in your community. If we were approached by one of these couples for advice on how they could go about making decisions together, what advice or what tips would you give them?



DO: Record participant ideas on **FLIPCHART: MAKING DECISIONS TOGETHER**.

EXAMPLES OF POSSIBLE RESPONSES:

- Ask each other about their opinions, needs, wants
- Listen to your partner and acknowledge their point of view
- Get educated about and consider multiple options about big decisions
- Talk about big decisions together
- Come to agreement together
- Agree that sometimes one person or both will need to compromise
- Think about the marriage as a team with two equal members
- Remind yourself that you love and respect your spouse and want the best for her/him and the family



- ✓ **DO:** Share with the group the seven key strategies that have been observed by healthy couples making joint decisions after they have exhausted ideas for the brainstorm. Refer to the **Annex 2: How Healthy Couples Make Decisions** to help you elaborate on each of the key strategies. After reviewing the seven key strategies, acknowledge how the strategies are similar to the ideas the group came up with in the brainstorm.

⚠ **NOTE:** Tick off these strategies listed on **FLIPCHART: MAKING DECISIONS TOGETHER**. Identify ideas from the group brainstorm that are not represented in the seven strategies and acknowledge that these ideas are also important.

- ✓ **DO:** Ask the group if they have any questions about the seven key strategies and if they disagree with any of them or have any other comments. Respond to comments as needed.



EVALUATE: Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.



2 WAYS TO APPLY THE SEVEN STRATEGIES (45 MINS)



SAY: We are going to look at the story of how one couple makes decisions. After reading about their relationships, we are going to discuss a few questions and think about ways to apply the seven strategies (and any additional strategies that the group brainstormed).



NOTE:

- Use the story of Wisam and Farah for caregivers that have unmarried children.
- Use the story Salma and Farid for caregivers of married girls/mothers-in-law.

- ✓ **DO:** Divide participants into 2 groups. After the groups have formed, give them the stories of 'Wisam and Farah' or 'Farid and Salma'. Ask a volunteer from each group to read the group's assigned story out loud. (Alternately, the task of reading can be shared among multiple participants who are comfortable with reading or the story can be read by the group facilitator). After reading the story, ask the groups to discuss the questions at the end of the worksheet. Ask the participants if they have any questions about their assignment. Answer questions as needed and invite both groups to begin their work, providing support to your assigned group as needed. Give the group 25 minutes for their group discussions.



Requires CONTEXTUALISATION



FOR CAREGIVERS OF UNMARRIED GIRLS

FARAH AND WISAM

Farah and Wisam have been married for 18 years and they have two children, a daughter Hala aged 15 and a son, Hamid, aged 13. Due to the conflict, the entire family was displaced to a neighbouring province where they rent a tiny apartment. Wisam lost his job, and Farah has been working occasionally to clean houses. The family had some savings, but now they have spent most of what they had. One evening Wisam brings up the topic of marrying their daughter Hala to a man who has proposed to the family. The conversation goes like this:

Wisam: I've been thinking it is time to marry Hala. Not having to pay for the expense of caring for her will allow us to continue to send Hamid to school and pay this month's rent. The bride price from Hala's marriage will help us out a lot (optional for contexts with bride price).

Farah: Wisam, I can't believe you think Hala is ready to be married, she is still a child. It is better for Hala to finish school now, she can contribute money to the family as she will be educated and can get a good salary.

Wisam: It is not your decision, I have already made up my mind. It's up to me as the husband to decide what we can afford, and we cannot afford to keep Hala in the house anymore.



FOR CAREGIVERS OF MARRIED GIRLS

FARID AND SALMA

Farid and Salma have been married for 20 years. They have 3 sons, the youngest of which Rayan who is 19 and lives with them at home along with his 16 year old wife Nayla. Nayla and Rayan have a 3-month old baby. Nayla has informed her mother-in-law that she would like to continue her studies. The conversation goes like this:

Salma: Farid, Nayla told me yesterday that she wants to go back to school. I don't know how we can afford it and someone will have to look after the baby.

Farid: This is not my problem, Salma. I do not care about what Nayla does with her time. You need to figure out these things between you.

Salma: I think it would be good for Nayla to go back to school. If she is educated, she will know how to raise her children in a better way. This will benefit the family long-term. Maybe she can even get a job when she gets her secondary school diploma.



FOR CAREGIVERS OF UNMARRIED GIRLS

Farah: I wish you would respect my opinion and think about what is good for the family and for Hala long-term.

The conversation ends in a fight and **Wisam** hits **Farah**.

Questions:

- Are Wisam and Farah using the seven strategies to make joint decisions used by healthy couples? If not, what strategies are they missing? What are they doing instead?
- How do you think gender boxes are affecting Farah and Wisam's decision-making process?
- How would you advise Wisam and Farah in improving their process for making a joint decision about when to marry their daughter?
- How do you think making a joint decision about household finances will benefit Farah and Wisam's relationship?
- Do you think that they should include Hala in the decision about her marriage?
- What are the family decisions that should be made not only by adults, but also together with their children?



FOR CAREGIVERS OF MARRIED GIRLS

Farid: All I know is we don't have money to put food on the table tomorrow, I cannot plan for the future. This seems like a bad idea.

Questions:

- Are Farid and Salma using the seven strategies to make joint decisions used by healthy couples? If not, what strategies are they missing? What are they doing instead?
- How do you think gender boxes are affecting Salma and Farid's decision-making process?
- How would you advise Farid and Salma in improving their process for making a joint decision about how to spend the household income?
- How do you think making a joint decision about household finances will benefit Salma and Farid's relationship?
- Do you think that they should include Nayla and Rayan in the discussion? What are some family decisions that should be made not only by adults, but also together with their children?

DO: Bring both group back together. Read each of the stories aloud to everyone so that the other group understands the discussion. Lead a large group discussion with the questions listed below.

- Which of the seven strategies did you advise your couple to use? Explain your answer.
- How did the gender boxes affect your couples' ability to make joint decisions?
- How realistic do you think it would be for you and your spouse to use the seven strategies?
- What benefits do you think it would bring to your relationship?



★ KEY MESSAGES

When couples make decisions together, it allows them to have more harmony and for a better decision to be made. Making decisions together when one person is used to making all of the decisions is difficult, but in the long one will make the family stronger.



EVALUATE: Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.



CHECK IN 5 MINS)

SUMMARISE how many pebbles there were for each activity and see if caregivers want to share any specific feedback about this. Explain that we are testing these activities to see how caregivers respond to them and you want to have their feedback to know if some activities should be changed or removed, or if there are activities they liked in particular.



REMIND them that the comments box is there if they want to leave further feedback and that you will be available at the end to discuss further.



TAKEAWAY (5 MINUTES)


Explain to caregivers this week's home assignment is to reflect on decisions that need to be made in your family. Who normally makes the decision? How can you participate in joint decision-making this week?



SESSION 12

PLANNING THE FAMILY BUDGET¹⁹

NCA SESSION

 **NOTE:** This session is optional. It is planned to be a joint session for married male and female caregivers. The prerequisite for this session is the completion of session 6: Power in the Home and Session 11: Household Decision Making.

SESSION AIMS

By the end of the session, caregivers will:

- Explore how families can manage their budget to ensure the wellbeing of their children.
- Reflect on the importance of engaging women and girls in the formal economy.

FACILITATOR NOTE

- The topic of budgets is very private. **Make sure the information of each family is not shared or seen by others at the stations.**

MATERIALS

- | | | | |
|-------------------------------|---|--------------------------------------|---|
| <input type="checkbox"/> Pens | <input type="checkbox"/> Flip Chart Paper | <input type="checkbox"/> Index Cards | <input type="checkbox"/> Large Sheets of White Paper |
| <input type="checkbox"/> Tape | <input type="checkbox"/> Markers | <input type="checkbox"/> A4 Paper | <input type="checkbox"/> Opaque Evaluation Jars (Or Cardboard Boxes) And Pebbles (Or Scrunched Up Papers) |

¹⁹ World Vision, Promundo (2013), "A MenCare Manual to Engage Fathers to Prevent Child Marriage," Washington, DC, pp. 46-50.



PREPARATION

- Prepare four large stations around the room or space marked with the numbered posters and index cards as per the provided instructions.
- Prepare posters as follows:

STATION 1

What expenses do we have?

STATION 2

How much do we have?

STATION 3

Happy Face or Sad Face

(Draw a big happy face on one flipchart and a sad face on another)

STATION 4

Necessities for the Children

- Print out Resource 12.1 – Index Cards of Household Expenses.








DURATION


2 hours

WELCOME & REVIEW (10 MINUTES)


ASK:


-  What was one piece of information that stood out for you from the last session?
-  Did you carry out the task from last session's Takeaway? What was the outcome?
-  How are you feeling about being part of the group? Are there any new concerns that have come up for you since our last meeting?
-  What kinds of responses have you been getting from others about your involvement in the group?

 **DO:** Remind participants that they can approach you separately after the meeting to discuss any issues.

 **SAY:** In the last session, we discussed why it is important to make decisions jointly as a family. Today we are going to talk in more detail about how we can plan and take decisions about the family budget together.


LET'S EXPLORE (10 MINUTES)


 **SAY:** Reflect silently about how satisfied or unsatisfied you are with how decisions are made regarding money in your family? Why? Who makes most of the decisions about how money is used in your home? Are there any changes that you would make in the way your family spends money? What changes? How do you think money should be used to best support your children?


 **EXPLAIN:** Each couple is going to have the opportunity to prepare a family budget in an activity called, "Planning the Family Budget." This budget will ensure the wellbeing of all members of the family, especially as it relates to education of daughters and sons.

ACTIVITIES (1 HOUR 30 MINS)

1 MAKING FAMILY BUDGET (1 HOUR 30 MINS)





 **ASK:** What are some difficulties or challenges in making your budget?

 **SAY:** Over the next hour, participants will walk around and visit four stations.


 **DO:** Explain each station before beginning the activity.


 **NOTE:** *The stations should be completed in order. If there are participants, who have difficulties with reading and/or writing, they should be supported by the co-facilitator.*

 **DO:**

-  Invite participants to **STATION 1:** *What expenses do we have?*
-  Paste index cards (Resource 12.1) on the wall on which you have written expenses that a family might have (one per card), for example: school fees, house payment, water, electricity/gas, transportation, food, clothes, phone credit, health costs, etc. Read these out as participants are standing at Station 1.
-  Then give everyone a printout of Resource 12.1 with examples of family expenses and ask them to circle the relevant icons and list an estimated figure in the box.
-  Tell them to make sure to include the expenses of the youngest child.


 **NOTE:** *Make sure that the list of expenses in Station 1 is adapted to the context. For example, if electricity is not something that people normally pay for (or have), then leave it out.*

 **SAY:** Let's move to the **STATION 2:** *How much do we have?* It is important to know how much money the family can count on each month.


 **DO:** Give another piece of paper to the participants and have them write down their family's monthly income – the money they take in each month. Ask them to be as exact as they can.

 **SAY:** Now let us move to **STATION 3:** *Happy Face or Sad Face.*

 **NOTE:** *This station should have the big happy face and sad face posted next to the number 3 on the wall.*

 **DO:** As participants move to the Station 3, explain that if the family's expenses are greater than the money they are making each month, they should draw a sad face on their paper. If the expenses are less than the money they make each month, they should draw a happy face.

 **SAY:** Our final station is called **STATION 4:** *Necessities for the Children.* Let us visit this Station too.

 **DO:** At the final station, have the participants look at their expenses and with a marker of another colour circle all the costs that have to do with the necessities of the child.



ASK:

- ② How much of the budget is contributing to the well-being of your children, particularly daughters?
- ② Considering the principle of gender equality—that both men and women have equal opportunities for a successful future—are both sons and daughters given equal amounts in the budget?

DO: Bring the group back together to discuss suggestions on how to, as a couple, improve spending and how to save money each month in order to invest it in their daughters' and sons' futures equally.

 **NOTE:**

- *The topic of budgets brings up the area of income generation. The families with a “sad face” may need ideas of how to generate more income. It is important to emphasise that women and girls should also have the opportunity to participate in the formal labour market. Education of girls, therefore, should be a priority for girls' wellbeing in addition to economic reasons.*
- *It could be beneficial to emphasise the difference between a child's contribution to the wealth of the family income and an exploitation of child labour. For example, a girl who's allowed to study, play, rest and also helps for some hours her dad at the shop, can be accepted. What is not accepted is interfering with a child's development priorities – studying, playing, resting, accessing health, etc.*
- *In some contexts, including in displacement settings, there may be limited income generation opportunities. This may be a sensitive topic, especially in contexts where people are not legally allowed to work. If this is the situation, the discussion regarding how to save money may not be appropriate and should be skipped.*

★ KEY MESSAGES



SAY:

- Throughout these weeks, caregivers have been encouraged to reflect on rigid expectations of what it means to be a woman and a mother and a man and a father. This includes the examination of personal attitudes and beliefs that question ideas about the division of labour including caring for children and sharing household tasks. It is important that an equitable division of labour also includes accepting and promoting wives' participation in household decision-making and in the paid workforce.
- It also means that since both men and women are equally responsible for the well-being of children that they work together to prepare family budgets and make decisions regarding household investments.



EVALUATE: Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.



CHECK IN (5 MINS)

Use the closing activity caregivers chose from the previous session. Check in to see if they would like to continue using the same format, or whether someone would like to volunteer a closing activity for the next session.



TAKEAWAY (5 MINUTES)

Explain to caregivers that this week's home assignment is to start implementing the family budget planning that they discussed in the session today.

SESSION 13

VIOLENCE WOMEN AND GIRLS EXPERIENCE

IRC GIRL SHINE SESSION 11



FOR CAREGIVERS OF MARRIED
AND UNMARRIED GIRLS

🎯 SESSION AIMS

By the end of the session, caregivers will:

- Discuss safety issues that women and girls face inside and outside of the home.
- Caregivers do not stigmatise girls who experience GBV and provide a supportive space for girls.

⚠️ NOTE: *This session should not replace other GBV risks assessment activities that take place, it can be done in parallel.*



MATERIALS

- Pens
- Post-it notes
- Markers (in at least four different colours)
- Tape
- Flip chart paper
- Opaque evaluation jars (or cardboard boxes) and pebbles (or scrunched up papers)



PREPARATION

- Familiarise yourself with Resource 13.1: GBV Tree and Resource 13.2: Types of Violence, ahead of the session to remind you of root causes and consequences of GBV and types of GBV.
- Ensure you have information about case management services prepared, including contact details and focal points. You could prepare leaflets, IEC materials or flyers that can be left in the room for women to collect (should they want to) or give them the opportunity to memorise the details.
- Print out case studies for group work in Activity 2.



FACILITATOR NOTE

- Violence against women and girl is often considered a taboo subject and not openly discussed, despite being experienced by many adolescent girls and women. This topic may make some participants feel uncomfortable and may also remind some of them of their own personal experiences. Be prepared with information about case management services available to women and girls.
- However, given that this session comes much later in the curriculum, it is hoped that a certain amount of trust would have been built which will make it easier to discuss these topics.
- Also be aware of any violence disclosed, especially against adolescent girls. This may need to be followed up with your supervisor, especially if you believe a girl is in immediate harm.
- This session may be quite sensitive, so it is important to check in with caregivers to see how they are feeling as you move through each activity.



TERMINOLOGY

- Refer to local definitions for terms such as gender based violence (GBV), power, control, discrimination, advocate, rape, rights



DURATION

2 hours




TIMING

Before the Men's Session 13 on Safety and Violence takes place



WELCOME & REVIEW (10 MINUTES)

ASK:

-  Have you started the conversation about family budget planning? How did it go?



SAY: Today we are going to talk about a very important issue related to safety and violence against women and girls.



LET'S EXPLORE (15 MINUTES)

 **ASK:** What do you think about when I say the word “safety”?



SAY: When we talk about safety, we mean being free from harm, danger, threats, or risks, both inside and outside the home. Harm, danger, threats, and risks can be caused by a number of things. For example, the environment can make people unsafe if there is an earthquake or storm.



ASK: Can anyone think of other types of harm, danger, threats, or risks that make people unsafe? (For example, war, conflict, lack of money, being homeless, violence, etc.).



SAY: For the purpose of this session, we are going to focus on the issue of violence and the types of violence that make women and girls, in particular, unsafe.



ASK: What do you think are some specific safety risks and threats that women and girls face in the community and at home?




DO: Write their answers on a flip chart.





EXPLAIN:


- Women, girls, boys, and men can all experience harm, danger, threats, or risks, but there are some safety issues that primarily affect women and girls. These safety issues are types of violence that women and girls face because of their gender. (Remind them of the gender box.) This type of violence happens to women and girls because of the discrimination they face and because men use their power over women and girls.
- Sometimes, women and girls accept this violence because they may not realise that it is actually a type of violence. It may be something very common in the community, and therefore it is perceived as normal and acceptable for this to happen.

- Sometimes, women may be violent towards girls, or have certain expectations of girls because they themselves based on their own experiences. (For example, marrying girls early because this is what happens in the community, or girls having to leave school earlier than boys.)

 **ASK:** Would you agree that women and girls deserve to have less power and safety than men and boys?

 **NOTE:** *You may explain in a contextually sensitive manner that women and girls deserve to have the same power and safety that men and boys have. Women and girls are as capable, smart, and important as men and boys and deserve to be treated equally.*


 **EXPLAIN:** Violence against women and girls is any threat or act (physical, emotional, sexual, economic) directed at a girl or woman that causes harm and is meant to keep a girl or woman under the control of others.


 **SAY:** This is a safe space, and if anyone is feeling uncomfortable at any point during the session, it is OK to voice this. There is also a caseworker available to talk to, and I can give you more information about this at the end of the session, or you can come and see me afterwards.

ACTIVITIES (1 HOUR 20 MINS)



1 TYPES OF VIOLENCE²⁰ (40 MINUTES)

 **SAY:** We talked about safety and the fact that girls and women face different forms of violence because they are women and girls. We call this gender-based violence – or GBV. Any form of violence is harmful and not acceptable; this includes all forms of gender-based violence.

 **DO:** Draw an outline of a woman on a large piece of flip chart paper and divide the paper into 4 parts (see example below). Give caregivers post-it notes.

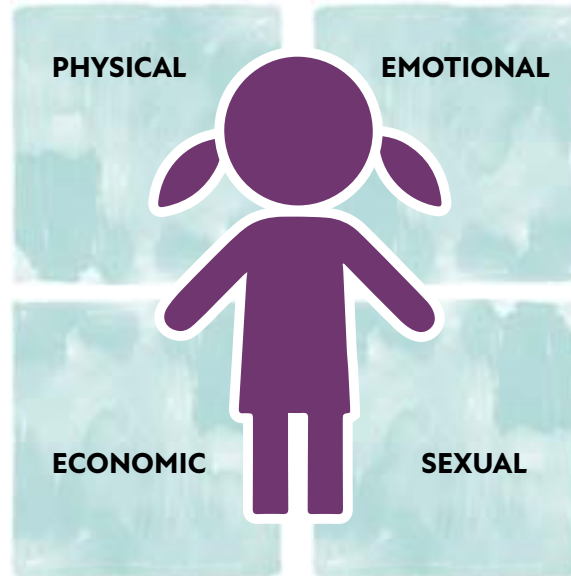
 **SAY:**

- I want you to take a few moments to think about violence, risk, harm, or dangers that women and girls experience.
- Remember, there are many forms of violence against women. They are usually categorised into four types: **physical** (hurts the body), **emotional** (hurts feeling and self-esteem), **sexual** (controls sexuality) and **economic** (controls access to money, property, or resources).

²⁰ Adapted from SASA http://raisingvoices.org/wp-content/uploads/2013/03/downloads/resources/Unpacking_Sasa!.pdf



- Write your answer on a post-it note. You can do this individually or with the person next to you (or in a small group). If you are unable to write, you can draw, or get support from another caregiver or facilitator.
- Once you have your answer on a post-it, come and place it in the square that describes the type of violence it is. For example, if you have put slapping, you can place it in the 'physical violence' square.



NOTE: You may need to give some examples to help participants make the distinction between GBV and other forms of violence. You can say to participants “Before you write down your answers, think to yourself: do men or boys experience these things as often as women and girls do?” If they need further guidance, you can give them some examples such as: early marriage, rape, sexual comments, etc.

DO: When they have finished, gather everyone around the outline.

NOTE: If participants identify types of violence that are not GBV or misplace them in the wrong categories, please correct them.

ASK:

- ? What are some other examples you put under the **physical violence** category?
- ? Does anyone have a question or something to share about this type of violence?
- ? What are some other examples you put under the **emotional violence** category?
- ? Does anyone have a question or something to share about this type of violence?
- ? What are some other examples you put under the **economic violence** category?
- ? Does anyone have a question or something to share about this type of violence?



- ? What are some other examples you put under the **sexual violence** category?
- ? Does anyone have a question or something to share about this type of violence?

✓ **DO:** Once people return to their seats/the circle, go back to the definition of violence against women. Read the last phrase: *“is meant to keep a woman or girl under the control of others.”*

? **ASK** participants what they think that means – they can discuss in pairs for a few minutes if they prefer.

? **ASK:** Why do you think violence against women is linked to power? (Again, give them a few minutes to discuss and share answers.)



EXPLAIN:

- As a society, we expect men to demonstrate that they hold power over their partners or daughters.
- As a community, it is seen by many as normal for men to have more power than women. It is thought that without men using power over women, women are unable to manage themselves (and this is of course incorrect).

? **ASK:** Is violence against women ever not an abuse of power for controlling a girl or woman? (Give them a few minutes to discuss and share answers.)



EXPLAIN:

- All violence is abuse of power.
- Violence is used to control another person through fear.

? **ASK:** Even if men experience some of the same acts as women, how is the violence men experience different than that experienced by women? (Give them a few minutes to discuss and share answers.)



EXPLAIN:


- Men do experience acts of violence but generally, violence is not used as a way of controlling men as it is for women. For example, if a man experiences violence from his female partner it is usually an event—it happens and is over. Violence or the threat of violence is not used as a way of controlling him through fear.
- Men as a group do not live in fear of violence from women as a group. The majority of women live in fear of violence from other men (partners or strangers). Women have this fear because society accepts men’s power over them and violence against them.
- In most cases, men are physically stronger than women. Therefore, the harm or threat of harm from violence for men is not as great.





- Most often, when a man experiences violence from his partner, the woman is defending herself from the violence he has used against her.
- Men do experience violence from other men, for example a male employer may be violent towards a male employee. But the violence is not related to the gender of the male employee, it could be related to other factors of discrimination that places the man in a marginalised category.

 **NOTE:** Refer to Resource 13.2 for more information on types of violence.

 **ASK:** If someone experiences sexual violence, what should they do?


 **EXPLAIN:** If a women/girl experiences physical or sexual violence, she should tell someone she trusts to help her seek medical attention, if required. To prevent STIs it is advisable to seek help within three days/72 hours. To prevent pregnancy, it is advisable to seek help within 5 days/120 hours.

 **DO:** Give participants the contact information for the safe space and explain case management services that are available there or in the community.

 **EVALUATE:** Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.

2 EFFECTS OF VIOLENCE ON ADOLESCENT GIRLS (40 MINS)

 **SAY:** We discussed how violence and control are linked and the ways in which violence is experienced by women and men.

 **ASK:** How do you think this is different for girls? (Take some responses and add)

 **EXPLAIN:**

- In the same way that violence against women is used to keep women under control, the same applies to girls. Especially when they reach puberty. The way in which girls are treated changes, and violence can be used to control them, especially in relation to honour or intimate relations.
- This treatment towards girls may be new for them and as they are navigating a time in their lives where they are getting used to other changes related to their body and emotions, they are also realising that their freedoms are narrowing. As adolescent girls are not yet adults, they have even less power than adult women to be able to claim their right to be free from violence.



- ✓ **DO:** Divide women into three groups and provide each group with a case study. Read each case study to the group and ask each group to think about the questions under each case study. They will provide a summary to the wider group.

 **Requires CONTEXTUALISATION**



FOR CAREGIVERS OF UNMARRIED GIRLS

CASE STUDY 1

Tania is 11 years old and she loves school. But recently it has been very difficult for her. She has a new teacher who treats the girls and boys differently. During the break, the boys play outside and the girls stay inside to help clean up. During the class, the teacher only asks the boys to answer the questions, even though Tania always knows the answers. One day, Tania refuses to clean up and tells her teacher she wants to play outside. The teacher hits her and tells her that it is not appropriate for girls to play outside and she shouldn't answer back!

ASK:

- Is this a type of gender-based violence? Why yes/why no? (Yes because Tania's teacher is discriminating against Tania and being violent towards her because she is a girl)
- What are the potential physical and emotional effects of what is happening to Tania?
- Is what happened to Tania her fault? (No, Tania is not to blame. The teacher does not need to resort to violence towards students in any situation. Additionally, the teacher is not treating girls and boys equally.)



CAREGIVERS OF MARRIED/DIVORCED GIRLS

CASE STUDY 1

Betty is 16 and recently got married. Betty does all of the things that are asked of her by her husband. She cooks and looks after the house and her husband tells her that he is very happy being married to her. But when Betty wants to do something for herself, like meet her friends or if the food is not ready on time or is burned, Betty's husband shouts at her, sometimes telling her she is not allowed to leave the house and even threatening to hit her.

ASK:

- Is this a type of gender-based violence? Why yes/why no? (Yes, Betty's husband is using violence to threaten her, make her feel scared and control her behaviour and her freedom to do the things she wants to).
- What are the potential physical and emotional effects of what is happening to Betty?
- Is what happened to Betty her fault? (Betty is not to blame for the way she is being treated. There are many ways Betty's husband can express himself that do not involve violence or controlling Betty)
- What can the people around Betty (caregivers, mother in-law) do to support her?



FOR CAREGIVERS OF UNMARRIED GIRLS

CASE STUDY 2

Rebekah has a hearing disability and was married at the age of 16. Rebekah's parents found her a husband. Rebekah wasn't sure if she wanted to get married, first she was certain that she didn't want to, but then her parents told her that she would have her own room and more space and if she didn't marry this man, she may miss her chance at marriage. She is already out of school and doesn't see any other options she has. So, while her parents didn't 'force' her to marry, Rebekah didn't feel she had a real choice.

ASK:

- Is this a type of gender-based violence?
(Child marriage (marriage under 18) is considered a form of gender-based violence as it disproportionately affects girls and is a violation of a girl's most basic rights. Girls are not able to fully consent to the marriage due to their age. Also, girls that marry at a young age are at increased risk of experiencing other forms of GBV that we already discussed such as violence from their partner or in-laws and sexual violence. Early Marriage includes child marriage, but also refers to girls or women who may not be ready for marriage irrespective of their age.)



CAREGIVERS OF MARRIED/DIVORCED GIRLS

CASE STUDY 2

Amal is 17 and divorced. She has moved back home with her parents and her baby. There is a lot of stigma attached to being divorced in the community Amal is from, and her parents are very strict about what she can and cannot do. Amal wants to go back to school or continue with further learning or training but her parents have told her she cannot leave the house as they do not want people in the community to see her. Amal feels isolated and trapped and doesn't see any opportunities for her future.

ASK:

- Is this a type of gender-based violence? Why yes/why no? *(Yes, Amal's parents are using violence against her by limiting her movements and keeping her in the house due to shame and 'dishonour'. They are not supporting Amal to secure her basic rights to live a healthy and happy life.)*
- What are the potential physical and emotional effects of what is happening to Amal?



FOR CAREGIVERS OF UNMARRIED GIRLS

- What are the individual, family, community & society factors that have led to Rebekah's marriage?

(Societal acceptance and encouragement of marriage at a young age for girls, family believing Rebekah's situation will improve if she leaves the home, possible economic pressures. Rebekah not seeing any other opportunities for herself, lack of encouragement or aspiration from her family of what she can achieve beyond marriage, etc.)

- What alternatives could be to marriage for girls like Rebekah? *(Education, vocational training, employment, small businesses)*
- Are these alternatives realistic, happening in our communities?



CAREGIVERS OF MARRIED/DIVORCED GIRLS

- Is what happened to Amal her fault? *(Many times, society blame the girl when divorce happens. There are many reasons why a relationship breaks down. In the case of Amal, being an adolescent girl and getting married before she was ready to, could have been a contributing factor to divorce. Families and potential husbands have a responsibility to make sure girls are not put in a position where they are married before they are ready.)*

- What can the people around Amal (caregivers, in-law) do to support her? *(Divorced girls like Amal should be given opportunities to secure a happy and healthy future for themselves. Caregivers and in-laws can support girls like Amal to continue with education, normalise her participation in the community and stand up for girls like Amal when the community stigmatise her.)*



FOR CAREGIVERS OF UNMARRIED GIRLS

CASE STUDY 3

Tina is 16 years old and is married/has a boyfriend. Sometimes Tina has bruises on her body. Her friend notices that Tina is sad and upset sometimes. Tina's friend tries to talk to her and tell her that she should leave her boyfriend/husband because he is bad for her. Tina tells her friend she cannot leave him as she is scared of what he will do to her. She says she doesn't want to talk to her about what is happening in her relationship as her boyfriend/husband would be very angry if he found out she shared this with anyone.

NOTE: Caregivers may say that girls should not have boyfriends and that this is the solution. It is important for them to think of the ways in which they can support girls who are experiencing violence without shutting down the conversation and forcing girls to be secretive.

ASK:

- Is what Tina is experiencing a type of gender-based violence? (Yes, the violence Betty is experiencing is being used to control her and make her fearful.)
- What are the potential physical, emotional, and social effects of what is happening to Tina?
- What can Tina's friend do to support her in this situation? (Tina's friend should make it clear to Tina that she is there to support and listen to her if she needs help or needs to talk. She should check in with Tina regularly to see whether she is OK and wants to share anything. She should tell Tina that it is not her fault and also inform her about places that might be able to help her, such as the WGSS - women and girl safe space.)



CAREGIVERS OF MARRIED/DIVORCED GIRLS

CASE STUDY 3

Lina is 15, married and the main earner in her household. As well as working, she is expected to take care of the household. Her husband is not working, but all of Lina's income goes to her husband who controls the household finances. He doesn't tell Lina what he is spending the money on, sometimes he spends it on his friends and there is no money left for food, so Lina has to work even more. She also has no access to the money she is earning.


ASK:

- Is this a type of gender-based violence? Why yes/why no? (Yes, this is a type of economic violence which Lina's husband is using to unequally control access to money in the household.)
- What are the potential physical and emotional effects of what is happening to Lina?
- Is what happened to Lina her fault? (Lina's husband is responsible for his own behaviour.)
- What can the people around Lina (caregivers, mother-in-law) do to support her?



EXPLAIN:

- In each situation, the girls have experienced violence.
- All of the girls may be experiencing stress, injury, feelings of hopelessness, isolation or trauma.
- The girls may experience blame or rejection from their family or the community.
- They may experience depression, poor performance in school, fear or distrust of adults, bullying, etc. This can seriously impact their lives as adults.

 **ASK:** What can we do to create a **safer environment for girls** who may be facing the different types of violence we discussed? (Add the following if participants don't mention them.)



FOR CAREGIVERS OF UNMARRIED GIRLS

- Don't blame girls for violence they experience.
- Create an open and non-judgmental space for girls to feel comfortable to discuss violence they may be experiencing. This is especially important for girls who may be experiencing violence from boyfriends, partners, fiancé's husbands.
- Respect girls' rights to a life free from violence, the right to be children, to get an education, to not be forced into marriage, etc. This applies to all girls, unmarried, married, with a disability, divorced, a widow, etc.
- Praise girls for being bold and confident, and for standing up for themselves and saying "no" to people who might want to harm them.



CAREGIVERS OF MARRIED/DIVORCED GIRLS

- Don't blame girls for violence they experience.
- Create an open and non-judgmental space for girls to feel comfortable to discuss violence they may be experiencing.
- Create an open space for girls to talk to you about the things concerning them.
- Respect girls' rights to a life free from violence, the right to have free time, to get an education even after marriage. This applies to all girls, unmarried, married, with a disability, divorced, a widow, etc.
- Praise girls for being bold and confident, and for standing up for themselves and saying "no" to people who might want to harm them.



FOR CAREGIVERS OF UNMARRIED GIRLS

- Encourage girls to exercise their right to say “no” firmly. This includes all girls, for girls with disabilities that may not be able to express themselves verbally, find ways to support them to exercise this right.
- Encourage them to communicate assertively, even at the risk of “offending” someone who may be perceived as holding more power. This includes all girls, for girls with disabilities that may not be able to express themselves verbally, find ways to support them to communicate their needs and wants.
- Use open communication and show empathy in order to help girls develop positive and healthy relationships.
- Use non-violent strategies to deal with disputes and disagreements in the family.
- Use non-violent discipline methods for all girls, including girls with disabilities.
- Treat and value girls equally to boys, regardless of their age, ability, sexuality, etc.



CAREGIVERS OF MARRIED/DIVORCED GIRLS

- Encourage girls to exercise their right to say “no” firmly. This includes all girls, for girls with disabilities that may not be able to express themselves verbally, find ways to support them to exercise this right.
- Encourage them to communicate assertively, even at the risk of “offending” someone who may be perceived as holding more power. This includes all girls, for girls with disabilities that may not be able to express themselves verbally, find ways to support them to communicate their needs and wants.
- Use open communication and show empathy in order to help girls develop positive and healthy relationships, especially when they are recently married.
- Use non-violent strategies to deal with disputes and disagreements in the family.
- Treat and value girls equally to boys, regardless of their age, ability, sexuality, etc.



EVALUATE: Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.

★ KEY MESSAGES



SAY: Even though we know that violence against women and girls is used as a means of control, there are things we can do, because we do hold power. While it may not always be possible to stop the violence, as it is men who should take the responsibility for their own behaviour, we can support each other, be there for one another and not blame women and girls who experience violence. We can come together to create a better environment for girls so that they do not experience violence when they grow up. We can show them they are valued, let them know they can turn to us if they are having any problems and advocate for them if it is safe to do so.



DO: Remind women of the availability of case management services and if a caseworker is present, ask to share more information about how to access the service with women. Inform women that there are leaflets, IEC materials or flyers available. Remind to take the materials home with them only if safe to do so. And if not, give them a few minutes to memorise the information.



DO: Give women information about case management services should they want to seek services for themselves or their girls.



CHECK IN (5 MINS)

SUMMARISE how many pebbles there were for each activity and see if caregivers want to share any specific feedback about this. Explain that we are testing these activities to see how caregivers respond to them and you want to have their feedback to know if some activities should be changed or removed, or if there are activities they liked in particular.



REMIND them that the comments box is there if they want to leave further feedback and that you will be available at the end to discuss further.



TAKEAWAY (5 MINUTES)

Use one of the strategies we discussed on how to create a safer environment for girls. You can share which one you used next week and let us know what the result was.

SESSION 14

SUPPORTING GIRLS WHO EXPERIENCE VIOLENCE

IRC GIRL SHINE SESSION 12



FOR CAREGIVERS OF MARRIED
AND UNMARRIED GIRLS

🎯 SESSION AIMS

By the end of the session, caregivers will:

- Explore the concept of blame in relation to the violence adolescent girls experience.
- Explore how to protect girls from violence in ways that don't cause them further harm.



MATERIALS

- Pens
- Flip chart paper
- Markers (in at least four different colours)
- Tape
- Post-it notes
- Opaque evaluation jars (or cardboard boxes) and pebbles (or scrunched up papers)



PREPARATION

- Review Resource 13.1: GBV Tree ahead of the session as a reminder of root causes and consequences of GBV.



FACILITATOR NOTE

- During this discussion, victim blaming may arise. Women may blame other women or girls for violence they experience because of the way society places blame on women and provides a justification for violence towards women and girls. If women express thoughts such as, “Sometimes women/girls ask for violence by misbehaving” - make sure to ask what other caregivers think, to get a range of perspectives. Describing acts of violence that happen outside our own homes is typically much easier than commenting on or sharing about violence within the home. Talking about violence we have committed is even harder. If caregivers share violence they have committed, they will often seek to justify their actions or blame others. It is important to pay special attention to behaviours like minimising, justifying, or blaming the survivor.
- Ask caregivers who describe physical punishment as a result of ‘misbehaving’ what the reasons are why adolescent girls ‘misbehave’. Remind them that it is a difficult period of life where they are going through many changes, have questions and are exploring boundaries and limits and need caregivers to support and listen to them.
- Violence against women and girls is often considered a taboo subject and not openly discussed, despite being experienced by many adolescent girls and women. This topic may make some participants feel uncomfortable and may also remind some of them of their own personal experiences. Be prepared with information about case management services available to women and girls.
- Also be aware of any violence disclosed, especially against adolescent girls. This may need to be followed up with your supervisor, especially if you believe a girl is in immediate harm.
- This session may be quite sensitive, so it is important to check in with caregivers to see how they are feeling as you move through each activity.



TERMINOLOGY

- Refer to local definitions for terms such as gender-based violence (GBV), power, control, discrimination, advocate, rape, rights.



DURATION

2 hours



TIMING

Before the Men’s Session 14 on Supporting Girls who Experience Violence takes place.



WELCOME & REVIEW (10 MINUTES)

ASK:

Did you use any of the strategies we discussed on how to create a safer environment for girls. How did it go?



SAY: Today we are going to continue the discussion from the last session we had and talk about how we can support girls who experience violence.

LET'S EXPLORE (15 MINUTES)



NOTE: *This story may be challenging. Women may not be willing to accept supporting a girl who is in a relationship if this is uncommon or hidden in their culture. It is important to get participants to focus on the danger the girl may be in and why it is important to ensure her safety.*



ASK: Who remembers the story of Betty from last session?



DO: Remind participants of Betty's story:



Requires CONTEXTUALISATION



FOR CAREGIVERS OF UNMARRIED GIRLS

Betty is 16 years old and has a boyfriend/fiancé. Sometimes Betty has bruises on her body. Her friend notices that Betty is sad and upset sometimes. Betty's friend tries to talk to her and tell her that she should leave her boyfriend/fiancé because he is bad for her. Betty tells her friend she cannot leave him as she is scared of what he will do to her. She says she doesn't want to talk to her about what is happening in her relationship as her boyfriend/fiancé would be very angry if he found out she shared this with anyone.



CAREGIVERS OF MARRIED/DIVORCED GIRLS

Betty is 16 and recently got married. Betty does all of the things that are asked of her by her husband. She cooks and looks after the house and her husband tells her that he is very happy being married to her. But when Betty wants to do something for herself, like meet her friends or if the food is not ready on time or is burned, Betty's husband shouts at her, sometimes telling her she is not allowed to leave the house and even threatening to hit her.



 **ASK:**

- ① Imagine Betty comes home one day and is covered in bruises and her caregiver sees her. What should Betty's caregiver say to her?
- ① Can anyone remember when we discussed empathy? Can anyone remember what empathy means?



EXPLAIN: Empathy, put simply, is the ability to understand and act with care towards our daughters.



ASK: And why is empathy important, especially when talking to girls about violence?



EXPLAIN:

- Being empathic helps ensure girls feel safe.
- Being empathic allows girls (or anyone experiencing violence) to openly share and discuss the problems and risks they are facing without the fear of being blamed.



ASK: Can anyone remember the technique we discussed to improve empathy?

DO: Remind caregivers:

- ① **STEP 1 - Identify the feeling.**
- ① **STEP 2 - Determine the reason.**
- ① **STEP 3 - Honour the feeling.**
- ① **STEP 4 - Deal with the feelings with the child, and take action.**



EXPLAIN:

- Betty's caregiver should not blame Betty for what happened. She should make Betty feel comfortable and safe to express what happened to her. Betty's caregiver should try to talk to Betty and explain to her that what she is experiencing is a type of violence.
- She can also tell Betty what some of the consequences of the violence could be. If Betty is not ready to seek support, Betty's caregiver should make it clear to her that she is there to support and listen if she needs help or needs to talk.
- She should check in with Betty regularly to see whether she is OK and if wants to share anything.



ASK: Why is it important that Betty's caregiver responds in that way?



EXPLAIN:

- It is important that she responds that way so she can fully understand what the risks are and support Betty to be safe from those risks or threats.
- By responding in an open and supportive way, Betty's caregiver can try to understand why Betty stays with her boyfriend/husband, as there may be reasons Betty stays with him. For example, she may feel trapped – if she owes him money, if he is threatening to ruin her reputation, pressures due to community expectations, etc.
- Betty's mother can also try to help Betty develop a safety plan or support her to access services that could help her – for example, case management.

FOR CAREGIVERS OF MARRIED GIRLS, ADD: Married girls still need their caregivers to check in with them, as we know, marriage can be very challenging and the roles and responsibilities are new to girls and they can be experiencing a lot of pressure, it's important to check they are ok and to see if they need any support.



ACTIVITIES (1 HOUR)



1 BLAME – STAND UP, SIT DOWN (30 MINUTES)



EXPLAIN: As we have already discussed, sometimes people fully or partially blame girls for the violence they experience. They may tell girls that it is their fault violence happened to them, that they could have done something to stop it or otherwise avoid it.



SAY: I am going to read a few scenarios, and we are going to decide who is to blame. I will ask you who is to blame, so follow the instructions.



NOTE: *If caregivers struggle with stand up sit down, they can also replace standing up with saying 'yes' or raising hand.*



SCENARIO 1

A man forgets his phone on a table in a restaurant. Someone steals the phone. Stand up/raise hand/shout yes if you think the man is to blame. *(It is the responsibility of the person who took the phone, because it is a decision that person made.)*

SCENARIO 2


A girl is walking home late at night after spending time at her friend's house. She is wearing tight trousers. A man comes and tries to grab her, she manages to run away. Stand up/raise hand/shout yes if you think the girl is to blame. *(Caregivers may say that the girl shouldn't be walking at night or wearing those clothes. It is important to emphasise that sometimes we can try to prevent situations by walking in groups or during the day (for our safety), but a girl is never to blame in this situation. The perpetrator made the decision to approach her, he is responsible! The girl's clothes or other factors will not prevent someone from committing violence if they have made the decision to do so.)*

SCENARIO 3

A husband and wife are arguing because his wife refused to do as he requested. The husband pushes the wife and she hurts her arm. Stand up/raise hand/shout yes if you think the husband is to blame. *(They may say that the wife is being disobedient and should do as the man says. It is important to tell them that under no circumstances is she to blame for being physically assaulted by her husband. There are different ways to solve problems. Men and women should be treated equally - the wife doesn't need to do everything the husband says, there should be equal decision-making power.)*

SCENARIO 4

A boy is walking home from school. He stops at the shop to buy a soda. When he leaves the shop, a group of boys asks him to give them his soda. The boy says "no," so the group beats him. Stand up/raise hand/shout yes if you think the boy is to blame. *(They may say that the boy should have handed over his soda. It is important to say that even if the boy could have done that, he is not to blame. The group made the decision to behave in this way.)*

 **ASK:** Is the person experiencing violence ever to blame for what happens to her/him?

 **EXPLAIN:**

- It is never the fault of the person who experiences violence (the survivor). Violence is a choice.
- In many cases, we place the blame on the survivor, expecting the survivor to be responsible for her own safety or thinking she could have done something to prevent it. This means we are taking responsibility away from the person that decided to use violence in the first place.



ASK:

- ① Sometimes, when a person experiences violence, they might not want to discuss it with anyone. Why do you think this is? *(For example, they don't know who to trust, they are scared of the news spreading or judgement from people, they think they are to blame, they are scared that others will blame them.)*
- ② What can we do to be more supportive of girls (and women) who might want to disclose violence. *(Believe them, listen to them, don't be judgmental, help them access services).*



EVALUATE: Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.



2 **PROTECTING GIRLS FROM VIOLENCE** (30 MINUTES)

ASK:

- ① Do we treat girls and boys differently when we are dealing with their safety? (For example, are there some things we allow boys to do but not girls, because we want to keep girls safe?)
- ② What are the things we let boys do and not girls?
- ③ What do we think the risks for girls would be if they did the same things as boys?



EXPLAIN:

- It is important to protect our children from violence. Sometimes, people may think that protection means keeping a girl inside the home and not allowing her to be involved in the community, to go to school, to make friends, etc. But people may not realise that this can lead to another form of harm. It can cause a girl to become isolated, which can affect her when she is older, leaving her with limited skills and information on how to navigate life.
- But because we realise that there may be certain issues that affect girls more than boys, let's think of ways we can reduce the risk, without preventing girls from being active members of the community.



DO: Split caregivers into two groups. The groups will answer the following questions:




Group 1:

How can we protect girls from violence inside the home?



Group 2:

How can we protect girls from violence outside of the home?

 **NOTE:** *If women express that violence inside the home is perpetrated by men and that they themselves are experiencing violence, ask them to think of strategies they can use to protect themselves and their children. For example, remove or hide harmful tools that could be used to hurt someone, or move into a room where you can escape or others can hear you. Also remind them of the availability of case management services.*



SAY:

- In your groups, I want you to think about the things you can do to support girls to stay safe from harm inside or outside the home (depending on the group you have been assigned to).
- Think back to previous sessions where we discussed safety and protection. For those in the “**Inside**-of-the-home” Group, think about the impact that corporal punishment can have on children and some of the alternative strategies you can use.
- For the “**Outside**-of-the-home” Group, let’s remember that we do not want to make girls feel isolated or put limitations on them. We want them to be active members of the community where they are free from harm.

DO: Once caregivers have finished, ask them to share their ideas with the group.


ADD the following:


- Listen to girls and believe what they are telling you.
- Take time to talk with them on a daily basis.
- Know what makes them feel unsafe.
- Pay attention to the clues girls may send that indicate they are experiencing a problem.
- Don’t tolerate violence among any family members, including among siblings.
- Keep adult arguments and issues away from children, and find non-violent ways to deal with these.
- Speak openly about safety issues. Girls will be less likely to come talk to you if the issue is considered to be a secret or shameful. If they feel that their caregivers are comfortable discussing the subject matter, they may be more likely to talk about it.




- Practice the things you talk about. You may think girls understand your message, but until they can incorporate it into their daily lives, it may not be clearly understood. Find opportunities to practice “what if” scenarios. For example, “What if someone says something to you that makes you uncomfortable?”, “What if you need to see a doctor and need help getting there?” etc.
- They also need to know that it is OK to tell someone they trust if they experience any violence.

 **NOTE:** Be sure to challenge any harmful strategies that are suggested, such as locking girls up, not allowing them to go anywhere, etc.

 **ASK:** We have discussed how you can provide protection to girls to keep them safe from violence, but what can we do so girls can also help themselves stay safe from violence?

-  **DO:** Note down their comments and have a discussion on what can be taught to girls/is being taught in the Girl Shine Life Skills Curriculum. For example:
- ✔ Raise awareness with girls of the different types of violence. Explain good touch and bad touch.
 - ✔ Encourage girls to exercise their right to say “no” firmly.
 - ✔ Encourage them to communicate assertively, even at the risk of “offending” someone who may be perceived as holding more power.
 - ✔ Explain to girls that they can come and tell you if they feel threatened, without fear or judgment. Tell them they will not be blamed.

 **EVALUATE:** Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.



★ KEY MESSAGES



SAY: The survivor is never to blame for the violence that happens to her. Even if some people may think that the survivor could do something to prevent the violence from happening, it is important to understand that the perpetrator has a choice not to abuse, and the responsibility always lies with the perpetrator.



CHECK IN (5 MINS)

SUMMARISE how many pebbles there were for each activity and see if caregivers want to share any specific feedback about this. Explain that we are testing these activities to see how caregivers respond to them and you want to have their feedback to know if some activities should be changed or removed, or if there are activities they liked in particular.



REMIND them that the comments box is there if they want to leave further feedback and that you will be available at the end to discuss further.



TAKEAWAY (5 MINUTES)

Talk to your daughters/daughters-in-law about how they can keep themselves safe. Explain how you plan to protect them by using the ideas you came up with in Activity 2, and get their opinions/feedback on this.



SESSION 15

FAMILY HONOUR AND CHILD, EARLY AND FORCED MARRIAGE²¹

NCA SESSION



FOR CAREGIVERS OF UNMARRIED GIRLS

🎯 SESSION AIMS

By the end of the session, caregivers will:

- Gain insight about the concept of honour and sexuality in society, and the impact of these practices especially on adolescent girls.
- Understand the caregiver's role in preventing child marriage



MATERIALS

- Pens
- Flip chart paper
- Markers
- Opaque evaluation jars (or cardboard boxes) and pebbles (or crunched up papers)



TERMINOLOGY

- Refer to local definitions for terms such as honour, virginity, shame, dishonour.



DURATION

2 hours


²¹ Adapted from CARE USA. "Facilitator's Manual for Religious Leaders: CARE's Tipping Point Phase 2." Cooperative for Assistance and Relief Everywhere, Inc., 2019, https://caretippingpoint.org/wp-content/uploads/2020/08/FM_Religious_Leaders_Group_14Aug2020.pdf, p 75- 77 and World Vision, Promundo (2013), "A MenCare Manual to Engage Fathers to Prevent Child Marriage," Washington, DC, pp. 43-45.



WELCOME & REVIEW (10 MINUTES)

ASK: Did you have a conversation with your daughter or daughter-in-law about how they can keep themselves safe and how you could protect them? How did it go? What was their feedback on this?

DO: Remind participants that they can approach you separately after the meeting to discuss any issues.

 **SAY:** In the last session, we discussed how to protect girls from violence. Today we are going to talk in more detail about why it is important to protect girls from violence in a way that is not harmful to them.



LET'S EXPLOR (25 MINUTES)

DO: Divide participants into two groups with an imaginary line. Each side should have the same number of participants.

 **SAY:** The name of this activity is “Persons and Things”.


DO: Choose at random one group to be “things” and the other group to be the “persons.” Read the following directions to the group:

THINGS


You cannot think, feel, or make decisions. You have to do what the “persons” tell you to do. If you want to move or do something, you have to ask the person for permission.

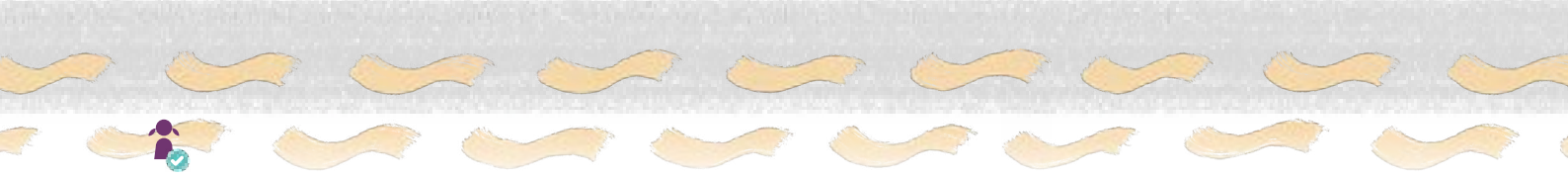
PERSONS


You can think, feel and make decisions. Furthermore, you can tell the “things” what to do.

 **Tell** the groups they have five minutes for the “persons” and “things” to move about the room and carry out their designated roles.

Invite the participants to go back to their places in the room and **ASK:**


 “For the “things”: How did your “persons” treat you? What did you feel? Why? Would you like to have been treated differently?” Allow them to share how it made them feel and ask more questions about whether or not they felt powerless or helpless?


- 
- ? Then ask the “persons”: How did you treat your “things”? How did it feel to treat someone as an object? Why did the “things” obey the instructions given by the “persons”? Ask the whole group, “In your daily life, do others treat you like “things”? Who? Why?”

 **NOTE:** *This may bring up feelings about how as refugees/internally displaced they feel very little power and can feel like they are “things” instead of men.*

- *In what ways are girls and women treated like “things”? How does the community and society support the treatment of women, girls in particular, as objects?*
- *How does child, early, and forced marriage support the treatment of girls as objects?*
- *How can this activity help you think about and, perhaps, make changes in your own relationships?*

 **NOTE:** *Be sure to have resources available for participants who may feel threatened or upset about being treated as “things” by society.*

 **EXPLAIN:** Power inequalities between men and women put girls at risk for child marriage. This is because, compared to others in the family (particularly sons), girls are viewed as having little purpose other than to bear children and maintain her current and future home by cooking, cleaning, and serving her husband and his family. Girls have very little power to choose when and under what terms they will marry.

 **EVALUATE:** Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.

ACTIVITIES (40 MINS)




2 EXPLORING LOCAL CONCEPTS FOR DISHONOUR AND SHAME (40 MINS)





- DO:** Invite participants to sit in a circle where they will listen to the story of Zeinab.





Requires CONTEXTUALISATION









“Hello. My name is Zeinab and I am 16 years old. I was studying in before the conflict and I wanted to be a teacher because I love school. But then the troubles started, and we moved to a settlement which was very crowded and we had little privacy. One of the boys who lived nearby seemed very nice at first and he wanted to be my friend. He was very nice to me and said he cared about me and thinks I’m pretty. But then he started pressuring me to do things I did not want to do. The neighbours often would see us together and talk about me and say bad things about me and my family. My family decided the best thing to do would be to marry that boy. Now I have a baby, and I cannot go back to school. I wish that someone would have taught me about things like sex and relationships. I wish my parents and my neighbours would not have blamed me for what happened, it was not my fault.”

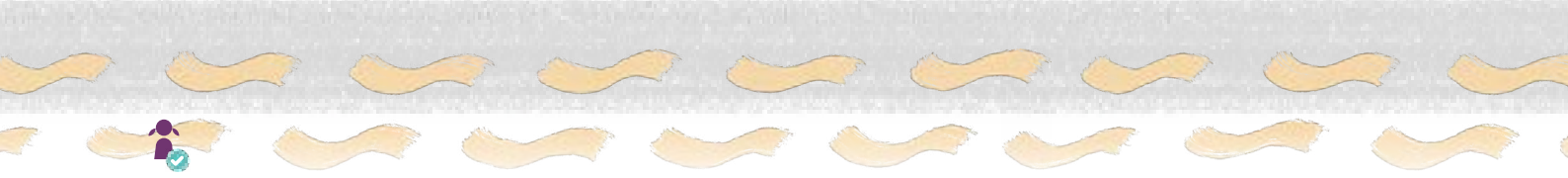
 **DO:** Divide the participants into groups of four (If the group is made up of both men and women, it will be good to separate the groups by sex). Give the group 15 minutes to discuss the following:

-  What does honour mean for a young girl/woman, as you understand it?
-  What does honour mean for a young boy/man, as you understand it?
-  How would you explain the differences/similarities?
-  Why do you think women and girls carry the honour of the family?

 **DO:** Invite the groups to share.

 **DO:** Ask the participants to go back to their groups. Give them 20 minutes to discuss the following questions:

-  What happened to a girl that had sex with a boy or boys before marriage when you were growing up? Were there any rumours about her?
-  What happened to a girl if she got pregnant before marriage? Were there any sanctions?
-  In case of sanctions, what were the sanctions?
-  Was there any way out of such situations for the girl?
-  Is the community perception of such sexual transgressions influenced by religion?
-  Are the same morals and sexual codes still prevail. What has changed in the interim?
-  Are the same codes prevail for men? A few generations back and now?
-  Is there any connection of these codes on morality and sexuality with child marriage?



☑ **DO:** Capture participants responses on a flip chart. During discussion various local words for ‘honour’, ‘virginity’, ‘shame’, ‘dishonour’ are likely to be used. The facilitator should write these on a separate flip chart to draw attention to them during discussion or to clarify concepts in the group.

🗨️ If it has not figured clearly in the discussion, **ASK:**

- ❓ What is the importance of virginity in your culture? In your religion?
- ❓ How is a girl’s behaviour related to a family’s ‘honour’?
- ❓ Are virginity and honour connected?
- ❓ Is there a mechanism by which the society enforces virginity before marriage?
- ❓ Are these moral norms such as the importance of virginity the same today as it was a few generations ago?
- ❓ Is the importance of virginity and honour the same for boys and girls. Why or why not?
- ❓ How are virginity and honour connected to child marriage?

 **For contexts where Female Genital Mutilation/Cutting (FGM/C) is practiced:**

⚠️ **NOTE:** Continue the conversation above and make sure to probe specifically about how FGM/C also contributes to the concepts of honour, virginity, and purity.

- ❓ Why is female genital mutilation/cutting done in this community?
- ❓ Is it related to family honour in any way? Is FGM connected to a girls’ perceived purity or readiness for marriage or childbirth?
- ❓ How is FGM related to whether society believes women should be allowed to experience sexual pleasure?

⚠️ **FACILITATOR NOTE:** FGM/C can be an extremely sensitive issue. If you decide to engage in this discussion with participants, make sure that you remind everyone of the group rules.

🗨️ **SAY:** In our culture we have concepts of honour and virginity. Some or a majority of them (depending on what comes out of the discussion) still persist.

☑ **DO:** Draw out the linkages between honour, virginity and child marriages. These concepts could also be connected to ‘honour killing’ or ‘elopement by couples’ for fear of harassment by the community if these things have happened or are happening in the community. Draw out the ill-effects of such concepts on the lives of young people, both girls and boys, but especially girls.



 **NOTE:** Ill-effects include:

- Persistence of child marriages.
- Enforcing marriages within community, within religion, which further entrenches beliefs in honour of a family and honour of a community.
- Policing of young girls' sexuality. For example, calling for marriage proposals as soon as she begins menstruating or looks older, controlling the clothes she wears, stopping her from going to school or playing outdoors, disallowing friendship with boys, virginity tests.
- Sex education is discouraged, fearing that it will lead to early sexual life of young people.
- 'Elopement by couples' for fear of harassment by the community and honour killing.

 **DO:** Continue the discussion in the larger group.

 **ASK:**


- ② How the society, families and young people can move away from the concept of virginity, and a narrow and rigid definition of honour?
- ② What part can we play?


SOME CONSTRUCTIVE RESPONSES CAN BE:

- Recognise that there is more harm to girls and young people due to enforcement of honour, virginity and child marriage as compared to benefits. In fact, there are no benefits at all.
- Making our communities safer from sexual harassment and sexual violence is more important than policing virginity and sexuality of girls and young people.
- Educating girls, allowing them to reach their full potential, realise their ambitions and have an independent income is more rewarding for young people, their families and community as a whole.
- Discuss the above with adolescents, young people and community and bring awareness on the ill-effects of this practice.
- Advocate with community to stop these practices.



★ KEY MESSAGES

 **SAY:** Enforcement of a narrow concept of honour and virginity can be very damaging for the health and lives of young people, especially girls. Recognising these ill-effects will enable us to move beyond these concepts.

 **EVALUATE:** Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.

CHECK IN (5 MINS)

Use the closing activity caregivers chose from the previous session. Check in to see if they would like to continue using the same format, or whether someone would like to volunteer a closing activity for the next session.

TAKEAWAY (5 MINUTES)

Explain to caregivers this week's home assignment is to reflect on the discussion and think about ways that caregivers can discuss sensitive topics such as relationships and sex with their adolescent children.

SESSION 16

OUR VISION FOR THE FAMILY²²

IRC GIRL SHINE SESSION 13



FOR CAREGIVERS OF MARRIED
AND UNMARRIED GIRLS

🎯 SESSION AIMS

By the end of the session, caregivers will:

- Think about how family reputation can influence their decisions.
- Reflect on their vision for their family.



MATERIALS

- | | | | |
|----------------------------------|----------------------------------|---|--|
| <input type="checkbox"/> Art box | <input type="checkbox"/> Tape | <input type="checkbox"/> Coloured pens | <input type="checkbox"/> Comments box |
| <input type="checkbox"/> Paper | <input type="checkbox"/> Markers | <input type="checkbox"/> Flip chart paper | <input type="checkbox"/> 3 Opaque evaluation jars (or cardboard boxes) and pebbles (or crunched up papers) |



PREPARATION

- Know what the local terminology is for 'reputation' or 'honour'. Understand how this works in the community and contextualise stories accordingly.
- Print out 3-4 copies of the Scenarios for group work in Activity 1.

²² Adapted from Safe at Home Curriculum. IRC



TERMINOLOGY

- Refer to local definitions for terms such as reputation, stigma.

FACILITATOR NOTE

- Talking about reputation might be sensitive and caregivers might not be willing to share their personal experiences. Be mindful of the atmosphere in the room and move the conversation from personal to general if needed.
- Some caregivers may be resistant to the ideas and conversations around reputation and honour. Be mindful of resistance and check guidance on common resistance strategies.
- A thorough CONTEXTUALISATION will help to be better prepared for this session.

DURATION

2 hours






WELCOME & REVIEW (10 MINUTES)

Did you find a way to discuss with your daughter sensitive topics such as relationships and sex? How did the conversation go?

LET'S EXPLORE (20 MINUTES)

ASK:

-  Has anyone heard the saying “What will people say?” or “What will people think?”?
-  What does it mean?
-  When is it used?



SAY: This phrase (or similar phrases) is something that many of us are familiar with, it is related to our ‘reputation’.



ASK: What do we mean by reputation? (Take some answers)



EXPLAIN: Someone’s reputation is based on general beliefs or opinions about them, how other people look at us (and us and them). There are many things that influence our ‘reputation’. It is usually based on a set of expectations or standards set by the wider community about how people should behave and sometimes, the way people think about us can be very influential in shaping how we behave or interact with others. As individuals, we try to keep a ‘good name’ or reputation for ourselves and our family.



ASK: Can you think of the characteristics of a family with a good reputation? (Take a few answers)



ASK: Can you think of the characteristics of a family with a bad reputation? (Take a few answers)



! Example Answers – Requires CONTEXTUALISATION:



GOOD REPUTATION

- Father brings home money
- Boys bring home money
- Father makes good decisions
- Wife and children are obedient
- Wife is loyal
- Children are polite
- Girl children do not go out with boys
- Children study hard and get good grades



BAD REPUTATION

- Father is lazy
- Father drinks/smokes too much
- Wife is lazy
- Wife and children go out and do whatever they want
- Girl children are seen with boys
- Children misbehave and are a bad influence on their friends

? ASK:

- ? Why is reputation so important for our families and the communities or societies we come from?
- ? What will happen if our family has a bad reputation?
- ? How do you think the concept of family honour or reputation influences people's action when it comes to marriage of daughters?



EXPLAIN: We know that family reputation is very important in our community. Family reputation affects our social relations at all levels and can bring great pride or great shame. It may also lead us to take decisions that we think may not be the best for ourselves or our family, but we do it because that is what we think other people expect from us.



ACTIVITIES (1 HOUR 20 MINS)



1 REPUTATION AND THE COMMUNITY (50 MINS)



SAY: We will now have the opportunity to see how family reputation may affect decisions people take related to their daughters.



✓ **DO:** Divide participants into 3 groups and give each group a scenario. For low literacy groups, you can read the scenarios to them.

🗨️ Each group will discuss the scenario they have been assigned and answer the following questions:

- ❓ What reputational risks do you think the people in the story were concerned about?
- ❓ How did this impact the daughter in the story?
- ❓ Could there have been an alternative ending? What could the caregivers in the story do differently (grounded in reality)?

WRITE DOWN the answers to this question on a flip chart.

✓ **DO:** Give participants 20 minutes in their groups to discuss the scenario. They should each get 5 mins to present back their scenario and answers to the questions.

📌 **SCENARIOS** (Requires **CONTEXTUALISATION**)

SCENARIO 1

LINDA'S STORY

Linda is 17 and not married. She is going to school and wants to move to the city to attend university when she finishes school. Her parents are very proud of her, but recently friends and family have been telling Linda's parents that they should get her married before she moves to the city. They say that girls who go to the city get corrupted and most times end up not getting married. This could happen to Linda if she goes to city without being married and nobody will marry her then. Linda's parents have been resisting and pushing back against people, but friends and family constantly mention it whenever they see Linda or her parents and are always talking about potential husbands who could be a good match for Linda. One day, Linda's mother, Victoria says to Linda that maybe she should consider it, she says that when Linda leaves for the city, it is the parents who will stay behind and have to listen to the opinions of people. They will say that Victoria did a bad job raising Linda. Linda really doesn't want to, but is wondering if she should do it for her parents.

SCENARIO 2

BUSHRA'S STORY

Bushra has been married for 6 months. At the beginning of the marriage things were ok. Bushra and her husband were getting to know each other. But in the last two months, Bushra's husband has started to treat Bushra badly. He shouts at her when she doesn't do what he wants and he has even become violent towards her. Bushra goes to visit her parents during a religious holiday and she tells her mother Samia, what has been happening. Samia is worried about what Bushra told her. But Samia tells Bushra that she should just do as her husband says and not to argue with him if she wants a



peaceful life. Samia doesn't want to tell her husband what has happened as her husband values the relationship with Bushra's in-laws so much as Bushra's father in-law is a very influential man in the community and if the marriage is not good, this will look bad on Bushra's family. Bushra feels trapped but feels she has no option but to stay in a marriage where she is not safe.

! **NOTE:** Participants may say that Bushra has no choice but to stay in the marriage. Remind participants that it is Bushra's right to be treated with dignity and respect. Even if it seems like there is no choice but to stay in the marriage, Samia can support Bushra by listening to her concerns, telling her it is not her fault, and supporting her to get access to a caseworker who can support Bushra make a safety plan.

SCENARIO 3 MAYA'S STORY

Maya got married when she was 15 to the boy who got her pregnant. She didn't want to get married but her parents told her she must as otherwise it would bring shame on the family. Now she is 17 with a small child and back at home with her parents as the marriage did not work out. Her relationship with her parents is challenging, especially with her mother who feels Maya has brought shame on the family and this reflects badly on her mother. Maya wants to go back to school to complete her education, find a job so she can support her child. Maya's mother tells her that it is not an option for a divorced girl to do these things, people in the community will talk about her. She should just get married to someone who will accept her and her child. Maya feels frustrated that she will not be able to determine her future.

SCENARIO 3 MAYA'S STORY

! SENSITIVE CONTEXTS

Maya got married when she was 15. She didn't want to get married, but her parents really wanted her to. Now she is 17 with a small child and back at home with her parents as the marriage did not work out. Her relationship with her parents is challenging, especially with her mother who feels Maya has brought shame on the family and this reflects badly on her mother. Maya wants to go back to school to complete her education, find a job so she can support her child. Maya's mother tells her that it is not an option for a divorced girl to do these things, people in the community will talk about her. She should just get married to someone who will accept her and her child. Maya feels frustrated that she will not be able to determine her future.

✓ DO: After each group presents, ask others if they have any responses to add.

? ASK: Once everyone has finished, **ASK:** What did we learn from these stories?



EXPLAIN:


- All of these stories showed us how risks to reputation may influence the decisions people take.
- It also showed us how this can impact girls and the families in the stories. But more importantly, it showed us that there could have been an alternative ending to these stories.
- Sometimes people may prioritise family reputation over the well-being of their family members; when this happens their family members might struggle to have a happy and healthy future.
- As women, we can be examples for other women and role models to girls in the community. We can support other women and girls by not reinforcing the ‘what will people say’ practices and work together to make sure that people know we value and love women and girls in our community and that we will support them to stay safe, become empowered and secure a healthy future, no matter what.
- When we do this, we begin to break down stigmas and we can slowly make change in our homes and communities at large.




EVALUATE: Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.



2 OUR VISION FOR OUR FAMILY (30 MINS)

 **SAY:** In our very first session together, we discussed our hopes and dreams for our daughters. We discussed what we wanted them to learn or achieve and what dreams and hopes we had for them.

 **ASK:** Does anyone recall what their hopes and dreams for their daughters were? (Take some answers)

 **EXPLAIN:** In this activity, we will revisit those thoughts and build on them. We will start with a guided visioning activity and will use relaxation techniques to complete this activity. Everyone will be asked to close their eyes, so please get comfortable, you can lie down or sit in a position that you find relaxing.

ONCE EVERYONE IS COMFORTABLE,

 **SAY:**

- Please close your eyes or look downward for the next few minutes.
- If you need me to repeat anything, you can raise your hand at any point and I will go over the instructions



 **SAY:**

I want you to think about your daughters. Stop and think about each girl, even those who are married and no longer live with you and also your daughters-in-law. What do you like and appreciate about each of them?

Now let's think about the other women and girls in your family and in your life; your mothers, aunts, female in-laws that live with you or are an active part of your everyday life and also your friends or influential female members of the community. What do you like and appreciate about each of them?

Now let's think about the men and boys in our lives, husbands, sons, nephews, in-laws, etc. What do you like and appreciate about them?

Now let's think about you as a mother, carer, friend, partner. What do you like or appreciate about yourself and the relationships you keep with the people we discussed?

Looking down the road, two years from now, how would you like to describe your relationship with each of your daughters (married or unmarried) and daughters-in-law? Has anything changed?

Now, take 1 minute and think about your dream for your family two years from now. What do you see? What will be different for you as a mother, friend, caregiver or partner? What will be different for your family? How will the lives of each of your children be different?

To reach this vision, what could be some of the challenges you face in the community or in the home?

How can we overcome these challenges? Think about 2-3 concrete steps you can take. By concrete steps, try to think about things you can actually achieve, even if it is very small steps.

Let's pause for a minute to think about each girl.

[Pause for 1 minute.]

Let's pause for a minute to think about each of them.

[Pause for 1 minute.]

Let's pause for a minute to think about them.

[Pause for 1 minute]

Let's think about this for a minute."

[Pause for 1 minute.]

Let's think about this for 1 minute

[Pause for 1 minute.]

Let's think about this for 1 minute

[Pause for 1 minute.]

Let's think about it for a minute

[Pause for 1 minute.]

Let's think about it for 1 minute

[Pause for 1 minute]





How can you discuss your vision and bring your daughters, daughters-in-law, husbands, and other family members in to have a collective vision so they are also part of the vision? Think about 2-3 concrete steps you can take.

Slowly and when you're comfortable, you can begin to open your eyes and stretch. Come out of your dream as slow or fast as you want, it's up to you. Thank you for taking this quiet moment to re-imagine your dream for your family."



Let's think about it for 1 minute.


[Pause for 1 minute]


 **SAY:** Now that your vision and your steps are clear in your mind, let's jot these down on a piece of paper. We will be asking you to share these with your family, so make sure to include the things you would like to share with them.

 **DO:** Distribute pens, colour pens, paper to the group and ask them to jot down their vision and the steps. If they are unable to read or write, they can draw this or use symbols, anything that will help to remind them of their vision. This is important as they will share this with their family.

 **ASK:**


-  How are your dreams for girls different now compared to the first time we thought about this?
-  Can you share some examples of the concrete steps you are going to take as a mother, caregiver, partner to create a collective vision for your family?

 **NOTE:** *Make sure to guide women to actions that involve collaboration and discussion, with girls in particular, and that is done in a way that does not impose the vision on them. Some women may not feel comfortable discussing this with their husbands/partners, discuss how they can work around this, what their limits are and what they feel comfortable doing.*

 **EVALUATE:** Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.




★ KEY MESSAGES

 **SAY:** Family and personal reputation has a big influence on all of us. Sometimes this can be positive and other times it can make us take decisions that we might not take if we didn't have this pressure from others. But during this session, we came up with suggestions and alternatives that were practical and we could consider when we ourselves experience pressure being placed on our family. Before we take any decision, we can always think twice, considering the risks and benefits of our decisions and consult with our family, especially those who the decision affects to see what the alternatives could be.

CHECK IN (5 MINS)

SUMMARISE how many pebbles there were for each activity and see if caregivers want to share any specific feedback about this. Explain that we are testing these activities to see how caregivers respond to them and you want to have their feedback to know if some activities should be changed or removed, or if there are activities they liked in particular.

 **REMIND** them that the comments box is there if they want to leave further feedback and that you will be available at the end to discuss further.

TAKEAWAY (5 MINUTES)

Share your concrete steps for a joint family vision with members of your family, including your daughters. Ask them for their feedback, if they have other suggestions and update your vision according to what the family suggests.

SESSION 17

ADOLESCENT GIRL DEVELOPMENT²³



FOR CAREGIVERS OF UNMARRIED GIRLS

🎯 SESSION AIMS

By the end of the session, caregivers will:

- Gain information on the physical and emotional changes girls go through during adolescence.
- Learn how to support girls' physical and emotional well-being during this time.
- Support girls to receive Sexual & Reproductive Health (SRH) information and be able to provide girls with basic SRH information.



MATERIALS

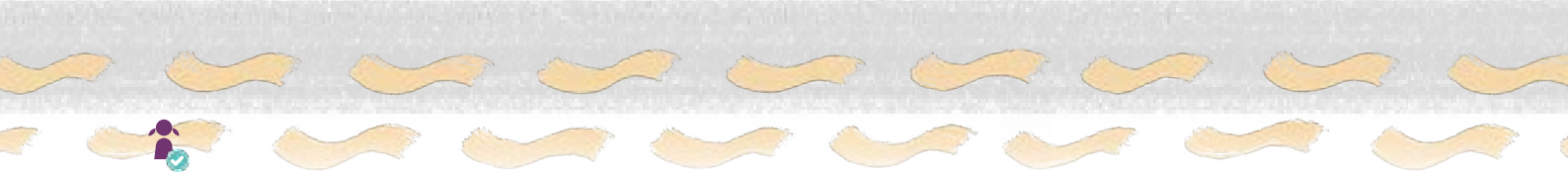
- Markers
- Resources 17.1 to 17.5
- Flip chart paper
- Opaque evaluation jars (or cardboard boxes) and pebbles (or scrunched up papers)



PREPARATION

- Facilitators may face some resistance from caregivers when trying to encourage them to pass on ASRH information to girls. It is important that facilitators refer to Appendix A14 in Girl Shine Part 1 on introducing ASRH topics to caregivers before the session as part of the facilitator preparation.
- Contextualise the menstruation myths. Do this in collaboration and consultation with your technical advisor/specialist.

²³ Adapted IRC, *SHLS Parenting Curriculum for Adolescents*: <http://shls.rescue.org/shls-toolkit/parenting-skills/>

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- If you have funds available, consider procuring/purchasing a medical model of the female reproductive system to aid demonstration.
 - Procure dignity kits or obtain dignity kits from existing stock as part of session preparation and then have dignity kits available to give to each woman in the session, if available.
 - Prepare large printout of the Tanner Scale (Resource 17.1) or make handouts for smaller groups.

FACILITATOR NOTE

- As this is a sensitive topic, it is important to remind caregivers of the group agreements and ask if they would like to have any additional agreements specifically for this session.

TERMINOLOGY

- Refer to local definitions for terms such as sexual orientation, gender identity, puberty, honour, hormones, menstruation, miscarriage, sex, disability, vagina (that are respectful and don't reinforce discrimination or stigmatise women and girls).

DURATION


2 hours


TIMING


Before the start of the ENGAGE Health & Hygiene Modules with Adolescent Girls



WELCOME & REVIEW (10 MINUTES)

 **ASK:** Did you share your concrete steps for a joint family vision with members of your family? Who did you talk to? What feedback or suggestions did they have?

 **DO:** Have a positive group conversation/feedback session using your facilitation skills to ensure this also does not stigmatise or limit girls' potential.


 **EXPLAIN:** Today we are going to talk about the social, physical and emotional changes that girls experience during adolescence. This stage of life can be both exciting and challenging. Adolescent girls are transitioning into adults. It is a time of great change, opportunity, and new learning for both girls and their caregivers. It can also generate confusion if girls and boys are not adequately supported to understand the changes they are experiencing. When girls reach puberty, they are often perceived by society as “adults” and are expected to fulfil roles and responsibilities – such as marriage that they might not be ready for as they are still developing and growing. They may also be restricted from going to school, spending time with friends or accessing opportunities.

 **ASK:** What do you understand by the term ‘puberty’?

After caregiver have responded, **SHARE** the answer, if necessary:




Puberty is a process of hormonal and physical change where a girl or boy becomes capable of reproduction. This usually lasts between one to three years. It happens during the period of adolescence, where girls and boys go through social and emotional growth and this period lasts from the age of 10-19.

 **ASK:** Why do you think they may be restricted from certain spaces or opportunities?

 **SAY:** This may be due to how girls could be perceived in the community because of fears related to her safety or honour. Today we want to explore some of these perspectives and know from you what your opinions are on this topic.

LET'S EXPLORE (25 MINUTES)

 **ASK:**

-  Can anyone remember what it was like when you went through puberty?
-  What were some of the things you experienced – physical and emotional?
-  What were some of the restrictions or changes you experienced in your daily roles & responsibilities?



- ✓ **DO:** Use a large printout of the Tanner Scale²⁴ (Resource 17.1) to explain the various stages of adolescence. The Tanner Scale explains the different physical stages, so you can use the information included there and present the concepts below to explain the emotional stages.
- ✓ **DO:** Ask participants to gather around the poster (or distribute handouts for smaller groups).



EXPLAIN:

Adolescent girls, just like boys, go through a number of physical and emotional changes during this stage. These changes can be linked to chemical messengers in their bodies called hormones. These hormones affect things like our mood, our likes and dislikes as well as growth and development both physically and mentally.

At this stage of life adolescents start to explore their identities and this covers many different aspects of their lives. It can also include understanding who they are attracted to, whether this is people of the opposite sex, same sex or both.

In the first session we talked about transgender people, again as adolescents are exploring their identity, it may also include exploring their gender identity. This means that their gender identity might be the same as the sex assigned at birth, i.e. women who identify as women, or it might be different like for transgender people.

In early adolescence (10-14) girls, like boys, gain improved abilities to express themselves; close friendships gain importance while less attention is shown to caregivers; they can show occasional rudeness and also return to childish behaviour. Girls may also start developing breasts, begin menstruating and grow pubic hair; while boys may experience a deepening of their voice and also grow pubic hair, (show examples of this from the Tanner Scale).

As girls continue to grow in late adolescence (15-19), girls, like boys, want more independence, pay more attention to their appearance (because their body is changing); they also have an increasing ability to think through ideas and express these in words. They may start showing an interest in people of the opposite or same sex. They have an ability to make independent decisions and also show greater emotional stability. Girls and boys may continue developing physically, continuing on with the development experienced in younger adolescence while mental development will continue well into adulthood.

These changes in adolescence are universal – they happen to all girls and boys across the world. They may be slightly different in terms of what age this takes place and how they develop (girls and boys may be different shapes and sizes, tall and short, lots or little body hair, girls may have larger or smaller breasts, etc.) but they all go through these changes.

24 <https://www.advocatesforyouth.org/wp-content/uploads/storage/advfy/lesson-plans/lesson-plan-puberty-part-i-and-ii.pdf>



Everyone develops at different rates, so there is no right or wrong answer to start menstruating. Girls start menstruating when their body is ready. This is usually about two years after the first signs of puberty appear. In girls, the first signs tend to be breasts beginning to develop and pubic hair starting to grow. If girls haven't developed any signs of puberty by age 14, it is a good idea to see a health professional and if girls haven't started menstruating by age 16, you should also get advice from a health professional. It is likely girls will be told to wait and see as in many cases periods will start naturally by the time a girl is 18²⁵.

 **ASK:**

- ① Does this sound similar to your own experiences?
- ① What other things may have been taking place in your life at the time that would have influenced your growth or development?



EXPLAIN: Adolescent girls may share common physical and emotional changes, but their experiences, environments and settings do also play a big role in how these changes occur which make each one's experience unique despite some of the similarities we mentioned. Adolescents with diverse life experiences will develop and grow at different ages due to these factors. For example, a girl who is 13 years old might have a disability and attends awareness sessions that developed her knowledge and capacities in problem solving and dealing with her emotions. Additionally, there are different factors (such as displacement, war, etc.) that might contribute to developing or limiting girls' capacities.



***MASTURBATION:**

Hormones that cause a person to go through puberty also cause new or more sexual feelings and desires. This might result in someone having new romantic feelings for other people.

These hormones can result in some people choosing to touch their genitals for pleasure, called masturbation. Masturbation cannot harm someone physically and is a personal decision.



ASK: What kind of information would have been helpful to you during this time?



SAY: Supporting girls by providing them with information or helping them to access information during this stage can help them be better informed and prepared for the changes they go through.

²⁵ There are some rare genetic disorders: Kallman Syndrome and Klinefelter syndrome that can prevent puberty/adolescent bodily changes. These can be treatable with medical support. There can also be other medical reasons why puberty/adolescent bodily changes are delayed so please do talk to your daughter to see if she would like medical advice, if this is concerning her.



ACTIVITIES (1 HOUR 15 MINS)

1 MENSTRUATION DISCUSSION (30 MINUTES)



SAY: One defining moment of adolescence is when girls begin menstruation. In small groups, let's discuss what this moment means to women and girls in this community.



DO: Ask caregivers to work in small groups and have them think about the following questions:



QUESTIONS:

- ① Is it common to talk about menstruation with girls? Why yes/no?
- ① Who talks to girls about menstruation?
- ① What are some of the challenges faced talking about menstruation?
- ① How are women and girls treated when they are menstruating? Consider any positive/negative reactions.
- ① Who told you about menstruation and who helped you manage it?
- ① For those who have daughters who are older and are already menstruating, how did you support your daughters during this time?
- ① What can we do to make this discussion easier?



NOTE: *Prepare caregivers with factual information, have trained staff or mentors provide information, start conversations about easier topics such as emotional changes, and then move on to more potentially sensitive information.*



DO: When they have finished discussing, ask them to share their reflections with the rest of the group.



NOTE: *It is important to take notes and follow up on the suggestions caregivers have about how to make this discussion easier.*



SAY: Menstruation is a normal and healthy part of being a woman or girl. When given the right support and information it can also be very easy to manage and completely possible to continue with your normal daily life like you do when not menstruating. But it can become difficult when women and girls do not have access to sanitary products and ways to manage the symptoms of menstruation. It is important to check in on girls to see if there is anything you can do to help them access information and supplies.



FOR CAREGIVERS OF GIRLS WITH DISABILITIES:

SAY: Menstruating girls and women with disabilities may have different needs. Those with mobility limitations with their upper body and arms may have difficulties placing their sanitary protection materials in the correct position, and washing themselves, their clothes, and the material.

Those with vision impairments (blind or low vision) may face challenges knowing if they have fully cleaned themselves and how much they have leaked. While those with intellectual and developmental impairments may need tailored support to manage menstruation. In all situations it is important to find a way to communicate effectively with the girl to understand that her physical and emotional safety, comfort and health is taken care of.

DO: Give out Resource 17.5: Menstrual Hygiene Management to the participants, as a handout. Respond any questions participants might have.

Remember: If they have questions you don't feel you are able to answer then please say 'I will take a note of that, check it and get back to you next time. Ok?' Then please follow up and seek relevant support to be able to answer the caregivers' question or to be able to refer them to someone who can.



EVALUATE: Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.



2 MENSTRUATION MYTHS AND FACTS (45 MINUTES)



SAY: Menstruation may seem simple to you now, but remember when it was new and unfamiliar? Sometimes it can be difficult to have access to factual information about menstruation. Sometimes we may get information from friends or family members or we may hear things in the community. Some of this information can be really helpful, but some may not be correct or is unhelpful. So, it is important to understand what the facts and myths (information that is not correct) are.



SAY:

We are going to play a game now about some common period myths that you can dispel for girls. I'm going to read some statements about menstruation. Please stand up if you think the statement is true. Remain seated if you think the statement is a myth.



NOTE

An alternative activity, if caregivers are not able/don't feel comfortable doing stand-up/sit down is: Give caregivers two signs; a cross sign ✘ and a tick sign ✔. Ask them to hold up the sign that reflects their opinion.





DO:






- ✔ Read the statements below one by one, or invite caregivers to share their own beliefs about menstruation.
- ✔ Wait for the caregivers to stand up or sit down/ hold up their signs.
- ✔ Take a few responses from the caregivers about their reasons for taking that position, and then explain the correct answer after each statement.
- ✔ Allow discussion after each as needed

Requires CONTEXTUALISATION


(Update with locally relevant myths and review these together with your technical advisors/ specialists before usage)


<p>The bleeding during periods is the discharge of “bad and dirty blood” from the body.</p>	 FALSE
<p>Bathing should be avoided during menstruation.</p>	 FALSE





When menstruating, girls can continue with their daily activities as normal.	 TRUE
Once girls start to menstruate, they are capable of getting pregnant.	 TRUE
Just because it's possible to get pregnant doesn't mean girls' bodies are ready for pregnancy.	 TRUE
Once a girl starts menstruating, she should get married.	 FALSE
Exercise causes the loss of more menstrual blood.	 FALSE

CONTEXTUALISATION

 **NOTE:** Girls might say that girls are not clean when they have their period because in Islam a girl cannot pray if she has her period, and is considered “impure” (ريغ قدهاط). “Purity” (قدهاط) is a religious term for when men and women are “impure” (ريغ نيرهاط) to conduct certain religious “duties or rituals”, whereas “cleanliness” (قفاظن) is related to hygiene. Clarify the difference between “Purity” (قدهاط) and “Cleanliness” (قفاظن)

 **EXPLAIN:** There is a difference between “Purity” (قدهاط) and “cleanliness” (قفاظن). If a girl is not considered by religion as “pure or cleansed” (قدهاط) when on her period, and cannot conduct certain practices, this doesn’t mean that she is dirty. “Cleanliness” (قفاظن) is related to hygiene. When girls have their periods, they are not dirty. This is a normal part of being a girl or a woman. We just need to be sure to keep our bodies clean while we have our period and also when we don’t have our period because otherwise we may get infections and become unwell.

 **NOTE:** Some caregivers might not realise that some of these myths are in fact myths. They may need further information. Refer to the Resource Sheet in the Health & Hygiene Module of the Girl Shine Life Skills Curriculum (Pages 133-139).

 **DO:** Use posters from Resource 17.3: Internal Reproductive Parts of a Female and 17.4: Ovulating Cycle (Alternatively you can use medical anatomy model, if you have one) to highlight the different organs and explain the following to caregivers:



EXPLAIN:

- Every month, one of the eggs leaves one of the ovaries and travels through the fallopian tube. When the egg leaves the ovary, this is called ovulation. Different people have different days when they bleed depending on whether their cycle is long or short.
- At the same time, changes in our body's hormones (natural chemicals that our body makes) prepare the uterus (the part where babies grow inside our body) for pregnancy. A soft spongy lining gets formed in the uterus.
- If an egg and male's sperm meet to form a baby, the lining will provide nutrition. If an egg isn't fertilised by a male's sperm (from sexual intercourse), the uterine lining will begin to peel away, and the egg and the lining will pass through the uterus out of the body.
- The blood that is released from the broken lining flows out through the vagina. This bleeding is the menstrual period and this whole cycle is called menstruation.



DO: Check to see if caregivers have any questions. If they have questions and you don't feel you are able to answer, then please say 'I will take a note of that, check it and get back to you next time. Ok?' Then please follow up and seek relevant support to be able to answer the caregivers' question or to be able to refer them to someone who can.



EXPLAIN:

- Menstruation is the normal, healthy shedding of blood and tissue from the uterus that exits the body through the vagina. The blood and tissue that is shed is not dirty, but a normal and healthy process that women and girls experience.
- It is true that girls can get pregnant when they start menstruating. However, girls' bodies are still in the process of developing and are not fully developed until they reach the age of 18. Even after the age of 18, some organs continue developing. Getting pregnant when a girl's body is not fully developed increases the risks of health complications during pregnancy and delivery, not only on the girl but also on the baby.
- Girls who get pregnant when their bodies are not ready to carry a baby are at higher risk of going through miscarriage, pre-mature labour and maternal death.
- Also, considering girls are going through emotional and brain growth, girls should wait until they are ready to take care of themselves as well as their new-born in order to ensure a safe, healthy and happy life for her and her family²⁶.



DO: Stop to take reflections from the group on the information presented.

Remember: If they have questions you don't feel you are able to answer then please say 'I will take a note of that, check it and get back to you next time. Ok?' Then please follow up and seek relevant support to be able to answer the caregivers' question or to be able to refer them to someone who can.



ASK:


- ① From what was presented, which information do you already share with girls?
- ② Which information do you think is important to share with girls?
- ③ What are some of the challenges you may face when providing this information? What support do you need to provide this information?
- ④ What do we think about supporting girls to delay pregnancy until after 18? (What are some of the challenges or benefits?)
- ⑤ Is it important for our sons to have this information? Who provides them with this information? Is this something we can talk to our sons about? What challenges would we face? What support would we need?
- ⑥ How do the changes during puberty that we've discussed and the information girls need influence their health needs, especially their sexual and reproductive health needs?



EVALUATE: Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.




★ KEY MESSAGES

 **SAY:** Adolescent girls know that something is happening to their bodies, and while it may be uncomfortable or uncommon to talk about these topics, it is important for girls to know about their bodies and the changes they are experiencing. This information can be really valuable coming from a caregiver, someone the girl trusts. There are also others, who can provide girls with accurate information, such as at the safe space or at a health facility. Girls should be encouraged to learn about their bodies whether they are married, unmarried, have a disability or divorced.

CHECK IN (5 MINS)

SUMMARISE how many pebbles there were for each activity and see if caregivers want to share any specific feedback about this. Explain that we are testing these activities to see how caregivers respond to them and you want to have their feedback to know if some activities should be changed or removed, or if there are activities they liked in particular.

 **REMIND** them that the comments box is there if they want to leave further feedback and that you will be available at the end to discuss further.

TAKEAWAY (5 MINUTES)

Share information with girls from the session that you feel comfortable with. If you don't feel comfortable, think about why this is and let's discuss in the next session.

SESSION 17

ADOLESCENT GIRL DEVELOPMENT²⁷



🎯 SESSION AIMS

By the end of the session, caregivers will:

- Gain information on the physical and emotional changes girls go through during adolescence.
- Learn how to support girls' physical and emotional well-being during this time.
- Support girls to receive Sexual & Reproductive Health (SRH) information and be able to provide girls with basic SRH information.

📝 MATERIALS

- Flip chart paper
- Opaque evaluation jars (or cardboard boxes) and pebbles (or scrunched up papers)
- Markers
- Resources 17.1 to 17.5

📋 PREPARATION

- Facilitators may face some resistance from caregivers when trying to encourage them to pass on ASRH information to girls. It is important that facilitators refer to Appendix A14 in Girl Shine Part 1 on introducing ASRH topics to caregivers before the session as part of the facilitator preparation.
- Contextualise the menstruation myths. Do this in collaboration and consultation with your technical advisor/specialist.
- If you have funds available, consider procuring/purchasing a medical model of the female reproductive system to aid demonstration.

²⁷ Adapted IRC, *SHLS Parenting Curriculum for Adolescents* - <http://shls.rescue.org/shls-toolkit/parenting-skills/>



- Procure dignity kits or obtain dignity kits from existing stock as part of session preparation and then have dignity kits available to give to each woman in the session, if available.
- Prepare large printout of the Tanner Scale (Resource 17.1) or make handouts for smaller groups.

FACILITATOR NOTE

- As this is a sensitive topic, it is important to remind caregivers of the group agreements and ask if they would like to have any additional agreements specifically for this session.

TERMINOLOGY

- Refer to local definitions for terms such as puberty, honour, hormones, menstruation, miscarriage, sex, disability, vagina (that are respectful and don't reinforce discrimination or stigmatise women and girls).



DURATION

2 hours





TIMING


Before the start of the ENGAGE Life Skills Health & Hygiene Module for Adolescent Girls.




WELCOME & REVIEW (10 MINUTES)

 **ASK:** Did you share your concrete steps for a joint family vision with members of your family? Who did you talk to? What feedback or suggestions did they have?

 **DO:** Have a positive group conversation/feedback session using your facilitation skills to ensure this also does not stigmatise or limit girls' potential.

 **SAY:** Today we are going to talk about the social, physical and emotional changes that girls experience during adolescence. Adolescence is a stage girls and boys pass through between ages 10-19. This stage of life can be both exciting and challenging. Some of us may feel uncomfortable or strange talking about this topic. That reaction is normal. We don't talk about these things in a large group every day. But by learning about this very normal process here in a safe space, you will be more comfortable talking about the changes with your adolescent girls and boys.


Adolescent girls are transitioning into adults. It is a time of great change, opportunity, and new learning for both girls and their caregivers. It can also generate confusion if girls and boys are not adequately supported to understand the changes they are experiencing. When girls reach puberty, they are often perceived by society as "adults" and are expected to fulfil certain roles and responsibilities. They may be expected to get married, or may be restricted from going to school, spending time with friends and accessing opportunities.

 **ASK:** What do you understand by the term 'puberty'?

After caregiver have responded, **SHARE** the answer, if necessary:

Puberty is a process of hormonal and physical change where a girl or boy becomes capable of reproduction. This usually lasts between one to three years. It happens during the period of adolescence, where girls and boys go through social and emotional growth and this period lasts from the age of 10-19.

 **ASK:** Why do you think they may be restricted from certain spaces or opportunities?

 **SAY:** This may be due to how girls could be perceived in the community or because of fears related to her safety or honour. Today we want to explore some of these perspectives and know from you what your opinions are on this topic.



LET'S EXPLORE (25 MINUTES)

ASK:

- ① Can anyone remember what it was like when you went through puberty?
- ① What were some of the things you experienced – physical and emotional?
- ① What were some of the restrictions or changes you experienced in your daily roles & responsibilities?

DO: Use a large printout of the Tanner Scale²⁸ (Resource 17.1) to explain the various stages of adolescence. The Tanner Scale explains the different physical stages, so you can use the information included there and explain the concepts below to explain the emotional stages.

DO: Ask participants to gather around the poster (or distribute handouts for smaller groups).



EXPLAIN:

- Adolescent girls, just like boys, go through a number of physical and emotional changes during this stage. These changes can be linked to chemical messengers in their bodies called hormones. These hormones affect things like our mood, our likes and dislikes as well as growth and development both physically and mentally.
- For example, in early adolescence (10-14) girls, like boys gain improved abilities to express themselves, close friendships gain importance while less attention is shown to caregivers, they can show occasional rudeness and also return to childish behaviour. Girls may also start developing breasts, begin menstruating and grow pubic hair while boys may experience a deepening of their voice and also grow pubic hair (show examples of this from the Tanner Scale).
- As girls continue to grow in late adolescence (15-19), girls, like boys, want more independence, pay more attention to their appearance (because their body is changing), they also have an increasing ability to think through ideas and express these in words. They may start showing an interest in people of the opposite or same sex. They have an ability to make independent decisions and also show greater emotional stability. Girls and boys may continue developing physically, continuing on with the development experienced in younger adolescence while mental development will continue well into adulthood.

At this stage of life adolescents start to explore their identities and this covers many different aspects of their lives, it can also include understanding who they are attracted to, whether this is people of the opposite sex, same sex or both.

In the first session we talked about transgender people, again as adolescents are exploring their identity, it may also include exploring their gender identity. This means that their gender identity might be the same as the sex assigned at birth i.e. women who identify as women or it might be different like for transgender people.

²⁸ <https://www.advocatesforyouth.org/wp-content/uploads/storage/advfy/lesson-plans/lesson-plan-puberty-part-i-and-ii.pdf>



- These changes in adolescence are universal – they happen to all girls and boys across the world. They may be slightly different in terms of what age this takes place and how they develop (girls and boys may be different shapes and sizes, tall and short, lots or little body hair, girls may have larger or smaller breasts, etc.).
- Everyone develops at different rates, so there is no right or wrong answer to start menstruating. Girls start menstruating when their body is ready. This is usually about two years after the first signs of puberty appear. In girls, the first signs tend to be breasts beginning to develop and pubic hair starting to grow. If girls haven't developed any signs of puberty by age 14, it is a good idea to see a health professional and if girls haven't started menstruating by age 16, you should also get advice from a health professional.
- It is likely girls will be told to wait and see as in many cases periods will start naturally by the time a girl is 18²⁹.

ASK:

- ① Does this sound similar to your own experiences?
- ① What other things may have been taking place in your life at the time that would have influenced your growth or development?



EXPLAIN: Adolescent girls may share common physical and emotional changes but their experiences, environments and settings do also play a big role in how these changes occur which make each one's experience unique despite some of the similarities we mentioned. Adolescents with diverse life experiences will develop and grow at different ages due to these factors. For example, being married at a young age may mean that girls need to learn quickly how to manage adult responsibilities compared to girls who are not married at the same age. Additionally, there are different factors (such as displacement, war, etc.) that might contribute to developing or limiting girls' capacities. While girls may be able to adapt and cope in some ways, it is important to remember still that they are growing and developing in other ways that may seem invisible to us.



***MASTURBATION**

Hormones that cause a person to go through puberty also cause new or more sexual feelings and desires. This might result in someone having new romantic feelings for other people.

These hormones can result in some people choosing to touch their genitals for pleasure, called masturbation. Masturbation cannot harm someone physically and is a personal decision.

²⁹ There are some rare genetic disorders: Kallman Syndrome and Klinefelter syndrome that can prevent puberty/adolescent bodily changes. These can be treatable with medical support. There can also be other medical reasons why puberty/adolescent bodily changes are delayed so please do talk to your daughter to see if she would like medical advice if this is concerning her.



ASK:

- ① How old were you when you got married?
- ② Who supported you during your first few months or years of being married?
- ③ What kind of health information or support would have been helpful to you during this time?



SAY: Supporting girls during adolescence in general is really important and married girls need extra support because they are expected to take on adult roles and responsibilities before they are fully capable of doing so. Supporting these girls with access to information about their changing bodies, pregnancy, and healthy relationships will help them to make better decisions for themselves and their family. For girls moving in with their in-laws, having a mother in-law that assists the girl to access information, supporting to participate in opportunities in the community and letting her build her support network will make a valuable difference in the girl's life and that of her family.



ACTIVITIES (1 HOUR 15 MINS)

1 MENSTRUATION MYTHS AND FACTS (40 MINUTES)



SAY: One defining moment of adolescence is when girls begin menstruation. It often poses some challenges for women and girls. Some challenges may be related to understanding what is happening to them and managing some symptoms, while others may be related to how the community supports (or doesn't support) girls who are menstruating.

Caregivers and mothers-in-law can be a source of support and strength to girls, especially, for example, to recently married girls who are menstruating in a new environment to one they are used to. Talking to recently married girls about menstruation lets them know that you are there to support them and helps them to understand how to navigate menstruation in their new environment.






In small groups, let's discuss what menstruation means to women and girls in this community.





DO: Ask caregivers to work in small groups and have them think about the following questions:



QUESTIONS:

-  Is it common to talk about menstruation in the community? Why yes/no?
-  Do you usually tell someone when on your period? Why yes/no?
-  How are women and girls treated when they are menstruating? Consider any positive/negative reactions.
-  When you got married, how did you manage menstruation in your new family environment?
-  How do you support married girls manage their monthly cycle?

 **DO:** When they have finished discussing, ask them to share their reflections with the rest of the group.

 **SAY:** Menstruation is a normal and healthy part of being a woman or girl. When given the right support and information it can also be very easy to manage and completely possible to continue with your normal daily life like you do when not menstruating. But it can become difficult when women and girls don't have access to sanitary products and ways to manage the symptoms of menstruation. It's important to check in on married girls to see if there is anything you can do to help them access information and supplies.

Sometimes it can be difficult to have access to factual information about menstruation. Sometimes we may get information from friends or family members or we may hear things in the community. Some of this information can be really helpful, but some may not be correct or helpful. So, it is important to understand what the facts and myths (information that is not correct) are and to support girls to have the correct information.

 **SAY:**

We are going to play a game now about some common period myths that you can dispel for girls. I'm going to read some statements about menstruation. Please stand up if you think the statement is true. Remain seated if you think the statement is a myth.



NOTE

An alternative activity, if caregivers are not able/don't feel comfortable doing stand-up/sit down is: Give caregivers two signs; a cross sign ✘ and a tick sign ✔. Ask them to hold up the sign that reflects their opinion.





DO:

- Read the statements below one by one, or invite caregivers to share their own beliefs about menstruation.
- Wait for the caregivers to stand up or sit down/ hold up their signs.
- Take a few responses from the caregivers about their reasons for taking that position, and then explain the correct answer after each statement.
- Allow discussion after each as needed.

! *Requires* **CONTEXTUALISATION**

(Update with locally relevant myths and review these together with your technical advisors/ specialists before usage)

The bleeding during periods is the discharge of “bad and dirty blood” from the body.	<input checked="" type="checkbox"/> FALSE
Bathing should be avoided during menstruation.	<input checked="" type="checkbox"/> FALSE
When menstruating, girls can continue with their daily activities as normal.	<input checked="" type="checkbox"/> TRUE
Once girls start to menstruate, they are capable of getting pregnant.	<input checked="" type="checkbox"/> TRUE
Just because it’s possible to get pregnant doesn’t means girls bodies are ready for pregnancy.	<input checked="" type="checkbox"/> TRUE
Once a girl starts menstruating, she should get married.	<input checked="" type="checkbox"/> FALSE
Exercise causes the loss of more menstrual blood.	<input checked="" type="checkbox"/> FALSE



! CONTEXTUALISATION

! NOTE: *Girls might say that girls are not clean when they have their period because in Islam a girl cannot pray if she has her period, and is considered “impure” (ريغ قره اظ). “Purity” (قرا هظ) is a religious term for when men and women are “impure” (ريغ ني ره اظ) to conduct certain religious “duties or rituals”, whereas “cleanliness” (قفا ظن) is related to hygiene. Clarify the difference between “Purity” (قرا هظ) and “Cleanliness” (قفا ظن)*

! EXPLAIN: There is a difference between “Purity” (قرا هظ) and “cleanliness” (قفا ظن). If a girl is not considered by religion as “pure or cleansed” (قرا هظ) when on her period, and cannot conduct certain practices, this doesn’t mean that she is dirty. “Cleanliness” (قفا ظن) is related to hygiene. When girls have their periods, they are not dirty. This is a normal part of being a girl or a woman. We just need to be sure to keep our bodies clean while we have our period and also when we don’t have our period because otherwise we may get infections and become unwell.

! NOTE: *Some caregivers might not realise that some of these myths are in fact myths. They may need further information. Refer to the Resource Sheet in the Health & Hygiene Module of the Girl Shine Life Skills Curriculum (Pages 133-139).*

✓ DO: Use posters from Resource 17.3: Internal Reproductive Parts of a Female and 17.4 : Ovulating Cycle (Alternatively you can use medical anatomy model, if you have one) to highlight the different organs and explain the following to caregivers:

! EXPLAIN:

- Every month, one of the eggs leaves one of the ovaries and travels through the fallopian tube. When the egg leaves the ovary, this is called ovulation. Different people have different days when they bleed depending on whether their cycle is long or short.
- At the same time, changes in our body’s hormones (natural chemicals that our body makes) prepare the uterus (the part where babies grow inside our body) for pregnancy. A soft spongy lining gets formed in the uterus.
- If an egg and male’s sperm meet to form a baby, the lining will provide nutrition. If an egg isn’t fertilised by a male’s sperm (from sexual intercourse), the uterine lining will begin to peel away, and the egg and the lining will pass through the uterus out of the body.
- The blood that is released from the broken lining flows out through the vagina. This bleeding is the menstrual period and this whole cycle is called menstruation.



- ✓ **DO:** Check to see if caregivers have any questions. If they have questions and you don't feel you are able to answer, then please say 'I will take a note of that, check it and get back to you next time. Ok?' Then please follow up and seek relevant support to be able to answer the caregivers' question or to be able to refer them to someone who can.



EXPLAIN:

- Menstruation is the normal, healthy shedding of blood and tissue from the uterus that exits the body through the vagina. The blood and tissue that is shed is not dirty, but a normal and healthy process that women and girls experience.
- It is true that girls can get pregnant when they start menstruating. However, girls' bodies are still in the process of developing and are not fully developed until they reach the age of 18. Even after the age of 18, some organs continue developing. Getting pregnant when a girl's body is not fully developed increases the risks of health complications during pregnancy and delivery, not only on the girl but also on the baby.
- Girls who get pregnant when their bodies are not ready to carry a baby are at higher risk of going through miscarriage (unintentional loss of baby), pre-mature labour and maternal death.
- Also, considering girls are going through emotional and brain growth, girls should wait until they are ready to take care of themselves as well as their new-born in order to ensure a safe, healthy and happy life for her and her family³⁰.



- ✓ **DO:** Stop to take reflections from the group on the information presented.


Remember: If they have questions you don't feel you are able to answer then please say 'I will take a note of that, check it and get back to you next time. Ok?' And, then please follow up and seek relevant support to be able to answer the caregivers' question or to be able to refer them to someone who can.



ASK:

- ① From what was presented, which information do you already share with girls?
- ① Which information do you think is important to share with girls?
- ① What are some of the challenges you may face when providing this information? What support do you need to provide this information?
- ① What do we think about supporting girls to delay pregnancy until after 18? What are some of the challenges or benefits?
- ① Is it important for our sons to have this information? Who provides them with this information? Is this something we can talk to our sons about? What challenges would we face? What support would we need?
- ① How do the changes during puberty that we've discussed and the information girls need influence their health needs, especially their sexual and reproductive health needs?



 **EXPLAIN:** Girls who get pregnant after the age of 18 are better prepared to deal with pregnancy and raising a family. They will have more information about their bodies, know where and how to access health services and have increased ability to take well informed decisions.



EVALUATE: Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.



2 MANAGING MENSTRUATION (35 MINUTES)



SAY: While we know that menstruation is a normal and healthy part of being female, we still need to take care of ourselves to stay clean and also manage any discomfort we are experiencing.



ASK: What are some of the things that girls or women experience when they are menstruating? (*For example, being tired, having cramps, having no symptoms, being isolated, not having adequate means to stay clean, no privacy, etc.*)



FOR CAREGIVERS OF GIRLS WITH DISABILITIES:



ASK: Are there specific things that affect girls with disabilities during menstruation?




EXPLAIN: Some women and girls may experience the following:


- Abdominal pain from light to severe. The shedding of the uterine wall, which is the source of monthly bleeding, can cause this.
- Emotional changes. Some women and girls feel more irritable during menstruation. However, this is not universal. Individual women and girls respond differently and can experience a range of emotions during menstruation and their menstrual cycle.
- Not having the proper sanitary products to keep clothes clean. Many girls and women do not have access to sanitary napkins or pads (or any other product) that can keep blood from staining their clothes. This is often a primary reason that girls do not leave the house, including missing school or work, during their time of the month.






Requires CONTEXTUALISATION

In this environment, we may find that women and girls are expected to queue for long hours for food and non-food items, during menstruation, without access to sanitary materials can prevent them from queueing and resulting in them not getting the things they need. Men may be responsible for collecting these items and may not bring sanitary materials for women and girls and conversations around this may not happen due to taboo or stigma attached to menstruation. Taboo and stigma may mean that girls and women cannot wash themselves or fetch water during the day and have to go at night which affects their safety. The water and sanitation infrastructure may not be suitable for the needs of women and girls; girls may not feel comfortable using them, especially during menstruation. And for girls with disabilities, they may not even be able to access them due to lack of ramps or unsuitable toilets and washing facilities.


 **ASK:** What are some of the strategies you use and girls can use to manage these things in this current environment?

 **DO:** Have the participants split into two or three groups.

-  They will discuss what **they can currently do** to manage the situation for women and girls when menstruating.
-  What the **community can do** to improve the situation for women and girls when they are menstruating.
-  What they want to see **local authorities or NGOs do** to help improve the situation for women and girls when they are menstruating.

 **NOTE:** *The caregivers' recommendations for community, local authorities and NGOs should be fed back through appropriate channels, such as WASH partners, allies in the community, coordination groups.*

 **FOR CAREGIVERS OF GIRLS WITH DISABILITIES:** *Are there specific considerations for girls with different disabilities?*

 **DO:** Tell the female caregivers what you will do with this information they have provided. For example, share with your manager for advocacy, or for them to raise with the GBV subcluster, etc. And, be sure to follow up and do the action you committed to.



! ADD the following to what the groups have suggested if contextually relevant:



FOR CAREGIVERS OF GIRLS WITH DISABILITIES:

SAY: Menstruating girls and women with disabilities may have different needs. Those with mobility limitations with their upper body and arms may have difficulties placing their sanitary protection materials in the correct position, and washing themselves, their clothes, and the material.

Those with vision impairments (blind or low vision) may face challenges knowing if they have fully cleaned themselves and how much they have leaked. While those with intellectual and developmental impairments may need tailored support to manage menstruation. In all situations it is important to find a way to communicate effectively with the girl to understand that her physical and emotional safety, comfort and health is taken care of.

PAIN AND DISCOMFORT:

- Women and girls do not need to stay at home during menstruation unless they choose to (for example if they are experiencing a lot of pain) and not because it is expected from them.
- To help ease the pain, you can use a hot water bottle or warm cloth and place it on the abdomen. Light exercise can also help.
- It is better not to make assumptions about what a girl can or cannot manage during menstruation, it is always best to check how the girl is feeling and whether she can or cannot continue with specific tasks.
- This also includes checking with girls who have disabilities as it may be harder for some girls with disabilities to communicate pain and discomfort.

SANITARY MATERIALS:



SAY: There are different materials women and girls can use during menstruation. It is important that we ensure girls and women have access to information and sanitary materials when menstruating. For girls in particular, it can really impact their school attendance, confidence, and self-esteem. Girls can become withdrawn and isolated if not given the right support during this critical time.



CLEAN PIECES OF CLOTH OR REUSABLE PAD: These are cut to fit in the panty area by sewing several layers of cotton cloth on top of each other. These *must* be clean. The used cloth should be washed separately with water and soap, then dried in the sun.



PADS OR SANITARY TOWELS: These are designed to fit the panty area close to the body. They have strips of tape that keep them attached to the panties. Pads are disposable and should be discarded after being used once. They must be disposed of in a pit latrine, buried, or burned after use. They should not be left in the garbage pile or flushed down the toilet.



OTHER SANITARY MATERIALS: The market for new sanitary materials is growing and so you may be aware of other types of products. Does anyone want to share what other sanitary products they are aware of/have seen?

NOTE: *If relevant, you can bring sanitary materials to the session if they are locally available and accessible and do a demonstration on how to prepare sanitary products. For example, how to place a sanitary napkin or cloth inside knickers. How to remove and where to dispose. See illustration in Resource 17.5.*



GIRLS WITH DISABILITIES may need additional support with applying sanitary materials depending on the type of disability they have, it is important that a trusted person asks the girl what kind of support she needs during this time.





STAYING CLEAN:



SAY: During menstruation it is important to stay clean and healthy. Unhygienic management can lead to infections. These are some things you can do:

- ✔ Clean yourself with soap and water, or whenever safe and possible to do so and dry yourself well to avoid infection.
- ✔ Wash underpants with soap and water to avoid stains whenever safe and possible to do so.
- ✔ Change the pad or cloth regularly to avoid soiling clothes and bad odour.
- ✔ Wash hands after changing sanitary pads or cloth when safe and possible to do so.
- ✔ Again, trusted persons of **girls with disabilities** should ask them what type of support they need during this time.



ASK:

- ❓ Was any of this information new to you, was it relevant to your situation and can you apply this information?
- ❓ What else can we do to support girls during this time?



NOTE: Add any of the following examples if contextually relevant:

- *Prepare in advance for menstruation by making sure girls have access to menstrual products.*
- *Help them to know how to take care of their bodies and how to stay clean during menstruation.*
- *Be close to them so they feel comfortable to talk to you about anything they are worried about.*
- *Let them know that what they are experiencing is normal and nothing to be worried about.*
- *Allow them to continue enjoying their childhood, just because they have their period does not mean they are fully developed adults yet. They still have many changes they need to go through before they are fully developed and mature.*
- *Girls are not ready to get married because they have started menstruating. They are still growing and developing and this continues well beyond their teenage years.*
- *For more information on supporting girls with disabilities during menstruation, look at the [Menstrual hygiene management toolkit in emergencies](#). You can also check [UNICEF guidance on menstrual health & hygiene](#).*



EVALUATE: Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.



★ KEY MESSAGES



SAY: It may be uncomfortable or uncommon to talk about these topics, but it is important that we change this because not discussing it can lead to girls being unhealthy and unhappy and because it is important for girls to know about their bodies and the changes they are experiencing. This information can be really valuable coming from a caregiver or mother-in-law, someone the girl trusts. There are also others who can provide girls with accurate information, such as at the safe space or at a health facility. Girls should be encouraged to learn about their bodies, whether they are married, unmarried, have a disability or divorced.



CHECK IN (5 MINS)



SUMMARISE how many pebbles there were for each activity and see if caregivers want to share any specific feedback about this. Explain that we are testing these activities to see how caregivers respond to them and you want to have their feedback to know if some activities should be changed or removed, or if there are activities they liked in particular.



REMIND them that the comments box is there if they want to leave further feedback and that you will be available at the end to discuss further.



TAKEAWAY (5 MINUTES)

Share information with girls from the session that you feel comfortable with. If you don't feel comfortable, think about why this is and let's discuss in the next session.



ADDITIONAL ACTIVITY FOR CONTEXTS WHERE FGM/C IS PRACTICED³¹ (60 MINUTES)



EXPLAIN: We are going to talk about FGM/C now as it is related to the sexual and reproductive health and rights of adolescent girls. FGM/C is practiced differently in different places. It is most frequently practiced on girls between ages 0-15. There are different reasons why families decide to practice FGM which we will talk about later, in Session 17. There are also different types of FGM, referred to as Type 1, 2, 3 and 4. Today we are going to talk about some of the consequences of practicing FGM on our daughters.



ASK participants to close their eyes and listen while you read the story out loud.


³¹ Adapted from NCA, Norad, Save the Children (2018), "Community Conversation to Abandon Female Genital Mutilation in Somalia", p. 29.







Requires CONTEXTUALISATION

My name is Fatuma. I was born in Eyl village. When I was a child I was mutilated and stitched as per the culture of the area. With a big scar on my genital, the only place left open was only for passage of urine and menstrual fluid. But the opening was too narrow than usual and I suffered a lot during the time of menstruation and when passing urine. As a result, my menses became irregular. Given my lack of awareness, I did not even go to health centre to get relief from the pain. Besides, I believed that that was just my fate as a woman. When I was 13, I got married to a man who was much older than me. I was not happy with the idea of the marriage but could not say “No” as that could cause huge discrimination from my family, religious leaders and the community. A woman whom I have known in the past got married and she told me how painful it is to have sexual intercourse and in fact when I got married, I also faced the same. In order for me to have sex, the stitch had to be torn, during which I would get badly hurt while my legs would shiver from fear and pain.



Female genital mutilation had been practiced in my community for a long period of time and it is considered as normal. Women like me suffer silently accepting it as their fate. It is believed that girls can stay virgin if they are mutilated the way I was. No one recognises the pain that women have to endure. Actually, it is difficult to blame my family as it is accepted practice in the society. I got pregnant before I was 18 years old. Though I gave birth after suffering from prolonged labour, I had complication for a long period of time. Actually, I had witnessed loss of life of other women in the hospital I was admitted due to the health problems related to FGM.


 **DO:** Divide the participants into groups of 4, ask them to spend 15 minutes discussing the following questions:


-  Do you think FGM is useful? Do you think it is harmful?
-  Why do you think Fatuma’s family and community practiced FGM?
-  What were the physical, psychological and sexual consequences of FGM for Fatuma?

 **DO:** Ask the groups to share the key points of their discussion.

 **ASK:**

-  Should FGM be continued in the community?
-  How can we protect girls like Fatuma from FGM?

 **EXPLAIN** that FGM is often a cultural tradition that has been practiced for a long time. Many families practice is because other families do the same and they fear if they do not circumcise their daughters, their daughters will not be able to get married. If all families come together, discuss, and decide to stop practicing this harmful tradition, it can be ended.

 **EVALUATE:** Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.

SESSION 18

SUPPORTING ADOLESCENT GIRLS

 FOR CAREGIVERS OF UNMARRIED GIRLS

SESSION AIMS

By the end of the session, caregivers will:

- Gain information on the physical and emotional changes girls go through during adolescence.
- Learn how to support girls' physical and emotional well-being during this time.
- Support girls to receive SRH information and be able to provide girls with basic SRH information.

MATERIALS

- | | | |
|---|---|--|
| <input type="checkbox"/> Flip chart paper | <input type="checkbox"/> Materials for menstrual hygiene demonstration (for example, sanitary pads, reusable cloth, etc.) | <input type="checkbox"/> Service mapping of SRH health providers for girls in the context/location/surrounding locations |
| <input type="checkbox"/> Markers | <input type="checkbox"/> Resources 17.1 to 17.5 And 18.1 To 18.2 | <input type="checkbox"/> Opaque evaluation jars (or cardboard boxes) and pebbles (or crunched up papers) |

PREPARATION

- If caregivers have daughters with disabilities, be prepared with information relevant for girls with disabilities, speak to local disability partner organisations to see if you are able to make any referrals. Information related to disabilities is included in boxes throughout the session.
- If there were questions asked by caregivers during the last session that you were not able to answer immediately, do some follow up with your Manager/relevant colleagues so that you are ready to provide a response.



- Facilitators may face some resistance from caregivers when trying to encourage them to pass on ASRH information to girls. It is important that facilitators refer to **Appendix A14** in Girl Shine Part 1 on introducing ASRH topics to caregivers before the session as part of your facilitator preparation.
- Procure dignity kits or obtain dignity kits from existing stock as part of session preparation and then have dignity kits available to give to each girl in the session, if available.
- Prepare a List/service map of health providers for girls in the context/location/nearby locations.

FACILITATOR NOTE

- As this is a sensitive topic, it is important to remind caregivers of the group agreements and ask if they would like to have any additional agreements specifically for this session.

TERMINOLOGY

- Refer to local definitions for terms such as menstruation, contraception, sex, abortion.

DURATION


2 hours


TIMING


Before the start of the ENGAGE Health & Hygiene Modules with Adolescent Girls




WELCOME & REVIEW (15 MINUTES)

 **ASK:** What information did you share with girls from the last session? Which information you didn't share and what were the reasons?

 **NOTE:** *Try to understand if this was because they disagreed with the information, were uncomfortable or because they didn't feel they knew enough.*

 **SAY:** Today we are going to continue the conversation, gain new information and explore your perspectives and opinions on the topic. We will also discuss how we can help girls to access information and support on this topic.

LET'S EXPLORE (5 MINUTES)

 **EXPLAIN:** Menstruation often poses some challenges for most women and girls. Some challenges may be related to understanding what is happening to them and managing some symptoms, while others may be related to how the community supports (or doesn't support) girls who are menstruating.


Caregivers can be a source of support and strength as girls go through this stage of life. Talking to girls about your experiences and providing them with accurate information can help them prepare for the changes that happen during puberty. It also lets them know that you are there to support them.

Women and girls might feel embarrassed about something that is a natural part of being female. Menstruation is a sign that we are healthy. It is not a disease or sickness. It is important that we explain this to girls and try to support them during this time, as well as support each other.

ACTIVITIES (1 HOUR 25 MINS)



1 MANAGING MENSTRUATION (40 MINUTES)

 **SAY:** First we are going to discuss how to manage some of the symptoms of menstruation for both women and girls and also think about how women can support girls at this time. We will also discuss ways for you and adolescent girls to manage the monthly cycle in a way that is hygienic, dignified, and supportive.



SAY: While we know that menstruation is a normal and healthy part of being female, we still need to take care of ourselves to stay clean and also manage any discomfort we are experiencing.



ASK: What are some of the things that girls or women experience when they are menstruating? (For example, being tired, having cramps, having no symptoms, being isolated, no privacy, not having adequate means to stay clean, etc.)



EXPLAIN: Some women and girls may experience the following:

- **ABDOMINAL PAIN FROM LIGHT TO SEVERE.** The shedding of the uterine wall, which is the source of monthly bleeding, can cause this.
- **EMOTIONAL CHANGES.** Some women and girls feel more irritable during menstruation. However, this is not universal. Individual women and girls respond differently and can experience a range of emotions during menstruation and their menstrual cycle.
- **NOT HAVING THE PROPER SANITARY PRODUCTS TO KEEP CLOTHES CLEAN.** Many girls and women do not have access to sanitary napkins, pads or other products that can keep blood from staining their clothes. This is often a primary reason that girls do not leave the house, including missing school, during their time of the month.




Requires CONTEXTUALISATION

In this situation, we may find that women and girls are expected to queue for long hours for food and non-food items, without access to sanitary materials, this may prevent them from going and missing out on the things they need. Men may be responsible for collecting some of these items and may not bring sanitary materials for women and girls and conversations around this may not happen due to taboo or stigma. Taboo and stigma may mean that girls and women cannot wash themselves or fetch water during the day and have to go at night which affects their safety. The water and sanitation infrastructure may not be suitable for the needs of women and girls, girls may not feel comfortable using them, especially during menstruation. And for girls with disabilities, they may not even be able to access them due to lack of ramps or unsuitable toilets and washing facilities.




ASK: What are some of the strategies you use and girls can use to manage these things in this current environment?

 **DO:** Have the participants split into two or three groups.

- They will discuss what **they can currently do** to manage the situation for women and girls when menstruating.
- What the **community can do** to improve the situation for women and girls when they are menstruating.
- What they want to see **local authorities or NGOs do** to help improve the situation for women and girls when they are menstruating.

 **NOTE:** *The caregivers' recommendations for community, local authorities and NGOs should be fed back through appropriate channels, such as WASH partners, allies in the community, coordination groups*

 **FOR CAREGIVERS OF GIRLS WITH DISABILITIES:** *Are there specific considerations for girls with different disabilities?*

 **DO:** Tell the female caregivers what you will do with this information they have provided. For example, share with your manager for advocacy, or for them to raise with the GBV subcluster, etc. And, be sure to follow up and do the action you committed to.

 **ADD the following to what the groups have suggested if contextually relevant:**



FOR CAREGIVERS OF GIRLS WITH DISABILITIES:

Remind participants that menstruating girls and women with disabilities may have different needs. Those with mobility limitations with their upper body and arms may have difficulties placing their sanitary protection materials in the correct position, and washing themselves, their clothes, and the material.

Those with vision impairments (blind or low vision) may face challenges knowing if they have fully cleaned themselves and how much they have leaked. While those with intellectual and developmental impairments may need tailored support to manage menstruation. In all situations it is important to find a way to communicate effectively with the girl to understand that her physical and emotional safety, comfort and health is taken care of.


PAIN AND DISCOMFORT:

- Women and girls do not need to stay at home during menstruation unless they choose to (for example if they are experiencing a lot of pain) and not because it is expected from them.

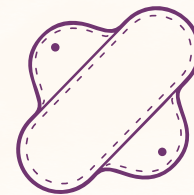


- To help ease the pain, you can use a hot water bottle or warm cloth and place it on the abdomen. Light exercise can also help.
- It is better not to make assumptions about what a girl can or cannot manage during menstruation, it is always best to check how the girl is feeling and whether she can or cannot continue with specific tasks.
- This also includes checking with girls who have disabilities as it may be harder for some girls with disabilities to communicate pain and discomfort.

SANITARY MATERIALS:

 **SAY:** There are different materials women and girls can use during menstruation. It is important that we ensure girls and women have access to information and sanitary materials when menstruating. For girls in particular, it can really impact their school attendance, confidence, and self-esteem. Girls can become withdrawn and isolated if not given the right support during this critical time.

CLEAN PIECES OF CLOTH OR REUSABLE PAD: These are cut to fit in the panty area by sewing several layers of cotton cloth on top of each other. These *must* be clean. The used cloth should be washed separately with water and soap, then dried in the sun.



PADS OR SANITARY TOWELS: These are designed to fit the panty area close to the body. They have strips of tape that keep them attached to the panties. Pads are disposable and should be discarded after being used once. They must be disposed of in a pit latrine, buried, or burned after use. They should not be left in the garbage pile or flushed down the toilet.





OTHER SANITARY MATERIALS: The market for new sanitary materials is growing and so you may be aware of other types of products. Does anyone want to share what other sanitary products they are aware of/have seen?

NOTE: *If relevant, you can bring sanitary materials to the session if they are locally available and accessible and do a demonstration on how to prepare sanitary products. For example, how to place a sanitary napkin or cloth inside knickers. How to remove and where to dispose. See illustration in Resource 17.5.*



GIRLS WITH DISABILITIES may need additional support with applying sanitary materials depending on the type of disability they have, it is important that a trusted person asks the girl what kind of support she needs during this time.



STAYING CLEAN:



SAY: **During menstruation it is important to stay clean and healthy.** Unhygienic management can lead to infections. These are some things you can do:

- ✓ Clean yourself with soap and water, or whenever safe and possible to do so and dry yourself well to avoid infection.
- ✓ Wash underpants with soap and water to avoid stains whenever safe and possible to do so.
- ✓ Change the pad or cloth regularly to avoid soiling clothes and bad odour.
- ✓ Wash hands after changing sanitary pads or cloth when safe and possible to do so.
- ✓ Again, trusted persons of **girls with disabilities** should ask them what type of support they need during this time.



 **ASK:**

- ② Was any of this information new to you, was it relevant to your situation and can you apply this information?
- ② What else can we do to support girls during this time?

 **NOTE:** Add any of the following examples if contextually relevant:

- Prepare in advance for menstruation by making sure girls have access to menstrual products.
- Help them to know how to take care of their bodies and how to stay clean during menstruation.
- Be close to them so they feel comfortable to talk to you about anything they are worried about.
- Let them know that what they are experiencing is normal and nothing to be worried about.
- Allow them to continue enjoying their childhood, just because they have their period does not mean they are fully developed adults yet. They still have many changes they need to go through before they are fully developed and mature.
- Girls are not ready to get married because they have started menstruating. They are still growing and developing and this continues well beyond their teenage years.
- For more information on supporting girls with disabilities during menstruation, look at the [Menstrual hygiene management toolkit in emergencies](#). You can also check [UNICEF guidance on menstrual health & hygiene](#).




EVALUATE: Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.








★ KEY MESSAGES


It may be uncomfortable or uncommon to talk about these topics, but it is important that we change this because not discussing it can lead to girls being unhealthy and unhappy and because it is important for girls to know about their bodies and the changes they are experiencing. This information can be really valuable coming from a caregiver or someone the girl trusts. There are also others who can provide girls with accurate information, such as at the safe space or at a health facility. Girls should be encouraged to learn about their bodies, whether they are unmarried, have a disability, are married or divorced.

2 HOW PREGNANCY HAPPENS (45 MINS)

 **SAY:** Now that we know it is possible to get pregnant once you start menstruating, let's talk about challenges or solutions to talking about pregnancy.

 **DO:** In groups, ask caregivers to discuss the following questions.

-  When you were a girl, what did you know about pregnancy and how it happens?
-  Who gave you this information? Did you know about this before you were married?
-  What kind of information do you have now that you think would have been helpful at the time? What information do you still think is missing?
-  What did you know about family planning and the various methods? Is that different to what you know now?

 **DO:** Ask the group to share back some of their reflections.

ADD INFORMATION BELOW, THEY MAY NOT HAVE MENTIONED:

- A person who intends to have sex but does not want a pregnancy can use a contraceptive. (In addition to resources below, you can also find additional resources in Girl Shine [Part 2](#) on Contraceptive Methods (page 145-147).
- This can also be used by women and men who want to plan when to have babies and how many.



- Most contraceptive methods are for use by women and girls, but there are also methods that can be used by men. There are many methods to choose from, in our context these are the methods that are easily available to you – condoms, pills, injectables, implants, IUDs and permanent methods. Using contraceptives allows many people to enjoy their intimacy without having to worry about unwanted pregnancy. Male and female condoms in particular allow people to enjoy sex with less worry about Sexually Transmitted Infections³².
- There are many safe and effective methods to choose from.
- No contraceptive method is perfect, and every method has its own characteristics. Some methods vary in their effectiveness at preventing pregnancy. Some methods have side effects, and some require a visit to a health clinic.
- Pregnancy before girls are fully matured can be really harmful. Complications in pregnancy and childbirth are the leading cause of death in girls 15-19 globally. When a mother is under the age of 20, her child is more likely to be stillborn or die in the first weeks of life than a baby born to an older mother³³.
- Supporting recently married girls to access family planning methods can help prevent pregnancy related dangers. Also, supporting girls to visit a health service provider to monitor the development of the embryo/baby is essential as sometimes medical decisions need to be taken if the girl's/woman's life is at risk due to pregnancy. If girls experience being turned away from health providers or they experience a negative or inappropriate response from a health facility staff member, they should inform someone at the safe space who can raise this with the relevant people. Girls have the right to access health services whether they are married, divorced, have a disability, unmarried, etc.

 **NOTE:**

Local law versus cultural statutes: clarifying adolescents rights to contraceptive services

Many people are unaware of the laws concerning adolescents' rights to contraceptive services. In many countries around the world, young unmarried girls are legally able to access contraceptive services and do not require the consent of their partner or parent to do so. Check the national and local laws and help clarify any misunderstandings among participants.

 **Requires CONTEXTUALISATION**

*If available in your context, **SAY:** There are discreet methods (such as injectables or IUDs) that can be used discreetly and would require fewer visits to the health facility. Women and girls often try different methods to figure out which one works best for them. A health care provider can offer more information about the benefits, disadvantages, efficacy, and side effects of different methods.*

³² Sexually transmitted infections (STIs) are passed from one person to another through unprotected sex or genital contact. Some examples of STIs are HIV/AIDS and Chlamydia

³³ <https://www.girlsnotbrides.org/themes/health/>



ASK:

- ① Did you know about these methods? When did you receive this information?
- ② What are some of the challenges faced with accessing contraceptives?
- ③ What can we do to deal with some of those challenges in our community?

DO: Note down the strategies they mention on how to deal with these challenges and add them to the key messages at the end of the session.

ASK:

- ① Can you share this information with girls? Why, why not? When would be an appropriate time to share? i.e. before/after marriage.
- ② What are some of the fears/challenges of sharing this information with girls before marriage?
- ③ What could be some of the negative impacts of sharing this information with girls before marriage?
- ④ What could be some of the positive impacts of sharing this information with girls before marriage?



EXPLAIN:

Having information about sex and pregnancy doesn't increase the likelihood of girls engaging in sex but it does help girls to be more prepared with factual information and gives them the tools to take decisions about sex and pregnancy (when the time is right) that they may not have if they don't have this information.




As we discussed earlier, during puberty, adolescents may have more desires to have sex due to changes in hormones. Even if sex between adolescents is taboo in society, some adolescents will choose to have sex. However, though adolescents might look more like adults, they do not have the same knowledge about sex and pregnancy or life experiences to always make the best decisions. That is why it is important for them to have accurate information.




EVALUATE: Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.



★ KEY MESSAGES

 **DO:** Add the strategies caregivers mentioned on challenges related to accessing contraceptives.


 **SAY:** It is better for girls to talk with a safe family member, rather than getting wrong information from peers or other adults. We can connect you to health providers in your communities if you have more questions or if your daughter is having ongoing health issues.

Think about a way for girls to let you know when they need to talk about something privately, whether it is related to menstruation or something else. Some ways to do this may include:

- A code word
- A request to take a walk
- A special time of the day where you talk to her one-on-one

CHECK IN (5 MINS)

SUMMARISE how many pebbles there were for each activity and see if caregivers want to share any specific feedback about this. Explain that we are testing these activities to see how caregivers respond to them and you want to have their feedback to know if some activities should be changed or removed, or if there are activities they liked in particular.

 **REMIND** them that the comments box is there if they want to leave further feedback and that you will be available at the end to discuss further.

TAKEAWAY (5 MINUTES)

Talk to girls about the different ways in which they can talk to you if there is something they need to discuss in private. Decide on a strategy together that you are both comfortable with.

SESSION 18

SUPPORTING ADOLESCENT GIRLS



🎯 SESSION AIMS

By the end of the session, caregivers will:

- Gain information on the physical and emotional changes girls go through during adolescence.
- Learn how to support girls' physical and emotional well-being during this time.
- Support girls to receive SRH information and be able to provide girls with basic SRH information.

📝 MATERIALS

Flip chart paper

Materials for menstrual hygiene demonstration (for example, sanitary pads, reusable cloth, etc.)

Service mapping of SRH health providers for girls in the context/location/surrounding locations

Markers

Resources 17.1 to 17.5 And 18.1 to 18.2

Opaque evaluation jars (or cardboard boxes) and pebbles (or crumpled up papers)

📋 PREPARATION

- If caregivers have daughters with disabilities, be prepared with information relevant for girls with disabilities, speak to local disability partner organisations to see if you are able to make any referrals. Information related to disabilities is included in boxes throughout the session.
- If there were questions asked by caregivers during the last session that you were not able to answer immediately, do some follow up with your Manager/relevant colleagues so that you are ready to provide a response.



- Facilitators may face some resistance from caregivers when trying to encourage them to pass on ASRH information to girls. It is important that facilitators refer to Appendix A14 in Girl Shine Part 1 on introducing ASRH topics to caregivers before the session as part of your facilitator preparation.
- Procure dignity kits or obtain dignity kits from existing stock as part of session preparation and then have dignity kits available to give to each girl in the session, if available.
- Prepare a List/service map of health providers for girls in the context/location/nearby locations.

FACILITATOR NOTE

- As this is a sensitive topic, it is important to remind caregivers of the group agreements and ask if they would like to have any additional agreements specifically for this session.

TERMINOLOGY

- Refer to local definitions for terms such as menstruation, contraception, sex, abortion

DURATION

2 hours


TIMING

Before the start of the ENGAGE Health & Hygiene Modules with Adolescent Girls





WELCOME & REVIEW (15 MINUTES)


ASK: What information did you share with girls from the last session? Which information didn't you share and what were the reasons?


 **NOTE:** *Try to understand if this was because they disagreed with the information, were uncomfortable or because they didn't feel they knew enough.*

LET'S EXPLORE (10 MINUTES)


 **SAY:** Today we are going to talk about pregnancy, family planning and accessing sexual and reproductive health information and services. This topic can be sensitive, but this information can be life saving for women and girls, and women and girls have the right to have information about their bodies and health, so let's try to find a way to talk about it that makes us feel comfortable and safe.


 **DO:** Remind the group of the group agreements and ask them whether they want to have any more agreements in place for this session.

 **DO:** Ask participants to think back to when they were first married. Ask them to think about:

-  The information they had access to about sex, family planning and also services that they could visit to get help and advice on this issue. Ask, who did they learn this from? What did it feel like to have information about these things? What did it feel like to not have access to these things?

 **NOTE:** *Participants don't need to give their answers to the group, but if there is anything they want to share about their reflections, they can.*


 **SAY:** All of us have the right to information about our body. Having information helps us to make decisions about our body, gives us more control over our bodies, helps us to be more informed about our rights and choices. It can help to alert us to when we need to seek help or services. For example, if we feel there is something not right with our health, and it can help us to choose whether or not to have sex and negotiate condom and contraceptive use.

 **SAY:** All women and girls benefit from information about their bodies, this includes unmarried women and girls, women and girls with disabilities, divorced women and girls and other groups that might not always receive this information.



ACTIVITIES (1 HOUR 25 MINS)

1 HOW PREGNANCY HAPPENS (45 MINS)

 **SAY:** Now that we know it is possible to get pregnant once you start menstruating, let's talk about challenges or solutions to talking about pregnancy.

- DO:** In groups, ask caregivers to discuss the following questions.
- When you were a girl, what did you know about pregnancy and how it happens?
 - Who gave you this information? Did you know about this before you were married?
 - What kind of information do you have now that you think would have been helpful at the time? What information do you still think is missing?
 - What did you know about family planning and the various methods? Is that different to what you know now?

DO: Ask the group to share back some of their reflections.

ADD INFORMATION BELOW, THEY MAY NOT HAVE MENTIONED:

- A person who intends to have sex but does not want a pregnancy can use a contraceptive. (In addition to resources below, you can also find additional resources in Girl Shine Part 2 on Contraceptive Methods (page 145-147).
- This can also be used by women and men who want to plan when to have babies and how many.
- Most contraceptive methods are for use by women and girls, but there are also methods that can be used by men. There are many methods to choose from, in our context these are the methods that are easily available to you – condoms, pills, injectables, implants, IUDs and permanent methods. Using contraceptives allows many people to enjoy their intimacy without having to worry about unwanted pregnancy. Male and female condoms in particular allow people to enjoy sex with less worry about Sexually Transmitted Infections³⁴.
- There are many safe and effective methods to choose from.
- No contraceptive method is perfect, and every method has its own characteristics. Some methods vary in their effectiveness at preventing pregnancy. Some methods have side effects, and some require a visit to a health clinic.

³⁴ Sexually transmitted infections (STIs) are passed from one person to another through unprotected sex or genital contact. Some examples of STIs are HIV/AIDS and Chlamydia




- Pregnancy before girls are fully matured can be really harmful. Complications in pregnancy and childbirth are the leading cause of death in girls 15-19 globally. When a mother is under the age of 20, her child is more likely to be stillborn or die in the first weeks of life than a baby born to an older mother³⁵.
- Supporting recently married girls to access family planning methods can help prevent pregnancy related dangers. Also, supporting girls to visit a health service provider to monitor the development of the embryo/baby is essential as sometimes medical decisions need to be taken if the girl's/woman's life is at risk due to pregnancy. If girls experience being turned away from health providers or they experience a negative or inappropriate response from a health facility staff member, they should inform someone at the safe space who can raise this with the relevant people. Girls have the right to access health services whether they are married, divorced, have a disability, unmarried, etc.

 **NOTE:**

Local law versus cultural statutes: clarifying adolescents rights to contraceptive services


Many people are unaware of the laws concerning adolescents' rights to contraceptive services. In many countries around the world, young unmarried girls are legally able to access contraceptive services and do not require the consent of their partner or parent to do so. Check the national and local laws and help clarify any misunderstandings among participants.

 **Requires CONTEXTUALISATION**

 *If available in your context, **SAY:** There are discreet methods (such as injectables or IUDs) that can be used discreetly and would require fewer visits to the health facility. Women and girls often try different methods to figure out which one works best for them. A health care provider can offer more information about the benefits, disadvantages, efficacy, and side effects of different methods.*

 **ASK:**

- ❓ Did you know about these methods? When did you receive this information?
- ❓ What are some of the challenges faced with accessing contraceptives?
- ❓ What can we do to deal with some of those challenges in our community?

 **DO:** Note down the strategies they mention on how to deal with these challenges and add them to the key messages at the end of the session.

³⁵ <https://www.girlsnotbrides.org/themes/health/>



ASK:

- ① Can you share this information with girls? Why, why not? When would be an appropriate time to share? i.e. before/after marriage.
- ① What are some of the fears/challenges of sharing this information with girls before marriage?
- ① What could be some of the negative impacts of sharing this information with girls before marriage?
- ① What could be some of the positive impacts of sharing this information with girls before marriage?



EXPLAIN:

Having information about sex and pregnancy doesn't increase the likelihood of girls engaging in sex but it does help girls to be more prepared with factual information and gives them the tools to take decisions about sex and pregnancy (when the time is right) that they may not have if they don't have this information.



EVALUATE: Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.



2 **SEXUAL HEALTH AND DECISION MAKING** (40 MINS)



Requires CONTEXTUALISATION



DO: Share a story with the participants.



RIMA'S STORY


Rima is 16 years old and recently married. Before her wedding, her female relatives told her about sex, pregnancy and other things related to her relationship with her husband. This information was new to Rima and she felt overwhelmed by all the things they were telling her. She didn't have time to ask any questions or absorb all the information. During her wedding she felt nervous about what to expect once she would go to her new home. The first time she had sex she was scared, nervous and unsure – she couldn't remember half of the things her relatives told her. There was no discussion with her husband about whether she wanted to have sex or not, she was just expected to. They also didn't discuss if they would use contraception or not, they just didn't. Soon after, Rima found herself pregnant and trying to adapt to the changes her body was going through because of the pregnancy, while still going through the





changes related to adolescence. Rima struggled to cope, moving to a new home, experiencing sex for the first time, being in a relationship and now pregnancy was a lot for a young woman to cope with. Her in-laws and husband just expected her to manage because ‘all women have to go through this’, her mother also told her the same thing. She had no support and her relationship with her husband and the family started to deteriorate.


 **ASK:**

-  What do you think of Rima’s story?
-  Does this sound similar to other stories you know? What is the same? What is different?

 **SAY:** Let’s try to reimagine Rima’s story. If we could change anything about Rima’s experience in the story, what would it be?

 **DO:** Split participants into small groups and ask them to imagine they were Rima’s mother or mother in-law. What would they do to support Rima in this story? Ask them to share their ideas back to the group.

 **EXPLAIN:** Only when we have accurate information about sexual and reproductive health can we make the best decisions about intimate relationships, sex, and childbearing. If women and girls have the right to make decisions about when and with whom they will marry, they will have more power over when, with whom, and under what circumstances to have sex; they have a better chance to negotiate condom use or other methods of contraception, they can decide whether or when to become pregnant or have children and therefore prevent pregnancy under the age of 18 that can lead to serious health effects.

 **EVALUATE:** Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.



★ KEY MESSAGES



SAY: It is better for recently married girls to talk with a safe family member or trusted adult, rather than getting wrong information from peers or other adults. We can connect you to health providers in your communities if you or your daughter/in-laws have more questions or if your daughter/in-law is having ongoing health issues or concerns.

Think about a way for girls to let you know when they need to talk about something privately, whether it is related to menstruation, sex, relationship problems or something else. Some ways to do this may include:

- A code word
- A request to take a walk
- A special time of the day where you talk to her one-on-one



CHECK IN (5 MINS)

SUMMARISE how many pebbles there were for each activity and see if caregivers want to share any specific feedback about this. Explain that we are testing these activities to see how caregivers respond to them and you want to have their feedback to know if some activities should be changed or removed, or if there are activities they liked in particular.



REMIND them that the comments box is there if they want to leave further feedback and that you will be available at the end to discuss further.



TAKEAWAY (5 MINUTES)

Talk to girls about the different ways in which they can talk to you if there is something they need to discuss in private. Decide on a strategy together that you are both comfortable with.

SESSION 19

THE CHANGE BEGINS WITH US³⁶

IRC GIRL SHINE SESSION 14



FOR CAREGIVERS OF MARRIED
AND UNMARRIED GIRLS

🎯 SESSION AIMS

By the end of the session, caregivers will:

- Unpack the control they have to make change for girls.
- Identify areas they have influence over and who their allies are who will make a change for girls.



MATERIALS

- | | | |
|---|---|---|
| <input type="checkbox"/> Art box | <input type="checkbox"/> Markers | <input type="checkbox"/> Flip chart paper |
| <input type="checkbox"/> Comments box | <input type="checkbox"/> Coloured pens | <input type="checkbox"/> Paper or personal booklets |
| <input type="checkbox"/> Different coloured post-it notes | <input type="checkbox"/> Opaque evaluation jars (or cardboard boxes) and pebbles (or scrunched up papers) | |

36 Adapted from Safe at Home Curriculum. IRC



PREPARATION

- Prepare a flipchart for Activity 1:

If someone discloses violence being committed against a woman or girl:

- *Be non-judgmental/non-blaming.*
- *Maintain confidentiality.*
- *Prioritise safety.*
- *Know how to describe services available and how to access them.*

- Prepare a flipchart for Activity 2 with Circles of Influence as per Resource 19.2.



TERMINOLOGY:

- Refer to local definitions for terms such as ally, discrimination



DURATION

2.5 hours




TIMING


Before Male Caregivers' Session 19 takes place.



WELCOME & REVIEW (10 MINUTES)


 **SAY:** Did you talk to your girls about the different ways in which they can talk to you if there is something they need to discuss in private. What feedback or suggestions did they have? Have you decided on a strategy together that you are both comfortable with?


LET'S EXPLORE (20 MINUTES)

 **EXPLAIN:** to participants that they are nearing the end of the programme. Thank them for their ongoing interest, enthusiasm, and participation.

 **SAY:**

- For the opening of the session today, we want to take some time to reflect on what we have achieved and learned so far.
- Make yourself comfortable, choose a part of the room where you have some space to sit or stand comfortably. You will be asked to close your eyes and I will say a series of statements. If you agree with the statements you will raise your hand. If you disagree with the statement your hand will remain down.
- Your eyes will be closed so nobody else will know what your opinion is, only myself (and any co-facilitators, volunteers present).

 **NOTE:** *If caregivers do not feel comfortable closing their eyes, ask them to look down towards the ground. Also remind them of the group agreements and maintaining confidentiality.*

 **DO:** Check that the instructions are clear and let participants know that they can ask you to repeat or rephrase any statements that are unclear. Once everyone is ready, read the statements below. After each statement, remind participants to raise their hand if they agree and to keep it down if they disagree.

STATEMENTS:

- I value girls as much as I value boys
- Girls education should be valued as much as boys
- Girls and boys should equally contribute to house chores in the home
- Girls are never to blame if they experience violence



- Girls have the right to socialise with friends and build their support networks
- Girls have the right to make choices about their own sexual and reproductive health
- Girls should be involved in decision that affect them
- Girls have a right to make their own choice of whom to marry, and when.
- Marriage before girls are fully grown (18 years or older) is harmful to the girl
- Girls with disabilities should be given opportunities like their peers
- Married and divorced girls should be given the same opportunities (e.g. education, building social networks, etc.) as their unmarried peers

DO: Once finished, ask them what they learnt through this process about their thoughts and opinions.

NOTE: *This activity will give facilitators a sense of where participants are in their journey. If participants hold some attitudes that are harmful to girls, it may be important to factor this into the action planning in future sessions. Talk to your supervisor if you have any concerns.*

IF YOU DO FIND THERE ARE STILL MANY HARMFUL ATTITUDES IN THE GROUP, YOU CAN SAY:


EXPLAIN: We might not all agree on these statements. Maybe some statements are difficult for us to accept because they are very different to our own beliefs. As we move through this session and the next, it is important to be aware of this as we will be doing some activities in the community by the end of our time together, so it is important we support each other and support women and girls. As we move forward, think about your reactions to some of the activities, how comfortable you are feeling. In the next session we will talk about our limits and we can use it as an opportunity to reassess how we engage in the vision we are working on.

DO: If possible, use this opportunity to address harmful attitudes immediately, explaining which ones are harmful and why.





ACTIVITIES (1 HOUR 40 MINS)


1 WE HAVE THE POWER TO MAKE A DIFFERENCE (60 MINS)


 **EXPLAIN:** In our everyday lives, we may witness things that we can easily identify as violence or harm and other times it may not be as easy to identify it or know what to do.

 **ASK:** Does anyone have examples of what some of these things might be? Take some answers.

 **EXPLAIN:** This could range from witnessing someone being violent towards another person to hearing discriminatory comments about someone. For example, seeing somebody shout at a woman in the street, beating on a woman or girl or mocking someone for their disability, religion or ethnicity.

 **SAY:** For this activity we are going to explore the power we have in ending violence and harm against women and girls in our community.

 **SAY:** You will work in small groups and each group will be given a scenario. You will discuss in your group how you would respond if you witnessed this scenario in real life.

 **DO:** Split participants into 4 groups and distribute the scenario. For low literate groups, you can read the scenario to the group. Give them 10 minutes to discuss the scenario and to jot down (or memorise) the steps they would take. Once finished, give each group 5 minutes to share their scenario and steps with the wider group.

SCENARIOS:

 **Requires CONTEXTUALISATION**

SCENARIO 1

Your friend tells you that her husband wants to marry their daughter off at the first offer he receives as 'girls are nothing but a burden on the family'. She comes to you for advice on what to do.

SCENARIO 2

You are gathered with your friends, drinking tea, and chatting. Victoria says that her husband has been helping her with the cooking lately. The other women laugh and tell her that she shouldn't be having her husband to help with 'women duties' and start questioning his manliness. What could you do in this situation?



SCENARIO 3

A young woman who is divorced comes to the safe space for the first time. Some of the married women are unfriendly towards her, saying that because she is divorced she may be a bad influence on others. What could you do?

SCENARIO 4

Your neighbour discloses to you that her husband is violent towards her and she doesn't know what to do.

☑ **DO:** After each scenario is presented, see if any group members have feedback for the group who presented.

⚠ **NOTE:** *If group members suggest harmful steps, ask what the pros and cons could be. Pros and cons could be risks or benefits associated with any harmful steps suggested by group members.*

ONCE ALL GROUPS FINISH,

☑ **DO:**

- ☑ Present the flip chart, it should contain the tips below (points in **bold**).
- ☑ After reading the tip, ask the group what they think it means. Take one or two answers for each and then give them the explanation (in *italics*).

IF SOMEONE DISCLOSES VIOLENCE BEING COMMITTED AGAINST A WOMAN OR GIRL:

BE NON-JUDGMENTAL/NON-BLAMING

Do not blame women and girls who have experienced violence. If a woman or girl discloses violence they have experienced to you, you can tell them that the violence they experienced was not their fault.

MAINTAIN CONFIDENTIALITY

Do not gossip or share others' stories. People trust you before confiding in you or telling their stories, use their trust in you to build them not to break them.

PRIORITISE SAFETY

This means do not put yourself at risk or do anything to put the survivor at further risk. Survivor is any woman or girl who is experiencing or has experienced violence. Never take a decision about a survivor into your own hands. Always help the survivor seek support from a person trained to help her (like a case worker at the safe space).



KNOW HOW TO DESCRIBE SERVICES AVAILABLE AND HOW TO ACCESS THEM

Make sure you know what's available in your area to support women and girls who have experienced violence so that if any woman or girl should ask for your support, you have information about how to access services. You can always ask the case workers for updated information on available services in case there are changes.



SAY: The best course of action is always supporting access to services. Leaving it to the professionals assures everyone is safe. As a woman, you can be a vital support to other women and girls in your community by being a trusted person and providing them with information on where to seek support.



SAY: Now, let's discuss what to do when responding to harmful attitudes and beliefs.



EXPLAIN:

- In **scenarios 2 and 3**, we saw those around us demonstrating harmful attitudes. They might seem harmless and perceived as jokes, but they can also reinforce ideas and attitudes that are used to limit women and girls choice and safety.
- In these situations, we might indicate to others that we don't agree with their comments. We might say "I do not agree with that belief", "I believe men can help women in the home" or "I do not think it is appropriate to talk about divorced women in that way".
- Using 'I Statements' is a way of expressing an opinion without making someone feel defensive or feel attacked. This may not automatically change someone's mind but it breaks the silence and acceptability of some of these behaviours.
- As women, we can make a difference in how women and girls, who experience violence, are treated. We can also make a difference by highlighting harmful attitudes that might exist among us. Together we are powerful, and we can improve the situation for women and girls and help them stay safe and become empowered.




DO: Give participants a few more minutes with their groups from before and ask them to look at their steps again. Are there things already included from the tips just shared? Are there new tips or steps they would like to include?




EVALUATE: Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.




2 CIRCLE OF CHANGE³⁷ (50 MINS)

 **EXPLAIN:** In the last activity, we discussed how together, we have the power to make a difference in our community. But we might not always feel that we have the power to make a change, as discussed in previous sessions, there are other groups that hold more power in the community than women – in general. We may also not feel that we can stand up to certain powerful people in the home or the community. The burden to make a change shouldn't just fall on women, and there are limitations to what we feel comfortable doing, and we may fear certain risks or backlash. Our safety comes first. And as we move into the next activity and think about the things we can influence, we should always put our safety first.

 **SAY:** In this activity, we will explore what we want to change in the community in relation to women and girls experiences, what is in our control to change and what is in our control to influence.


STEP 1:

DO: On a flip chart paper, show participants your pre-prepared Circle of Influence illustration (see Resource 19.2) and distribute post-it notes and pens.

 **SAY:** Let's take the outermost circle in this diagram. We call this the circle of change. Here we can list down the things that we want to see change in our community. Since we have been focusing on the topic of delaying early marriage, supporting our married daughters and solidarity of women and girls, we will stick to those themes for this activity.

STEP 2:

ASK: Thinking about the themes, what are some of the things you'd like to see change? (Take a few answers from the group). If they struggle, ask them to think about their vision for the family as a starting point or provide some examples. For example, girls having the same opportunities as boys, early marriage being delayed until girls are older, married girls having access to opportunities in the community, seeing women and girls involved in community decision making, women and girls supporting each other, etc.

 **SAY:** Now individually or in pairs, jot down some more ideas on your post-it notes. Please put one idea on each post-it note and come and place your post-it notes on the outermost circle.

37 <https://www.thensomehow.com/wp-content/uploads/2019/06/TS-Circle-of-Influence-Worksheet-2.0.pdf>



NOTE: *If participants are low literacy, they can pair with somebody else, or you can do this as a group exercise where participants say their ideas out loud and the facilitator jots these down on post-it notes.*

DO: Once participants have completed the task, go through the post-it notes, grouping them by theme. Check to ensure that the things listed are within the themes discussed (delaying early marriage, supporting married girls or empowering girls and preventing violence in general). If there is anything outside of these areas, acknowledge them but explain that perhaps the techniques learnt during this activity will help them to apply this learning to other areas of change they want to see.

STEP 3:

SAY: Now we will move to the innermost circle. This is called the Circle on Control. By this we mean the things we personally or as a group have control over. Looking at the things listed in the Circle of Change, we will think about what we personally or as a group have the power to change.

ASK: Looking at the examples in the Circle of Change, can anyone think of anything within our control personally or as a group that we can do to address the change?

DO: Take a few answers, if they struggle you can provide an example (For example, if the group listed supporting women and girls who experience violence in their circle of change, it is within their control to listen to women and girls in their lives and telling women and girls they are not to blame).

SAY: Now individually or in pairs, jot down some more ideas, or the most important ideas for you on your post-it notes. Please put one idea on each post-it note and come and place your post-it notes on the middle circle.


DO: Once participants have completed the task, go through the post-it notes, grouping them by theme. Check to ensure that the things listed respond to the area of change, are realistic and assess for potential risk.

NOTE: *If you are concerned about potential risk, ask participants what the pros and cons could be from using that technique and try to provide a safe alternative or explain that we will put this aside.*


STEP 4:


EXPLAIN: Now we will focus on the middle circle. This circle is called our 'Circle of Influence'. This is a very important circle as in this circle we will focus on the things that are outside of our control but that we can still have influence over.




 **ASK:** Looking at our Circle of Change, what is still not being addressed through our Circle of Control? Take a few answers.

 **ASK:** What can we do to influence this?


 **DO:** Take a few answers. If they struggle, you can give an example. (For example, if one of the things in our circle of change is to see girls have more say in decision making, but it is outside of our control, we can use this circle to identify who has influence and who we can influence to see this change. We might for example put 'talk to male family members on value of girls participating in decision making').


 **SAY:** Now individually or in pairs, jot down some more ideas, or the most important ideas for you on your post-it notes. Please put one idea on each post-it note and come and place your post-it notes on the innermost circle.


 **DO:** Once participants have completed the task, go through the post-it notes, grouping them by theme. Check to ensure that the things listed respond to the remaining themes in area of change (they may not come up with a solution to everything, and that is ok), are realistic and assess for potential risk.


 **NOTE:** *If you are concerned about potential risk, ask participants what the pros and cons could be from using that technique and try to provide a safe alternative or explain that we will put this aside.*

STEP 5:

 **DO:** Summarise their areas of change, their circle of control and circle of influence.

 **SAY:** You have identified what you want to see change, what is in your control to change and how you can influence the things that are outside of your control and who you need to work with to do this (these are your allies).

 **ASK:** How do you feel about this plan?

 **EVALUATE:** Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.



★ KEY MESSAGES



SAY: Each of us has the power to make a change in our community. While we may not be able to change things overnight and there may be things that are outside of our control, we can start by making a change to the things we do have control over and by identifying who we can influence. These small concrete steps are the building blocks to help us achieve our overall vision for protecting and empowering women and girls in the home and in the community.



CHECK IN (5 MINS)

SUMMARISE how many pebbles there were for each activity and see if caregivers want to share any specific feedback about this. Explain that we are testing these activities to see how caregivers respond to them and you want to have their feedback to know if some activities should be changed or removed, or if there are activities they liked in particular.



REMIND them that the comments box is there if they want to leave further feedback and that you will be available at the end to discuss further.



TAKEAWAY (5 MINUTES)



SAY: Now we have started to think about the areas we can change and influence. Share the ideas from the last activity with men and girls in your life. For girls, ask them if they would change or add anything. For men, share ideas with them so that they can also ensure their own circle of change is reflected of your ideas. Flag for them which ideas should remain confidential and which ones you are happy for them to discuss in their group.

SESSION 20

SUPPORTING GIRLS IN THE COMMUNITY ³⁸

IRC GIRL SHINES SESSION 15



FOR CAREGIVERS OF MARRIED
AND UNMARRIED GIRLS

🎯 SESSION AIMS

By the end of the session, caregivers will:

- Start planning for their community activities.
- Recognise what their limits are and how to find safe ways to support girls and women in the community.



MATERIALS

- | | | | |
|----------------------------------|--|---|---|
| <input type="checkbox"/> Art box | <input type="checkbox"/> Comments box | <input type="checkbox"/> Markers | <input type="checkbox"/> Resource 1.1 - Asset Cards |
| <input type="checkbox"/> Pens | <input type="checkbox"/> Post-it notes | <input type="checkbox"/> Flip chart paper | <input type="checkbox"/> Opaque evaluation jars (or cardboard boxes) and pebbles (or scrunched up papers) |

38 Adapted from Safe at Home Curriculum. IRC



FACILITATOR NOTE

- The group may come up with a range of ideas. It's good to check the ideas are practical and based on reality and also to assess them for risk. If you are unsure of any of their suggestions, you can ask what the risks or pros and cons would be to that specific suggestion. You can also ask them if they discussed the idea with girls directly.
- If you feel the activity or suggestion is not workable, you can ask them to suggest an alternative. If they struggle to think of one, you can either propose one or ask them to take it to women as part of their homework. This will also give you time to discuss with your supervisor and come up with a proposal in the next session.



DURATION

2 hours





TIMING

Before men's session 20.





WELCOME & REVIEW (10 MINUTES)


 **ASK:** How did you find the takeaway activity of getting feedback from girls and sharing your ideas with men on your circle of change? Were girls comfortable in sharing their feedback with you?






 **NOTE:** *Here we are only looking for feedback on how they found the activity; they don't have to list everything girls and men told them, as there will be time to share in the first activity.*

LET'S EXPLORE (20 MINUTES)

 **SAY:** We are coming to the end of our sessions together and soon it will be time to organise yourselves, to keep these conversations going and working on your vision for your family and the circle of change you want to see in the community, especially for women and girls' safety and empowerment. Today we will continue to build on the activity from the last session and include the feedback girls shared with us.

 **ASK:** Does anyone have ideas on how we can keep the conversation going and how we can organise ourselves so we don't stop all the amazing efforts we have made once these sessions end? Take some answers.

 **DO:** Add anything the group may have missed:

-  **Consistency:** have a regular time and place to meet. While not everyone will be able to attend all the meetings, the meetings themselves should continue with consistency as much as possible.
-  **Identity:** set up a name for your group. This will help develop your group identity and in the future, if you decide you want others to know your group exists, they will be able to easily locate you.
-  **Compassion:** make space to connect, talk and support each other in addition to working on your plans. Your time together shouldn't just be focused on tasks, but also include time to take care of yourselves and each other.
-  **Collaboration:** you may need to identify people for specific roles and responsibilities (divide and allocate tasks). For example, someone to organise where you meet, someone to remind everyone, someone to keep you on track for the vision, etc.
-  **Decision making:** as a group, you may not always agree, voting on certain decisions will help to ensure decision making is more equal. There may be other ways you decide to do this, but decisions should be collective.




- ✓ **Hopefulness** – there will be challenges and maybe some backlash along the way, but stay hopeful. You are already making a difference in the lives of women and girls and you should also celebrate the small achievements along with the big ones.

⚠ **NOTE:** *If women are able to meet at the safe space for their ongoing meetings once the sessions end, please flag this for them. If the safe space is also able to provide them with stationary, tea, coffee and snacks or small funds for their activities, please also inform them. If possible, help the group to link up with Village Savings and Loans associations (VSLAs) or income generating activities to support the sustainability of their initiative. Resourcing and connecting the group to existing opportunities and structures will support their sustainability.*

ACTIVITIES (1 HOUR 15 MINS)

1 WOMEN AND GIRLS' VISION (45 MINS)

 **EXPLAIN:** Each of you spoke to girls in your life about your Circle of Change activity to get their feedback (and you also shared some ideas with the men in your life). To some extent, they would have shared key topics or messages and even maybe shared ideas on how best to action some of the things in your Circle of Control and Circle of Influence.

✓ **DO:** Recap the Circle of Influence activity they did in the previous session.


 **SAY:**

- Now in small groups we will share some of the suggestions girls shared with us.
- We will add their suggestions and feedback to the Circle of Influence poster.



 **DO:**

- ✔ Split participants into small groups of 3-4.
- ✔ Ask participants to discuss feedback from girls and jot down themes on post-it notes. Only one idea per post-it note.
- ✔ Use different colour post-it notes to those used in the previous session so we can see clearly what the additions are.
- ✔ If groups are low literate, they can task each other with remembering 1-2 points to share back with the group.
- ✔ Give them 15 minutes to discuss and jot down ideas.
- ✔ Bring them back to the wider group and share their key points (5 mins per group).
- ✔ The facilitator should take their post-it note and after each idea, the facilitator should ask the group which circle it belongs in (i.e. in the circle of control, influence or change).
- ✔ If the group doesn't mention anything related to delaying early marriage or supporting married girls, probe to see if this was discussed and ideas that emerged.

 **DO:** Summarise the key points emerging from the group to check you've captured it accurately. Explain that the group will be looking at these in more detail in the next activity.



EVALUATE: Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.



2 UNDERSTANDING OUR LIMITS AND RISKS (35 MINS)



SAY: You highlighted some great ideas on what can be done and how and updated it with feedback from girls.





ASK: From the circles we have built upon, can anyone think of any new risks or limits associated with each of the suggestions that we may not have covered in the last session? Were there risks that girls themselves highlighted?





 **NOTE:**

Example: If the idea is to intervene if they witness a case of early marriage taking place, the risks could be anger that somebody interfered, potentially repercussions on the girl as a result. If the idea is to convince a religious or community leader about the risks of early marriage, a limit may be that the person doesn't feel comfortable approaching someone in authority in this way.

 **DO:** Get them to go through each suggestion jotted down one by one, highlighting risks or limits for each. There may be some that come with no risks or limits and that's also ok (the idea is to assess the risk).

 **DO:** Once finished, ask them what is possible to do and how can they replace some of the riskier ideas with ideas that are less risky, within their limits?

 **ASK:** Can anyone think of the things that we can do to replace the risky activities?

 **DO:** Let them discuss briefly in pairs or in groups of three and share back their ideas.

 **ADD THE FOLLOWING IF NOT MENTIONED:**

We can **give people information about services** that exist for women and girls where they can go to get specialised support.


We can **encourage people to seek the opinions and needs of women and girls** in these situations and to listen to girls.


We can also **let women and girls in our community know** that they **are never to blame** for the violence they experience. We may do this when we hear someone making blaming comments.

We can **speak out against discrimination** that all women and girls are faced with, especially those who have disabilities or are divorced.

We can **also speak up and share information** on the opportunities that women and girls deserve

Where we feel we have limits, we can **start with ourselves and our circles of influence** which will have a ripple effect.

 **DO:** Once the group has decided on their final ideas, give them time to jot these down so they can take them back and share with girls and men in their lives. If the group is low literate ask them what strategies they use to remember long lists, they may choose to use symbols, drawing, memorise. Give them time to do this and support them if needed.

 **EVALUATE:** Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.



★ KEY MESSAGES



SAY: We can all make a difference in the lives of each other and other women and girls in our community. A simple step is by continuing to gather together, be a support to each other and together we can make a change. We always have to put our safety first, but we have also discussed many great ideas of what we can practically do to support women and girls in our community, so we want to make sure what we do also consider the safety and wellbeing of other women and girls and no matter what comes our way, together we can bring about change and make community safe, supportive and empowering.



CHECK IN (5 MINS)

SUMMARISE how many pebbles there were for each activity and see if caregivers want to share any specific feedback about this. Explain that we are testing these activities to see how caregivers respond to them and you want to have their feedback to know if some activities should be changed or removed, or if there are activities they liked in particular.



REMIND them that the comments box is there if they want to leave further feedback and that you will be available at the end to discuss further.



TAKEAWAY (5 MINUTES)

- Let's take the key ideas we came up with and jotted today and share back to girls.
- Ask girls if they feel their feedback from the last takeaway is reflected.
- Get girls' feedback on moving forward with the ideas outlined (do they feel comfortable with them, do they think anything is missing, is there anything they are already planning to do that they don't need your help with, do they have suggestions to improve them?).
- Check in with men to ensure their plans reflect what you have inputted for men to do as part of your circle of influence. Their role is to be an ally to girls and women.
- Note down the responses of girls and men and bring them back to the session.

SESSION 21

LEADING THE WAY TO CHANGE

IRC GIRL SHINE SESSION 16



**FOR CAREGIVERS OF MARRIED
AND UNMARRIED GIRLS**

SESSION AIMS

By the end of the session, caregivers will:

- Finalise their action plans based on feedback from girls and men.
- Decide on their next meeting date, place and time.
- Celebrate their achievement of completing the sessions.



MATERIALS

- Art box
- Comments box
- Snacks and drinks
- Paper or personal booklets
- Pens
- Post-it notes
- Flip chart paper
- Certificates of completion
- Markers
- T-shirts with messaging (if budget allows)
- Opaque evaluation jars (or cardboard boxes) and pebbles (or scrunched up papers)



PREPARATION

- Read the 'Let's Explore' section in advance of the session so you are prepared with all the relevant information.
- Prepare a closing activity to celebrate the group completing the curriculum. Ask the group how they would like to celebrate this and plan accordingly. If women want to be involved in the planning, this is encouraged so they feel they have ownership of the group and how it comes to an end.



- If they would like a public ceremony, ensure they have invited individuals they wish to attend, if men will be joining the celebration, ensure that the space chosen is external to the WGSS and that the necessary safety checks have been conducted. As the ceremony is added to the end of the session, if it is public it may need to take place at a different time or day to the rest of the session.
- If possible, having girls, boys, women and men come together to celebrate how far they have come would be ideal. Check in with all groups to ensure consent, if girls or women are not comfortable with this, ask them how they would like to celebrate and honour their wishes.
- Have up to date services and referral information to provide to women.

DURATION

2.5 hours (leave time for a celebration and certificates at the end of the session)

NOTE: *If the session is done jointly for men and women, you may need to allow more time for introduction and discussion.*


TIMING


Before men's session 21 or done jointly with the men, if women agree to this.


NOTE: *If done jointly, the activities will need to be adjusted to make space for this. Look out for the 'adaptation' prompts below.*



WELCOME & REVIEW (10 MINUTES)

 **SAY:** Today the opening activity will be a bit different as it is the last session. I want to start by saying it's such a great achievement for us to be here together completing our final session. Today, I am feeling_____. (Share with the group how you're feeling about reaching this point).

 **ASK:** Would anyone like to share how they are feeling?


 **SAY:** We should all feel very proud of ourselves for making space for this group, being open to discussions and willing to learn from one another.

ADAPTATION (FOR MIXED SESSION):

DO: If this is a mixed session, do an icebreaker so that caregivers feel comfortable, and do a round of introductions. You could ask the female caregivers to introduce the male caregivers, and the male caregivers to introduce the female caregivers, for example.

DO: Make sure participants suggest some simple group agreements for this session. Make sure agreements are set that emphasise the importance of listening to each other, and make sure there is a balance between how much the women and men speak.

LET'S EXPLORE (20 MINUTES)

 **SAY:** This is our last session together, for this part of the session, instead of exploring new ideas, we will recap some important information.

DO:

- Check that they have decided on a name for their group (identity) and have decided on a regular time and place to meet (consistency).
- Recap on any details about the group meetings if they are to continue at the women and girl safe space (WGSS) such as time, date, who their focal point is, how to request for resources, etc.
- Check if there are specific protocols in place at the WGSS that they need to be aware of or indicted to.
- Explain that you would like to bring them back together for a Focus Group Discussion in about one month, to discuss their experience of the sessions and any changes that have taken place in their lives since the end of the sessions. Check to see if they are happy to be contacted for their participation and decide how best to reach them.



- ✔ If possible in your location, you can suggest to have them trained on becoming community focal points, supporting the team to disseminate service information and referring GBV cases in the community that seek support.
- ✔ Explain that they can still access the services available to them at the WGSS, which includes case management services, which will always remain accessible and open to them. If there are any other activities taking place at the safe space or drop in sessions, inform them that they are still able to participate in addition to participating in the ongoing activities of their group.
- ✔ If there is an update to other services and activities in the community that they have access to, use this opportunity to inform them and explain how they can continue to access (and share) this information.
- ✔ Answer any questions the group may have and check if they feel they have all the information they need before moving into the activities.


ADAPTATION (FOR MIXED SESSION):


- ✔ **DO:** For mixed sessions, get the group to split into single sex groups. The women can discuss the questions outlined above and the men can discuss the following:
 - ✔ Check to see what plans they have for continuing work on their action plan.
 - ✔ Finalise any details about the group meetings, if they are to continue in the same space, e.g. time, date, who their focal point is, how to request for resources, etc.
 - ✔ Check if there are specific protocols in place that they need to be aware of or inducted to?
 - ✔ Explain that you would like to bring them back together for a Focus Group Discussion in about one month, to discuss their experience of the sessions and any changes that have taken place in their lives since the end of the sessions. Check to see they are happy to be contacted for their participation and decide how best to reach them.
 - ✔ Explain that their action plan should complement the plans of women and girls. Their role is to act as allies to women and girls and support their action plan by being in women and girls' circle of influence. They should decide how to ensure they maintain communication and receive continuous feedback from women and girls as they progress with their own plans.
 - ✔ Answer any questions the group may have and check if they feel they have all the information they need before moving into the activities.
- ✔ **DO:** Once finished, bring the groups back together and ask the women if they would like to share anything with the men about their action plan. Ask the men to share their ideas with women and ask the women to provide feedback on whether the men's plans complement that of the women.





ACTIVITIES (2 HOURS)


1 ACTION PLAN (60 MINUTES)


 **EXPLAIN:** We have individual plans for the change in our family and we now have a joint plan for our community. We hope that for your individual plans, you will continue to discuss and work on this with your families, especially girls. Today we will focus on the next steps for our community plan.

 **ASK:** How did you find the take home activity? What feedback did you receive from girls and men?

 **DO:** Show them the circle of influence poster.


 **SAY:** In this activity we will finalise our plans. We are very familiar with the plans now, as we have been reviewing them and consulting with girls and also men. Let's now select the things we want to action, based on all the discussions and feedback we've received.

 **DO:** Go through the points one by one in the circle of control and circle of influence. Ask the group to indicate if they want to prioritise the action, if they received any feedback from girls or men (or women if mixed sessions with men) or if they want to deprioritise it. For an action to be considered, the majority need to agree.

 **SAY,** once you have the final list:

Now we have our actions, we need to decide how to achieve these actions and who will be the focal point. As we discussed in the last session, we will need to identify women for specific roles and responsibilities to keep this plan moving. At this stage, you don't need to make a detailed plan for every single action, but you may:

- Choose someone/a few people to organise the meetings and to remind the group of the meetings.
- Choose someone to recap on where we are in progressing through the action plan, who can remind us and keep us on track.
- Someone who can be a timekeeper for the meetings.

 **SAY:** We also need to decide how to take decisions. As we are many, we may not always agree. So how will we take decisions on how to move forward with actions in a way that is equal? What do we do when not all members are present at a group meeting and we need to take a decision? We want to be inclusive but also want to be able to move forward with actions.



- ☑ **DO:** Once these decisions have been taken, see if there is anything else outstanding that the group wants to discuss.
- ☑ **DO:** Task the group with updating their action plan and writing /drawing it up so that they are able to clearly know what their actions are. They may make a poster, jot it in their notebooks. Whatever will be easiest for them to remember.

ADAPTATION (FOR MIXED SESSION):

For mixed sessions, you can carry out the activity above, giving men and women space to feed into their own action plans. Give women the opportunity to present to men first, indicating any tasks they need men's support on in particular. Ask men to present their action plan to women and ask women to provide feedback on the men's action plan, indicating if there is anything they want men to change or include/remove, etc.



EVALUATE: Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.



2 REFLECTIONS **(30 MINS)**



SAY: As today is the last session, we want to reflect on the changes we have experienced since we started participating in these sessions. Let's do something fun and creative to help us summarise our experiences of the sessions!

- ☑ **DO:** Split participants into three groups.



SAY: You can summarise your experiences in any way you like. This can be through a song, drama, drawing a beautiful piece of art, a poem, etc. – whatever you agree on with the group. Some of the things we are really interested to know about are:

- Have your relationships in the family changed?
- Has your relationship with your daughter or daughter in-law changed?
- Has the way you view the different roles of your family members changed?
- Have your feelings around early marriage changed?
- How do you feel about the relationships built in this group?

DO: Give participants some time to think and prepare. Once they have finished, ask them to present this to the group.

DO: After they finish, probe further into the questions listed above to gather more information from participants about their experiences and anything else they would like to share.

EXPLAIN: When you share the positive benefits you have experienced with your friends, community members, or even community leaders, these positive examples can encourage change and are likely to inspire others to support adolescent girls too.



ADAPTATION (FOR MIXED SESSION):



This could be an opportunity for mixed groups, giving space for women and men to share their experiences and find common themes they want to summarise (or different themes). If women are not comfortable with mixed groups, single sex groups can do the activity, presenting back to the wider group. You may need to have 2 female and 2 male groups to allow more time.



EVALUATE: Use the evaluation jars to see how participants liked the activity. Take note on of the number of pebbles.



3 CERTIFICATES CEREMONY (30 MINS)

-  **NOTE:** For this activity, you may have organised a public or closed ceremony depending on the wishes of women. Women may have invited girls or men participating in the male sessions to the ceremony. The ceremony should be led by the wishes of women. Use this space as an opportunity to recognise women's participation.
-  **DO:** Ensure there are snacks and drinks available. Certificates should be printed and presented to women. Leave open space for them to celebrate their achievements. They may want to prepare some messages if this will be a public ceremony or share the reflections from the activity at the ceremony.



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NO

I'm Not a Girl
Against Women & Girls

SESSION 22

FORMING CAREGIVER SUPPORT GROUPS (FOLLOW UP SESSIONS)³⁹

NCA SESSION

 *This session is optional. Caregivers (in mixed or separate groups) may choose to meet monthly after completion of the programme to check in with each other and support each other to complete their action plans. Facilitators can be present in these meetings to discuss progress on their action plans, revisions required, and challenges they face and resources required.*

SESSION AIMS

By the end of the session, caregivers will:

- Review progress and challenges they face in supporting adolescent girls in the community.
- Learn about support groups and decide if they want to form a support group to support each other.

³⁹ International Rescue Committee (2018), Girl Shine Caregiver Curriculum, <https://gbvaor.net/sites/default/files/2019-07/Girl%20Shine%20Caregiver%20Curriculum%20IRC%202018.pdf> p. 84-88 and International Rescue Committee (2016), Safe Healing and Learning Spaces Toolkit: Parenting Curriculum for Adolescents, <https://rescue.app.box.com/s/4ose3c80ne8g8xr12v9hdfswdb6v7lep>, p. 74-75.



WELCOME & REVIEW (10 MINUTES)

- ✓ **DO:** If this is a mixed session, do an icebreaker so that caregivers feel comfortable, and do a round of introductions. You could ask the female caregivers to introduce the male caregivers, and the male caregivers to introduce the female caregivers, for example.
- ✓ **DO:** Make sure participants suggest some simple group agreements for this session. Make sure agreements are set that emphasise the importance of listening to each other, and make sure there is a balance between how much the women and men speak.

ACTIVITIES (1 HOUR 15 MINS)



1 FOLLOW UP ON PROGRESS (30 MINS)


- ✓ **DO:** Ask participants if they have been able to follow up on the pledge they made to their daughters during the last session. Ask them to share examples of what they have done and discuss some of the challenges that they are facing. You can prompt them by asking the following questions:
 - ✓ Did they do anything to help girls achieve their dreams and goals.
 - ✓ Did they do anything to change their attitudes towards girls to make them more equitable.
 - ✓ Did they do anything to try to ensure girls have access to the same opportunities as boys, etc.
- 🗨️ **ASK** participants to share with you any progress they have made in implementing their action plan. Discuss with them any challenges they are facing and try to facilitate a discussion on how to overcome those challenges. Find out if adjustments should be made to the action. Take notes on their progress.

**ACTIVITY
(WHAT NEEDS TO
HAPPEN?)**


**WHO IS
INVOLVED?**


**WHEN SHOULD
THIS BE DONE BY?**







**WHAT DO WE
NEED TO MAKE
THIS HAPPEN?**


 **ASK:** Did we include girls in our plan? If not, how can we make sure they are included and at the centre of our plan?


 **DO:** Split participants into four groups, separating male and female caregivers if this is a joint session.

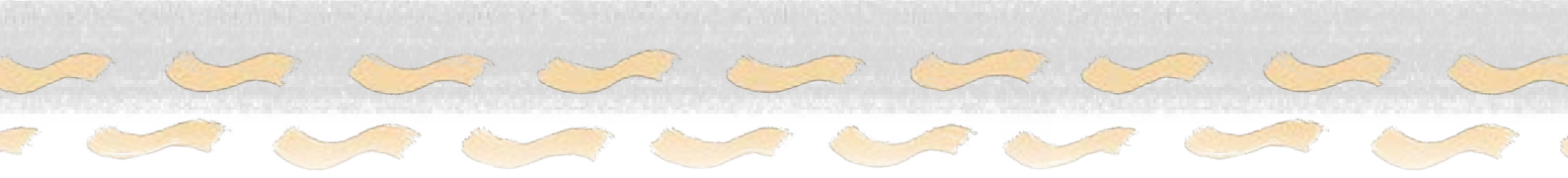
 **EXPLAIN:** Today we want to reflect on the changes we have experienced since the last meeting we had together.

 **SAY:** You can summarise your experiences in any way you like. This can be through a song, drama, drawing a beautiful piece of art, a poem, etc. - whatever you agree on with the group. Some of the things we are really interested to know about are:

-  Have your relationships in the family changed?
-  Has the way you distribute household chores changed?
-  Has the amount of time you spend doing things as a family, or talking to one another changed?
-  Has your relationship with your daughter changed?
-  Has the way you view the different roles of your family members changed?
-  How do you feel in general about your family environment?

 **SAY:** Think about whether you have experienced any changes related to the things I listed, and if so, how can you summarise this in a creative way.

 **DO:** Give participants some time to think and prepare. Once they have finished, ask them to present this to the group.



☑ **DO:** After they finish, probe further into the questions listed above to gather more information from participants about their experiences and anything else they would like to share.

🗣️ **EXPLAIN:** When you share the positive benefits, you have experienced with your friends, community members, or even community leaders, these positive examples can encourage change and are likely to inspire others to support adolescent girls too.



2 FORMING A PARENTING SUPPORT GROUP (30 MINS)

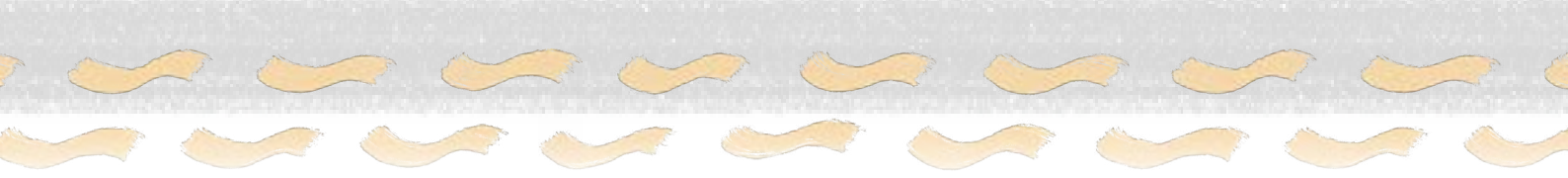
⚠️ **NOTE:** *Research related to parent support groups and other self-help groups has found that participants benefit from these groups in several ways: parents draw social and emotional support from each other, they exchange ideas and coping mechanisms, and they serve as role models for their peers. Self-help groups can also be a way to sustain positive parenting changes in communities with limited resources and are based on empowerment approaches.*

Facilitators often play a critical role in encouraging parents to come together in order to reinforce their newly acquired parenting skills. When support groups are well established initially, they can continue long after the parents have completed the Caregiver programme (without further direct support from the parenting facilitators). However, research indicates that the most successful groups are those facilitated by a person trained to guide discussions.


☑ **DO:** Tell participants about the idea of parent support groups and help interested participants decide how they will form their groups.

⚠️ **NOTE:** *Parent support groups are typically small, about 4 to 6 parents per group. Some suggestions for explaining the purpose of parent support groups:*

- *Parent support groups help strengthen new parenting skills by allowing discussion and practice of those skills.*
- *Support groups allow opportunities for mutual praise and encouragement.*
- *Support groups facilitate the exchange of experiences relating to children and family members in the home, and they generate solutions to ongoing problems.*
- *Parenting is hard work and parents need to support each other over the long run!*



DO: Explain some suggestions for forming parent support groups:

- ✔ Group parents according to where they live, so it will be easy for them to get together.
 - ✔ Group parents according to the age/sex of their children.
 - ✔ Allow parents to offer their own criteria and ideas about forming groups.
 - ✔ Have the parents choose, nominate or volunteer a member of their group to co-lead meetings.
- 

CLOSING ACTIVITY (15 MINUTES)

Urge caregivers to continue to meet to support each other to implement their pledges to their daughters and their action plans, as well as to discuss parenting challenges they face. Thank them all for participating and ask them to choose the date for their next meeting if they wish to continue to meet.



ANNEXES

ANNEX 1

INFORMATION SHEET FOR CAREGIVERS⁴⁰

The aim of this programme is to ensure that adolescent girls who might need support are provided with the tools to help them feel strong and cope with challenges which they might face. The programme also aims to foster peer support networks. The children have been identified because we think they could benefit from life skills and/or emotional support. Please note that all information shared will be treated with confidentiality, however information that may raise protection concerns will require a referral on our part to appropriate child protection agencies which can provide 1-1 support to the child and family. We will ensure that we obtain consent from both you and the participants before doing so.

PROGRAMME DETAILS:

The adolescent girl programme consists of **11 sessions** held once a week that are 1.5 - 2 hours in duration. It is important that children are supported and encouraged to attend on a regular basis and not skip sessions as they are delivered in a sequence. Regular attendance will benefit them more. The topics covered include:

1. Getting to Know Each Other: Establishing Trust and Creating a Safe Space
2. Our Emotions
3. Effective Communication
4. Decision-Making and Problem Solving
5. My Support Structures
6. Sexual and Reproductive Health (with extension activities on Sexually Transmitted Infections and HIV)
7. Contraception, the Responsibilities and Rights of Boys and Girls
8. Boundaries and Healthy Relationships
9. Securing Healthy Relationships: Power, Violence and Consent
10. Building Resilience
11. Committing to Healthy Lives

⁴⁰ Adapted from: IFRC and Save the Children Denmark. (2012). *The Children's Resilience Programme, Facilitator Handbook 1 Getting Started*. Copenhagen.

PARTICIPANTS:

Girls 12-19 years are invited to attend.

VENUE:	
TIMING:	
NAMES OF THE SESSION FACILITATORS:	
FOR ADDITIONAL INFORMATION TO DISCUSS ANY CONCERNS, CONTACT:	

ANNEX 2:

HOW HEALTHY COUPLES MAKE JOINT DECISIONS

1. COUPLES RESPECT EACH OTHER.

Couples who are effective at making joint decisions love and respect each other. They see each other as equals and do not try to dominate each other or have power over each other. They are willing to give each other voice and value each other's opinions. Healthy couples never use violence.

2. DISCUSS DECISIONS UNDER THE RIGHT CONDITIONS.

Decision-making does not work well when someone is tired, hungry, short of time or preoccupied with other activities. Before you start a discussion, make sure each of you is in the right frame of mind, you have the time to talk and there are no distractions (e.g., children asking for your attention, television or radio playing, etc.).

3. SET A GOAL.

Be specific about what you want to achieve. Rather than saying "I would like us to talk about how we are going to save money every month," say something more like "I would like us to talk about how we are going to save [\$100] every month so we will have enough money for school fees next year." Maybe some of this sounds obvious, but it is important that both partners are clear and specific about the decision they are trying to make and why they are making the decision.

4. WHEN MAKING A DECISION ABOUT A CERTAIN ISSUE, STICK TO THAT ISSUE – DO NOT TRY TO MAKE MULTIPLE DECISIONS AT ONCE.

This will increase the likelihood for confusion and distraction from the issue at hand. Often times this just leads to frustration, more stress, and no decision! Identify Your Options and Discuss Them. Avoid being attached to a particular outcome at the start. Think of the discussion with your spouse as an opportunity to discover what is best for both of you and the family. Before the two of you do anything else, think about all the possible decisions you two could make regarding the issue. Keep an open mind to all the possibilities. If you need to, collect information about your options. As you discuss all your options, listen to your spouse's opinions, but more importantly to her or his needs. Try to understand her/his point of view and help her/him get clear on needs that underlie her/his opinions about the best course of action – she or he might not recognise these needs! Discuss the feelings, ideas, concerns, and information you have. Avoid criticism or attempts to dominate each other. Be aware of the messages you send with your body language. As you discuss your options, think about these questions:

- Which options are compatible with the values and goals of you and your partner?
- Which options seem to be most advantageous to the family?
- Are there options that are absolutely off the table? Which ones? Explain why.
- Which options appeal to you the most? Explain why. Remember that you love your spouse and that you are a team. Remember that love and unity are important qualities of a successful marriage. If things get heated, take a break. Violence of any kind is never acceptable.

5. MAKE A DECISION AND TAKE ACTION.

After you have made a decision, identify the steps that you have to take to implement the decision. Ask yourselves: What do we have to know to realise our decision? Who is going to do what? By what time? Do we need to get help from anyone? If so, from whom?

6. PAY ATTENTION TO THE RESULTS OF YOUR DECISION.

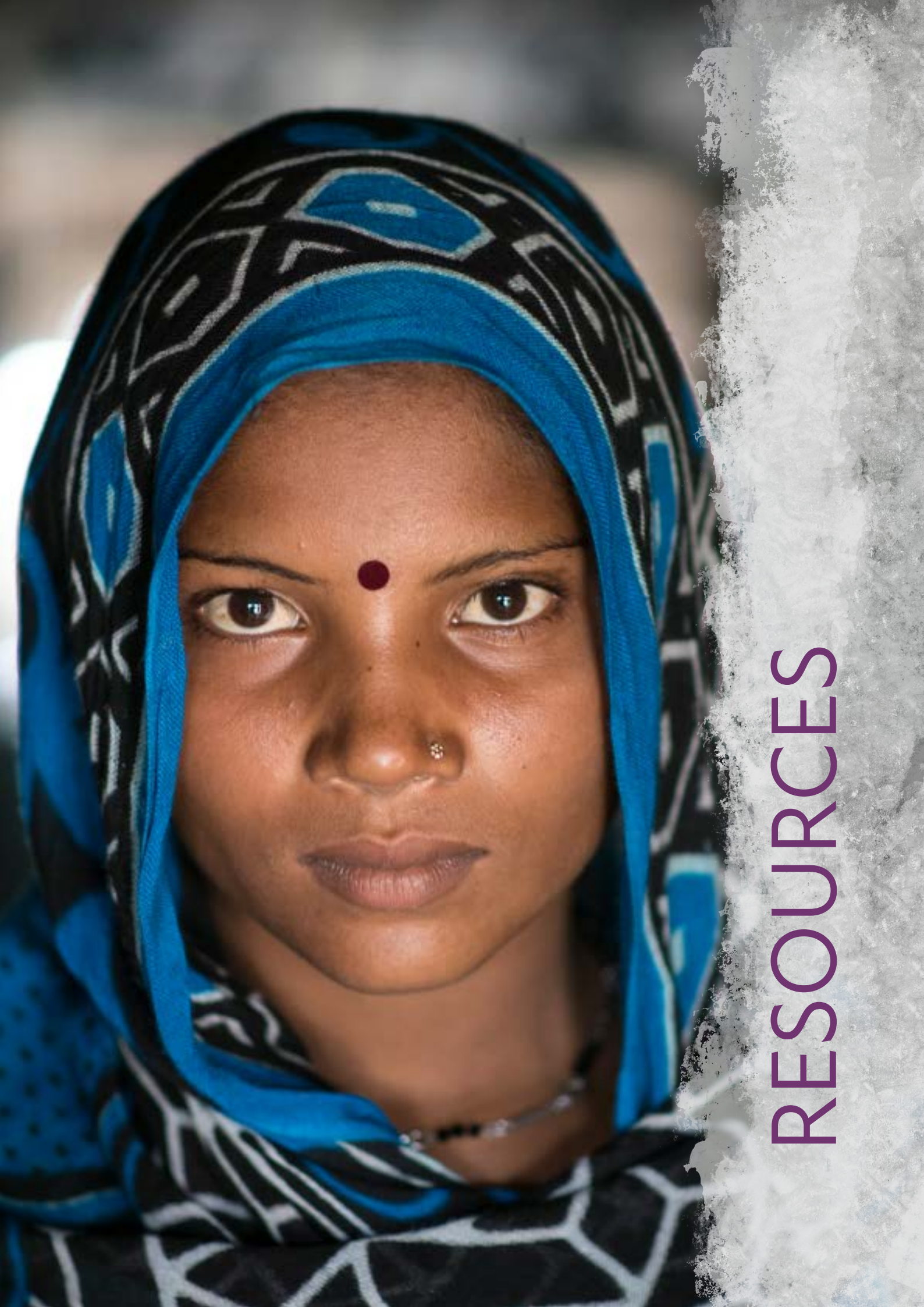
Review the outcomes of your decisions to see if they are meeting the needs of both of you and your family. If not, get together with your spouse and talk about changes you might make to the decision that might get you better results.

7. HONOUR YOUR SPOUSE AND YOUR MARRIAGE.

After making a big decision together, acknowledge together that you have accomplished a task. The acknowledgment can be as simple as a hug and saying, “thank you.” It is important for couples to take time to appreciate each other!

Here is the survey to complete once you have reviewed the document.

<https://ee.humanitarianresponse.info/x/b4j1VZFA>



RESOURCES

RESOURCE 1.1

ASSETS LIST:



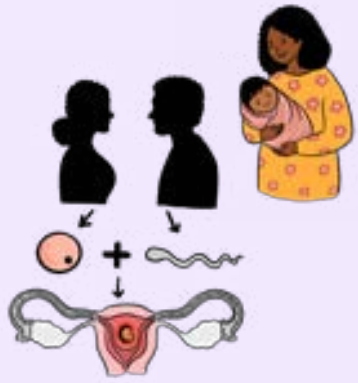
Know to ask for help if she is uncomfortable in the company of a man/boy



Know signs of danger during pregnancy and labor



Know how HIV is transmitted, how to prevent it and that there are treatment options



Understand the biological basics of sexuality and reproduction



Know where to go for help if experiencing signs of danger during pregnancy



Know that early marriage is associated with poor health, poverty, and divorce



Know whom to ask/where to ask for help if she or someone she knows experiences violence



Be able to assertively and respectfully navigate safe and healthy choices with regard to marriage



Know her right to determine and communicate the number of children she wants and the timing of births



Know the names of trained people in the community who can be relied upon to support girls safety



Know that she has the same rights as her brother



Know where to get tested for HIV

Illustrations by Vidushi Yadav, Visual Designer, Illustrator and Communications Specialist.
<https://in.linkedin.com/in/vidushi-yadav-10512220>
 International Rescue Committee, Girl Shine Early Marriage Curriculum for Caregivers

RESOURCE 2.1: THE RAFIKI'S STORY



PART 1:

“In the community called _____ (create a community name relevant to your context), there is a family called the ‘Rafiki’s’. They are a large family so there is always so much happening in the house. Mariam and Sayed are the parents of 5 children and Mariam’s mother – Amma, also lives with them as well as their daughter-in-law. They have family visiting regularly, including uncles, aunts, cousins and siblings. There is never a quiet moment, but the Rafiki’s wouldn’t want to change this.



PART 2:

Their children vary in age and personality. There is Yasmine who is 11 years old, she loves school and is so smart and active. Asma is 14 years old and is a bit quiet and irritable, but her parents imagine she will grow out of it like her other siblings did. There is Adam 18 years old, he works a few hours a week to support his family and he also attends a vocational training college. Adam has a visual impairment which means he requires some additional support, but both his work and training college have improved their spaces to be more accessible to him and his specific needs and this has led to Adam being the best at college and the workplace.

PART 3:

Selina is 19 years old and is divorced. She married at 16 and this led to a difficult marriage and a strained relationship with her in-laws. She is back home now and trying to understand what to do next. As with any families, there are difficult moments and there are wonderful moments. One of the difficult moments the Rafiki's had was deciding to marry off Selina in the first place. Due to the overcrowding in their house and other issues they faced, they thought marrying Selina would be the best thing for her, but after seeing Selina's experience, they have decided to wait longer before Asma is married.



PART 4:

And finally, there is Osman, he is 22 and recently got married to Dina who is 21. Dina completed her education and was ready for marriage. She had a lot of information on what marriage would be like and decided to wait to get married because of the consequences of marrying at a young age (e.g. health consequences, not being prepared emotionally or physically, etc.). She married when she felt ready and mature enough for marriage and she was lucky to have parents that supported her. She knew where she could receive information on sexual and reproductive health and where she could access information on parenting if she was to become a mother. A happy moment for the family was when Osman married Dina. They love Dina a lot and feel she is very mature and knowledgeable, probably because she is a little bit older than when the other girls in the Rafiki family were married. When Dina joined the family, they felt they gained a daughter, not just a daughter-in-law. Dina helps Yasmine with her homework, she is someone that Asma trusts and who Asma can talk to if she has any questions about changes in her body. She makes Adam laugh a lot and Dina is also a friend to Selina. Dina knows that it is difficult for Selina, as girls like her are judged in the community even though Selina is not to blame. So Dina tries to be as supportive and helpful as possible.”



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<https://in.linkedin.com/in/vidushi-yadav-10512220>

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RESOURCE 5A.1:

TIPS FOR COMMUNICATING WITH ADOLESCENT GIRLS:

- Encourage girls to express their opinions. Even if you don't agree with them, make them feel that their opinion is being considered.
- Explore ways to help girls express themselves, especially girls who may have a disability and are unable to communicate their opinions verbally.
- Try to put yourselves in their shoes and try to understand what they are feeling and what is on their mind. Remember how you felt when you were that age. **For mothers-in-law**, ask them to remember what it was like for them when they were first married.
- Show a genuine interest in their thoughts and concerns. They are at a sensitive stage and some find it hard to express themselves.
- Give them your time and attention. Even if your own life is very busy with lots of changes happening, it is important to try to make time for your daughter/in-law, especially during this sensitive stage in her life.
- Don't judge girls harshly, as this can close down communication and opportunities to become closer to the girl. Use "I statements," for example, "I feel sad because you broke my trust," instead of saying, "You are bad for lying to me."
- Allow girls to be sad. Don't expect them to always be tough or always happy and smiling. Encourage healthy expression of their emotions that reflects what they are truly feeling. Ask: can you think of examples of how you are expected to behave in a certain way because of the 'woman box'?
- Encourage girls and allow them opportunities to be helpful. If you want them to assist with chores in the house, make sure they realise how helpful it is to you, as they will be more likely to want to support in this way. Use of praise makes everyone both the giver and the receiver feel good!
- Don't impose your opinions. Instead, ask girls what they think should be done in a specific situation.
- Encourage girls to form solutions on their own, by asking questions and encouraging them to think through the possible positive and negative consequences of any situation. It is also important to do this with girls with disabilities, supporting them to find ways to share their ideas and solutions with you.
- If you're concerned about girls going to certain places and doing certain things, instead of saying 'no', try to provide reasons why you think this or what it is you're worried about so that you can come to an understanding.



Encourage girls to express their opinions.



Don't judge girls harshly, as this can close down communication and opportunities to become closer to the girl.



Explore ways to help girls express themselves, especially girls who may have a disability and are unable to communicate their opinions verbally.



If you're concerned about girls going to certain places and doing certain things, instead of saying 'no', try to provide reasons why you think this or what it is you're worried about so that you can come to an understanding.



Give them your time and attention, even if your own life is very busy.



Encourage girls to form solutions on their own, by asking questions and encouraging them to think through the possible positive and negative consequences of any situation.



Encourage girls and allow them opportunities to be helpful. Use of praise makes everyone, both the giver and the receiver feel good!



Try to put yourselves in their shoes and try to understand what they are feeling and what is on their mind.

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<https://in.linkedin.com/in/vidushi-yadav-10512220>
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RESOURCE 5B.1:

TIPS FOR COMMUNICATING WITH ADOLESCENT BOYS

- **GIVE THEM YOUR TIME AND ATTENTION.**

Even if your own life is chaotic, it is important to try to make time for your son, especially during this sensitive stage in her life. Learn about you son’s interests. Let HIM teach YOU. Express genuine curiosity – “That seems really cool. I’d love to learn more.” Create rituals for one-on-one time with your son. Try to make this time fun with no alternate agenda. This works best when you are able to provide undivided attention once or twice a week at a consistent time that you can commit to. Welcome ideas from your son around what you can do together.

- **ENCOURAGE THEM TO EXPRESS THEIR OPINIONS AND FEELINGS.**

Boys do want to connect – you just might have to be the one to initiate. Model communicating about your feelings – this creates an emotional vocabulary for your children. It also makes talk about feelings a more of a normal part of life and not anything “weird” or unusual.

- **SHOW A GENUINE INTEREST IN THEIR THOUGHTS AND CONCERNS.**

They are at a sensitive stage and some find it hard to express themselves. Boys are often socialised to be competitive and they sometimes don’t have the tools to express feelings or ask for emotional support. If you get brushed off, don’t give up on connection. Even if they won’t talk, it’s important that they get the message that you care about them and what’s going on in their lives. Let them know that everyone feels vulnerable sometimes and it’s OK to talk about our feelings.

- **EVEN IF YOU DO NOT AGREE WITH THEM, MAKE THEM FEEL THAT THEIR OPINION IS BEING CONSIDERED.**

When disagreements inevitably arise – take a minute to think about how you can express your opinion without putting theirs down. Aim for having a conversation instead of argument, modelling an approach where people can have respectful disagreements. This teaches your son that the way to navigate the complex diversity of our world is not through rigidity.

- **ALLOW THEM TO BE SAD.**

Do not expect them to always be tough. Create environments to encourage healthy expression of their emotions. As boys get older, they often become less comfortable engaging in important conversations that require direct eye contact. For example, suggesting to go for a walk could serve as a good opportunity for working around this. You can also watch a movie or read a story together, discussing then the feelings, characters or behaviours of the main heroes. Talking while you are actively doing something else that doesn’t require a lot of thought allows adolescent boys to step into and out of the conversation. This allows them to negotiate vulnerability and distance within the conversation. Keeping moving will also help to keep your son alert and engaged.

- **DO NOT JUDGE THEM HARSHLY, AS THIS CAN CLOSE DOWN COMMUNICATION.**

Be aware of how you talk about the people in your son's life. Try not to make assumptions about his friends without taking the time to learn about why these relationships are important to him. If you're judgmental and critical in the way that you talk about others, he may fear the same treatment when it comes to talking about himself. This is especially important to set the stage for talking about sex, drugs, and alcohol. By showing genuine curiosity and interest in his relationships BEFORE you express concern, you build trust and allow for more open and honest communication.

- **DO NOT IMPOSE YOUR OPINIONS.**

Instead, ask them what they think should be done in a specific situation. Encourage them to form solutions on their own, by asking questions and encouraging them to think through the possible positive and negative consequences of any situation. If something that you're doing with your son hasn't been working for a long time – stop doing it. Ask yourself why you have this expectation and then look for another way to teach this lesson, maintain expectations, or ask questions. Invite your son in on this process and give him an opportunity to practice a valuable life skill, solving a problem collaboratively. You may want to ditch "How was school today?" if the answer is always just, "fine." Try asking for one high and one low from their school day. Or try asking them why they always say, "fine."

- **ENCOURAGE AND ALLOW THEM OPPORTUNITIES TO BE HELPFUL.**

If you want them to assist with chores in the house, make sure they realise how helpful it is to you, as they will be more likely to want to support in this way.

RESOURCE 5.B.2:

GROUP WORK SCENARIOS TO PRACTICE STEPS FOR EMPATHETIC COMMUNICATION

GROUP 1

SCENARIO 1:

Ahmed is going through puberty and is experiencing many changes. One of the things his mother Nisreen noticed is that Ahmed is talking less to his family and is becoming distant. Ahmed often gets angry at his siblings or doesn't talk to his caregivers. Nisreen is becoming increasingly annoyed with Ahmed's behaviour and doesn't know how to manage him but is also worried that something might be wrong.

GROUP ASSIGNMENT:

How could Nisreen handle this situation? What should be Nisreen's empathetic communication with Ahmed?

GROUP 2

SCENARIO 1:

Ahmed is going through puberty and is experiencing many changes. One of the things his mother Nisreen noticed is that Ahmed is talking less to his family and is becoming distant. Ahmed often gets angry at his siblings or doesn't talk to his caregivers. Nisreen is becoming increasingly annoyed with Ahmed's behaviour and doesn't know how to manage him but is also worried that something might be wrong.

GROUP ASSIGNMENT:

How could Nisreen handle this situation? What should be Nisreen's empathetic communication with Ahmed?

GROUP 3

SCENARIO 2:

Haitham has been acting sad lately and Dana, his female caregiver, is worried about him. One day, Dana overheard a conversation between Haitham and a friend of his about a girl that had upset Haitham. Dana is concerned that Haitham may be having a relationship with this girl and might be having some problems.

GROUP ASSIGNMENT:

How could Dana handle this situation? What should be Dana's empathetic communication with Haitham?

GROUP 4

SCENARIO 2:

Haitham has been acting sad lately and Dana, his female caregiver, is worried about him. One day, Dana overheard a conversation between Haitham and a friend of his about a girl that had upset Haitham. Dana is concerned that Haitham may be having a relationship with this girl and might be having some problems.

GROUP ASSIGNMENT:

How could Dana handle this situation? What should be Dana's empathetic communication with Haitham?

GROUP 5

SCENARIO 3:

Waleed is growing up and his caregivers have noticed that his behaviour is changing. Waleed begins to challenge and question his caregivers much more than he did before. One day, his mother Aisha finds out that Waleed has been hanging out with some older boys after school, harassing girls as they walk by.

GROUP ASSIGNMENT:

How could Aisha handle this situation? What should be Aisha's empathetic communication with Waleed?

GROUP 6

SCENARIO 3:

Waleed is growing up and his caregivers have noticed that his behaviour is changing. Waleed begins to challenge and question his caregivers much more than he did before. One day, his mother Aisha finds out that Waleed has been hanging out with some older boys after school, harassing girls as they walk by.

GROUP ASSIGNMENT:

How could Aisha handle this situation? What should be Aisha's empathetic communication with Waleed?

RESOURCE 7.1:

CAREGIVER INTERVIEW QUESTIONS

Adolescent asks the parent/caregiver:

Round 1

- ? Who is your best friend?
- ? Who is your role model or most influential person in your life outside of the family?

Round 2

- ? What was your favourite subject at school when you were a child?
- ? Your least favourite?

If caregiver did not attend school, change the question to:

- ? What was your hobby when you were a child?

Round 3

- ? What is something that makes you really happy or an accomplishment you are really proud of?
- ? What is your greatest fear?
- ? What is something that makes you really angry or annoyed?

Round 4

- ? What is your biggest complaint about our family?
- ? What could make it better?

Round 5

- ? What is your favourite thing about being a male/female?
- ? What is something that you do not like about being a male/female?

Round 6

- ? What is one way that you are different from your parents?
- ? What is one way that you are the same?

Round 7

- ? How old were you when you got married?
- ? How old were you when you had your first child?

RESOURCE 7.2:

ADOLESCENT INTERVIEW QUESTIONS

Caregiver asks their adolescent child:

Round 1

- ① Who is your best friend?
- ② Who is your role model or most influential person in your life outside of the family?

Round 2

- ① What is your favourite subject at school?
- ② What is your least favourite?

If the child is not enrolled in school, change the question to:

- ① What is your hobby or favourite thing to do for fun?

Round 3

- ① What is something that makes you really happy or an accomplishment you are really proud of?
- ② What is your greatest fear?
- ③ What is something that makes you really angry or annoyed?

Round 4

- ① What is your biggest complaint about our family?
- ② What could make it better?

Round 5

- ① What is your favourite thing about being a male/female?
- ② What is something that you do not like about being a male/female?

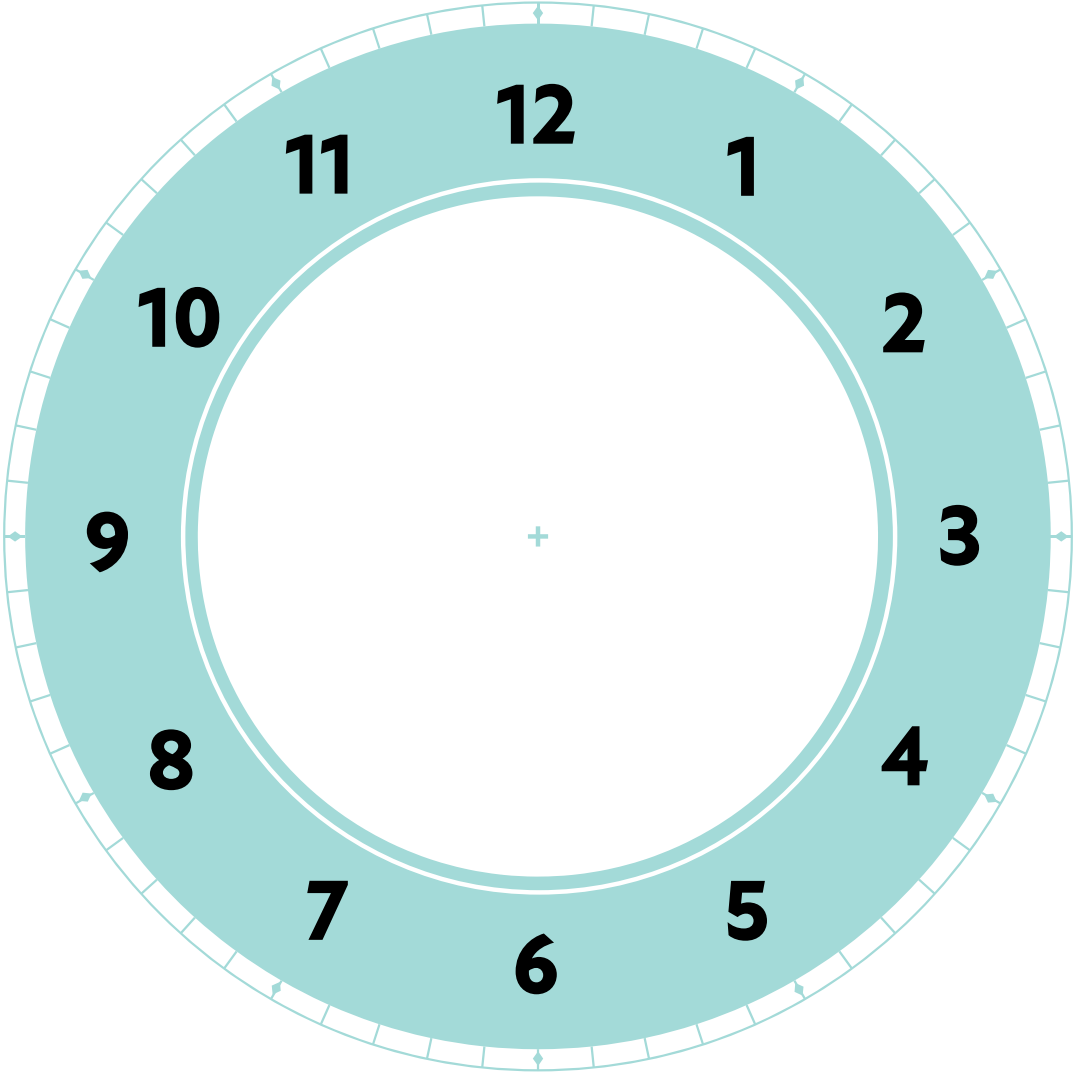
Round 6

- ① What is one way that you are the same as us?
- ② What is one way that you want to be different from us? (e.g. getting married at a later age or moving to a different city).

Round 7

- ① How old do you want to be when you get married?
- ② How old do you want to be when you have children?

RESOURCE 8.1:
ACTIVITY CLOCK



RESOURCE 8.2⁴¹: CHILDREN'S RIGHTS

Female and male caregivers are responsible for the upbringing and development of their children, and they must do what is best for the child at all times (both for girls and boys). For example, they must not cause harm to a child. This also includes children who are under 18 and in their care e.g. daughters-in-law.

Girls and women have the right to a full development, advancement and guarantee to the enjoyment of their human rights and fundamental freedoms on a basis of equality and fair treatment with men and boys.

Girls and boys who belong to an ethnic, religious or language minority should have access to the same rights as all other girls and boys. They should be allowed to enjoy their own culture, use their language and practice their religion.

Girls and boys have the right to privacy. Girls and boys have the right to health, education, equality, non-discrimination, and to live free from violence and exploitation (including child marriage). Girls and boys have the right to be protected from being hurt and mistreated, in body or mind.

Women and girls have the same right as men to enter into marriage, to freely choose a partner and to enter into marriage only with your free and full consent, in addition to have the same equal rights and responsibilities during marriage and at its dissolution.

41 [1] Taken from Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) https://www.unicef.org/gender/files/CEDAW_In_Brief_For_Adolescent-Web_Version.pdf
United Nations Convention on the Rights of the Child (UNCRC) https://www.unicef.org.uk/wp-content/uploads/2010/05/UNCRC_summary-1.pdf,
Universal Declaration of Human Rights (UDHR) <https://www.un.org/en/universal-declaration-human-rights/>,
Convention on the Rights of Persons with Disabilities (CRPD) https://www.ihrec.ie/download/pdf/report_easy_read_summary_final.pdf

<p>Girls have the right to special protection and help if they are a refugee (if they have been forced to leave their home and live in another country), as well as all the other rights we have and will talk about.</p>	<p>Women and girls have the same rights to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise to these rights.</p>
<p>Girls and boys have the right to protection from work that harms them, including because it is bad for their health and education. If they do work, they have the right to be safe and paid fairly.</p>	<p>All necessary measures should be taken to make sure that girls and boys with disabilities can have the same access to rights as girls and boys without disabilities.</p>
<p>Women and girls have the same personal rights as husband and wife, including the right to choose a family name, a profession and an occupation.</p>	<p>Girls and boys have the right to a good quality education. Caregivers should encourage them to go to school to the highest level they can, this also includes married girls.</p>
<p>Girls and boys have the right to give their opinion, and caregivers should listen to them and take them seriously.</p>	<p>Girls and boys with disabilities should enjoy a full and decent life and be able to actively participate in the community.</p>
<p>Girl and boys have the right to know about their rights, and caregivers should discuss these rights with them.</p>	<p>Both caregivers are responsible for the upbringing and development of the child.</p>
<p>Girls and boys have the right to play and rest, including married girls.</p>	<p>Girls and boys should not be punished in a cruel or harmful way.</p>

RESOURCE 12.1

INDEX CARDS OF HOUSEHOLD EXPENSES



SCHOOL FEES



HOUSE PAYMENT



WATER



TRANSPORTATION



FOOD AND BEVERAGES



**CLOTHING AND
FOOTWEAR**



HEALTH COSTS



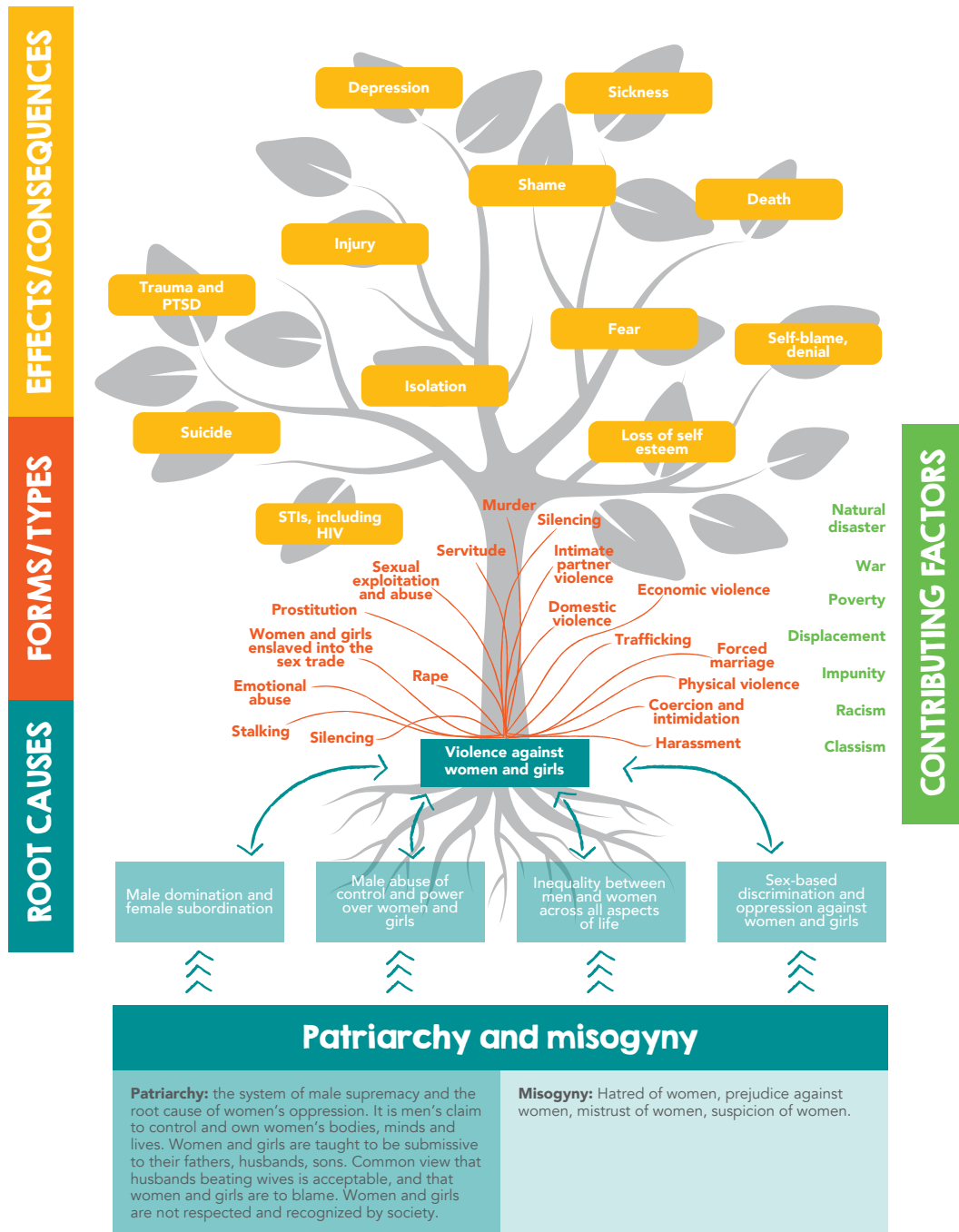
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ELECTRICITY/GAS

RESOURCE 13.1

ROOT CAUSES AND CONSEQUENCES OF GBV



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RESOURCE 13.2: TYPES OF VIOLENCE

Some types of violence may cut across different categories. For example, neglecting somebody physically can also lead to emotional violence in terms of how it makes them feel. The list is indicative and you can also open a discussion about how some types of violence cut across different categories.

PHYSICAL (HURTS THE BODY)

Hitting	Punching	Throwing things at her pulling hair	Throwing her to the ground
Hurting her using objects	Not allowing her to wash herself or her clothes	Giving her medical interventions without her consent	Withholding medical care from her
Slapping	Locking her in the house	Neglecting her	Punishing her for bringing “shame” on the family (honour crimes)

EMOTIONAL (HURTS THE FEELINGS AND SELF-ESTEEM)

Telling her she is stupid, ugly, useless	Threatening her with abandonment	Threatening to get another wife	Making her beg for essentials
Making her beg for money	Making her afraid all the time	Threatening to withhold food	Telling her the violence is her fault
Making her eat with animals or off the floor	Telling her no one cares about her	Telling her no one will believe her	Making her keep harmful secrets
Humiliating her	Using abusive language	Telling her she is a bad mother	Disregarding her privacy and dignity
Stopping her from seeing her friends and family	Threatening to kill or hurt her or others (children, family members, anyone who helps her)		

ECONOMIC
(CONTROLS ACCESS TO MONEY, PROPERTY, OR RESOURCES)

Taking control of her money	Not supporting her or her children intentionally	Misusing her resources
Excluding her from decisions about how to use resources	Denial of inheritance rights	Denial of property rights
Denial of children born outside marriage	Making her responsible for others' debts	Denial of opportunities for education or income generating activities
Giving preference to other wives and children	Making her responsible for children without the	Means to be so (for example, telling her she must
Opportunity to generate income)	Withholding money and other resources	Pay their school fees when she has little or no
Not telling her how much money is in the household	Taking the profit from her labour without her permission	

SEXUAL (CONTROLS SEXUALITY)

Sexual violence can include any form of undesired sexual contact such as:

Stalking	Grooming	Incest	Child marriage
Forcing someone to watch pornography	Making comments about her body and her sexuality	Refusal to allow women to choose their own partners	Forcing a widow to marry her brother-in-law
Forced marriage	Early marriage	Forced childbearing	Forced nakedness
Abusing women through sex work	Forced sex in front of others	Enabling others to sexually abuse her	Refusing to allow her to use contraception
Sexualised name-calling	Knowingly transmitting an sti	Any sexual activity with children	Sexual exploitation and abuse
Selling or buying women and girls to/from others for sexual exploitation		Sexual humiliation by saying things to others that would create a “bad” reputation	

It also includes rape and attempted rape. Rape is when a girl or woman is forced to have sex against her will, including penetration of any part of the body (mouth, vagina, anus) with a body part or object.

RESOURCE 13.3: COMMON RESISTANCE RESPONSES:

Below are examples of Common Resistance Responses that facilitators should be prepared to identify and respond to throughout the intervention.

NOTE: *All of these reactions listed below:*

NOTE: *All of these reactions listed below:*

- *Are learned. They are taught by our society in order to reinforce traditional and harmful norms.*
- *Prevent men from having to take responsibility for their or other men's actions.*
- *Allow for women to distance themselves from victims of violence.*
- *Involve minimising, denial, and justification.*
- *Are not right, and perpetuate violence and harm against adolescent girls and women – and ARE ESSENTIAL FOR GIRL SHINE FACILITATORS TO ADDRESS.*

FACILITATORS TO ADDRESS.

1. Denial:

Asserting that something is not true or not a problem: "That is not an issue." "Violence is a normal part of any relationship – stop making an issue of it." "I do not know where she got the bruises on her face, she must have fallen." "There is no problem here – nothing happened."

2. Minimising:

Making something smaller or less serious than it is: "I don't know why girls (and women) make this such a big deal." "We were hit when we were growing up – it's a normal part of discipline." "It was only a slap." Joking about violence against adolescent girls and women is a minimising response as well.

3. Justification:

Stating that something is right or reasonable: "The bible requires girls and women to serve men, this is natural." "Women need to learn to stay in line and listen to their husbands." "She deserved it."

4. Woman/Girl Blaming:

Stating or implying that the female survivor is at fault for any violence that she experienced: "Well if she had listened to her father, this wouldn't have happened." "She asked for it by (behaviour)." "She provoked me, I had no choice."

5. Comparing Victimhood:

Changing the focus of the discussion/situation by stating that another group also experiences the same problem: “Men experience violence too.” “Both boys and girls are victims of violence – why is it always about girls?” “Women can be abusive to men, too.”

6. Remaining Silent:

Choosing to keep quiet or not speak up in the face of an injustice or problematic act. Not speaking up when violence/disrespect occurs, ignoring something, or pretending you didn’t notice.

7. Reinforcing Norms:

Engaging in behaviours that support power inequality and harmful beliefs and attitudes. Taking control of women’s work in the community around violence against adolescent girls and women. Perpetuating violence and/or discrimination.

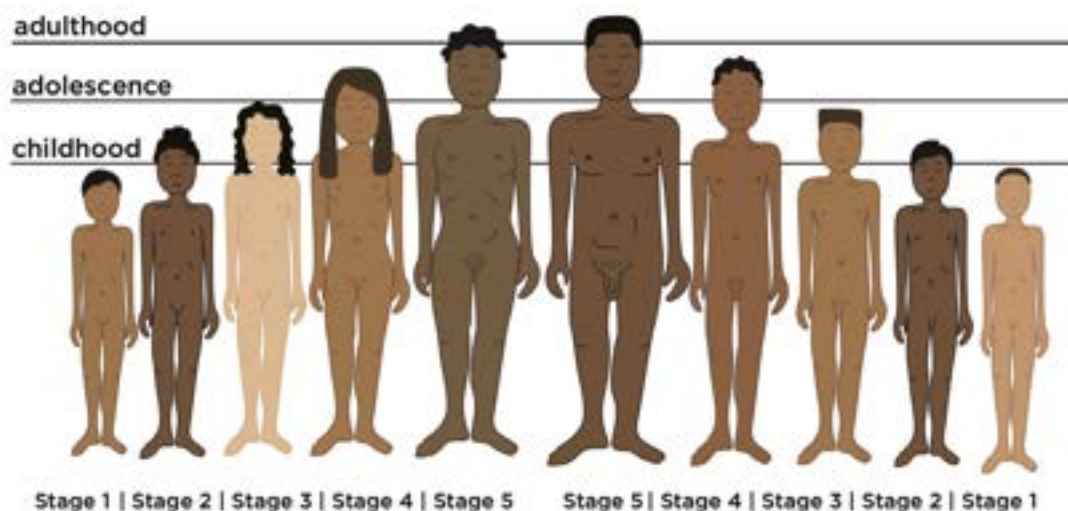
8. Colluding:

Participants supporting harmful beliefs and attitudes of other participants. Agreeing with any of the above responses – by verbal expression or silence. Believing or supporting excuses and justifications for violence. Laughing at harmful attitudes and beliefs that other participants express.

RESOURCE 17.1: THE TANNER SCALE

The Tanner Scale was created by doctors to show the progressive stages of body development for boys and girls. Everyone progresses from childhood to adulthood at his or her own pace.

THE TANNER SCALE



CHANGES FOR GIRLS

STAGE 1 (USUALLY AGES 8-11)

Hormone production begins; ovaries enlarge.

STAGE 2 (AVERAGE AGES 11-12)

Breast buds grow.
Height and weight increases.
Fine pubic hair appears.

STAGE 3 (AVERAGE AGES 12-13)

Breasts grow.
Pubic hair darkens.
Vagina enlarges and begins to produce discharge.
First menstrual period may occur.

STAGE 4 (AVERAGE AGES 13-14)

Underarm hair appears.
First menstrual period is likely; ovulation begins in some girls, but is irregular.

STAGE 5 (AVERAGE AGE 15)

Growth is complete.
Menstruation and ovulation are well established.

CHANGES FOR BOYS

STAGE 1 (USUALLY AGES 9-12)

Male hormone production becomes active.

STAGE 2 (AVERAGE AGES 12-13)

Testicles and scrotum begin to enlarge.
Height increases.

STAGE 3 (AVERAGE AGES 13-14)

Penis begins to grow.
Pubic hair darkens.
Voice begins to deepen.
Facial hair and pimples may develop.

STAGE 4 (AVERAGE AGES 14-15)

Penis and testicles continue to grow.
Underarm hair appears and facial hair grows.
Most boys have first ejaculations.

STAGE 5 (AVERAGE AGE 16)

Near-full adult height and physique attained.
Shaving may begin.

HUMAN RELATIONS MEDIA

THE PUBERTY WORKSHOP AND CURRICULUM



RESOURCE 17.2:

EXTERNAL REPRODUCTIVE BODY PARTS OF A FEMALE

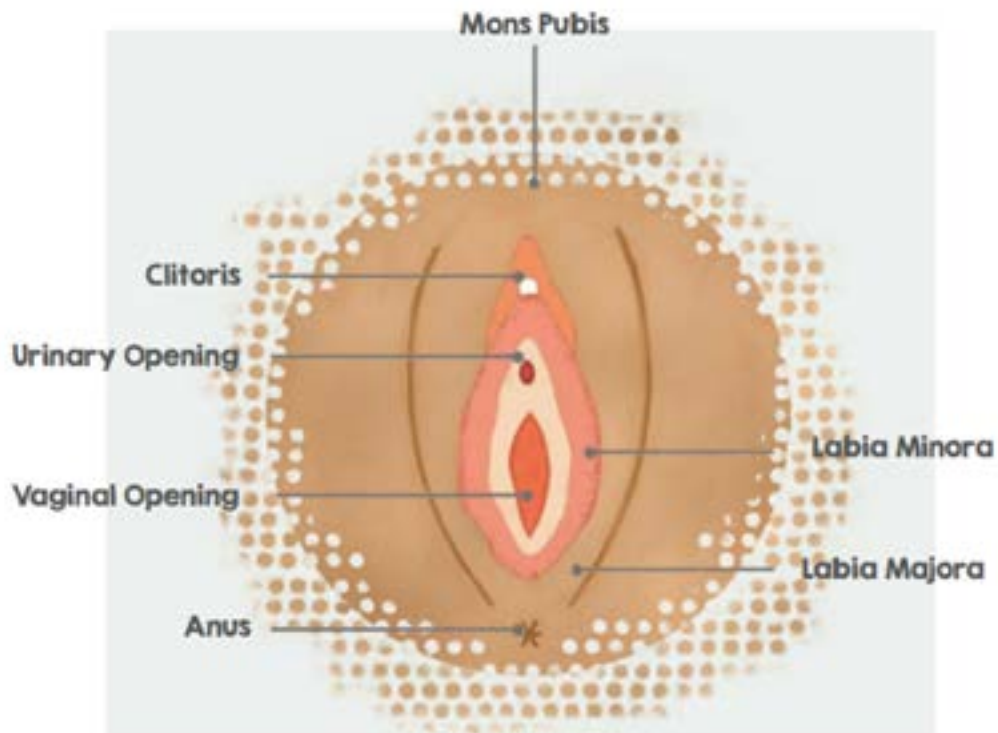


Illustration by Vidushi Yadav, Visual Designer, Illustrator and Communications Specialist.

<https://in.linkedin.com/in/vidushi-yadav-10512220>

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RESOURCE 17.3:

INTERNAL REPRODUCTIVE BODY PARTS OF A FEMALE

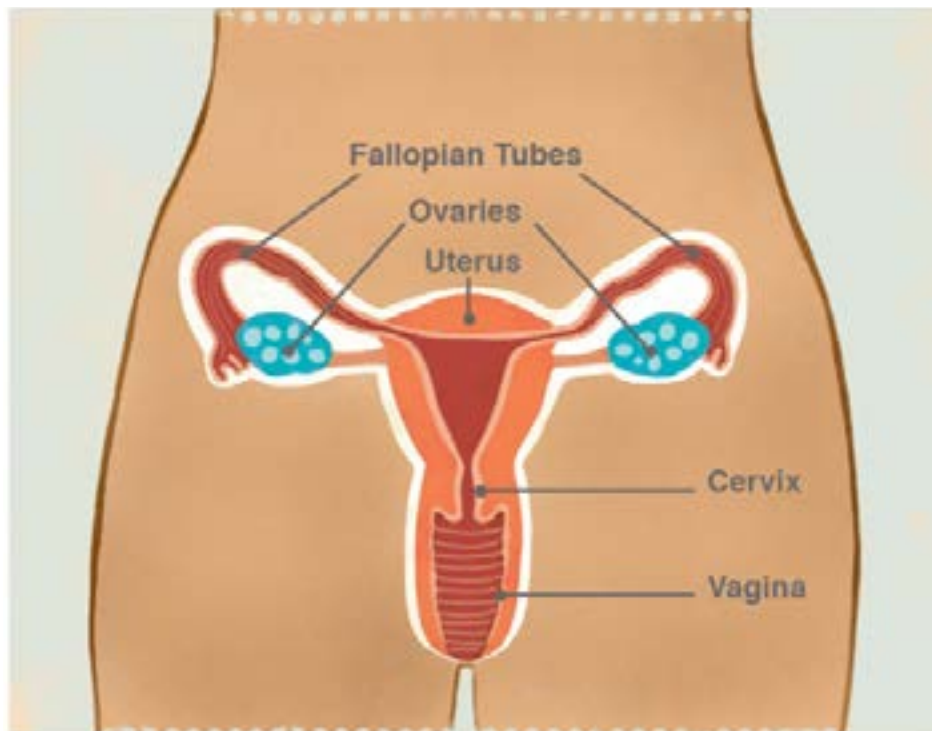
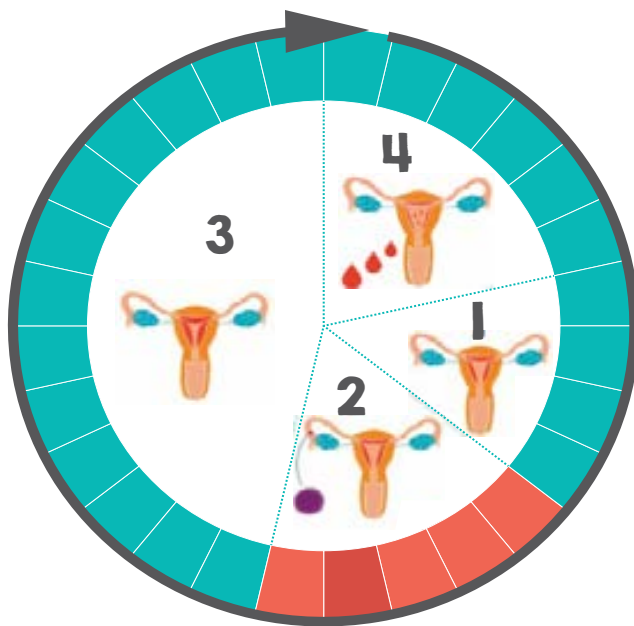


Illustration by Vidushi Yadav, Visual Designer, Illustrator and Communications Specialist.

<https://in.linkedin.com/in/vidushi-yadav-10512220>

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RESOURCE 17.4: OVULATING CYCLE



- 1.** The uterus is connected to the ovaries by fallopian tubes. Typically, one egg matures every cycle.
- 2.** Once mature, the egg is released from the ovary and passes through the fallopian tube. As the egg passes through the tube, the lining of the uterus thickens.
- 3.** If the egg is fertilized, this lining of the uterus provides a home to a growing baby.
- 4.** If there is no fertilization, the body sheds the uterus lining in the form of blood. Regular bleeding is part of a natural process for women and girls.

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<https://in.linkedin.com/in/vidushi-yadav-10512220>
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RESOURCE 17.5

MENSTRUAL HYGIENE MANAGEMENT



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<https://in.linkedin.com/in/vidushi-yadav-10512220>

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RESOURCE 18.1

CONTRACEPTION

What is a contraceptive?

Contraceptives are used for preventing pregnancy. If a woman is having sex, she always runs the risk of getting pregnant. A contraceptive can be used to decrease the likelihood that a woman will get pregnant. However, the only 100% effective way to not get pregnant is to not have sex. This is called abstinence.

What is a condom?

A condom is the only contraceptive that prevents against pregnancy AND sexually transmitted infections. A male condom is a thin piece of latex, a type of rubber that is worn on the penis. The male condom is far more commonly used than a female condom. A female condom is a sheath with a flexible ring at either end. One end is closed and inserted into the vagina, the other end is open and the ring sits outside the opening of the vagina.

How does the condom work?

Condoms work by keeping semen (the fluid that contains sperm) from entering the vagina. The male condom is placed on a man's penis when it becomes erect, before any sexual contact. It is unrolled all the way to the base of the penis, while holding the tip of the condom to leave some extra room at the end. This creates a space for semen after ejaculation and makes it less likely that the condom will break.

After the man ejaculates, he should hold the condom at the base of the penis as he pulls out of the vagina. He must do this while the penis is still erect to prevent the condom from slipping off. If this happens, sperm could enter the vagina and a female could become pregnant.

Condom Do's and Don'ts

- DO use a condom each and every time you have sex.
- DO use water-based or silicone-based lubricants.
- DO NOT use a condom more than once.
- DO NOT use two condoms at the same time. The friction between the condoms may cause them to tear.
- DO check the expiration date.
- DO NOT use oil-based lubricants (like petroleum jelly or baby oil). They can cause the condom to break.
- DO NOT use a condom if the individual condom packet is ripped.

What are other contraceptives?

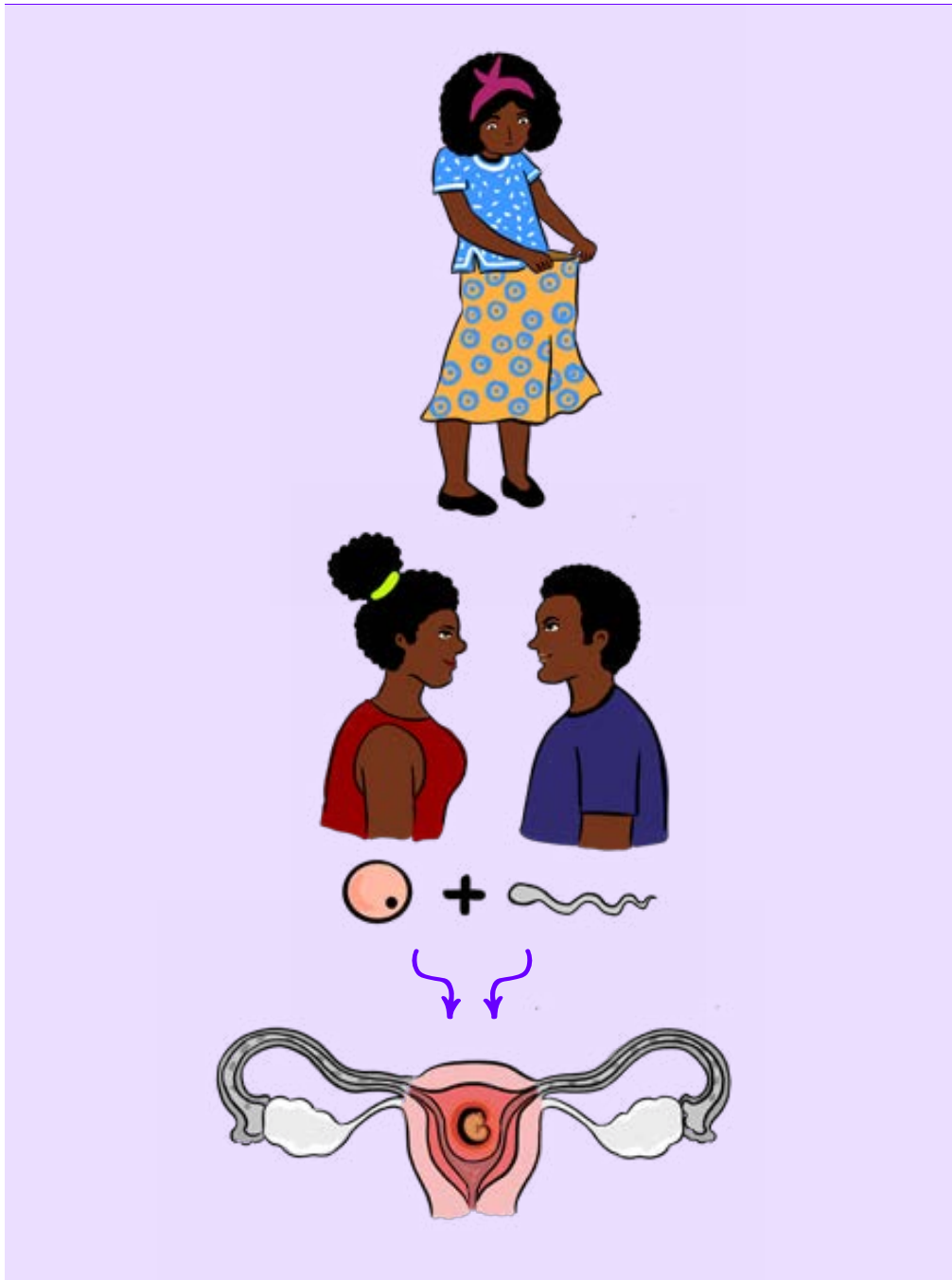
- Other contraceptives include birth control pills, injections, implants and IUDs.
- Birth control pills are pills that women take every day to avoid getting pregnant. For example, Microgynon and Microlut are brands of birth control pills.
- Women can also go to a doctor to get an injection once every few months to prevent pregnancy. One common brand is called Depo-Provera or "Depot."
- Another option is a tiny implant or small object inserted under a woman's skin that will prevent pregnancy. One brand of implant is called Jadelle.
- An IUD is a small, T-shaped device that is inserted into a woman's uterus to prevent pregnancy. It should be inserted and removed by a health professional. Depending on the type of IUD, it can be left inside the uterus from anywhere between five to 10 years.

How to choose the right form of contraception

For all of these options, a woman must first visit a doctor to find out which option is best for her. Not all of these options are readily available. The condom is one of the most widely available forms of contraception, which is why it is usually focused on.

RESOURCE 18.2

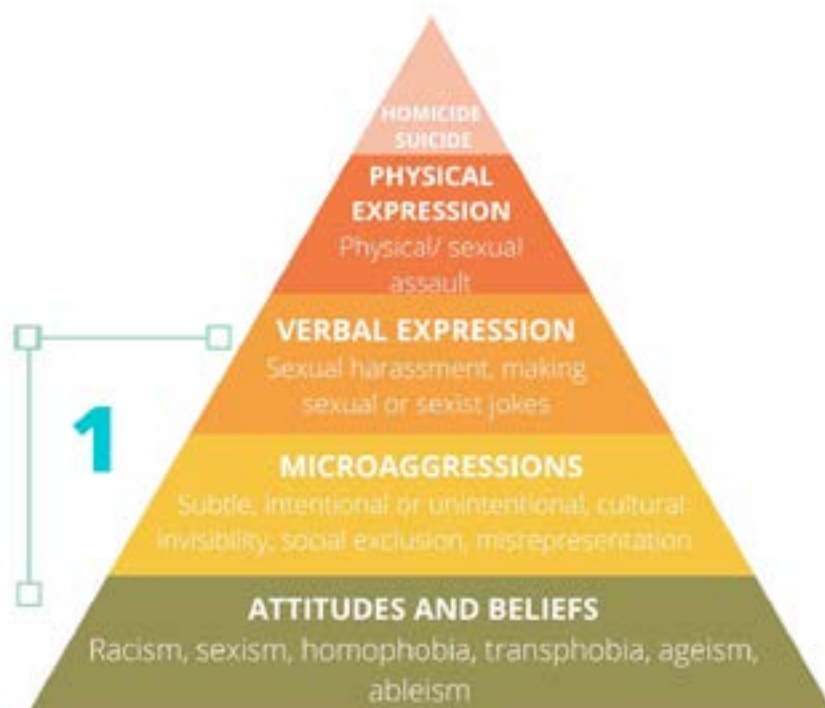
MAKING BABIES



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<https://in.linkedin.com/in/vidushi-yadav-10512220>
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RESOURCE 19.1: DISCRIMINATION PYRAMID

DISCRIMINATION PYRAMID NOTES⁴²:



● STAGE 1: BELIEFS AND ATTITUDES

Violence is not usually something that a perpetrator simply chooses to commit impulsively out of the blue. Violence directed at someone because of their identity (e.g. being female) starts with established attitudes and beliefs about other people (e.g. girls belong in the home), whether or not those attitudes or beliefs make sense. These include prejudices such as racism, sexism, ableism. These types of beliefs can be very strong in communities and by joining in and not standing up against them, it can become very strong and hard to break away from these attitudes and beliefs. This shifts us up the pyramid.

● STAGE 2: MICRO-AGGRESSIONS

Micro-aggressions are all around us and normalised as part of our culture, these things represent the daily indignities experienced by people who have less power in society. They can seem harmless according to those who use micro-aggressions and sometimes people may not even realise they are doing it. For example, expressing shock or surprise when seeing a man doing household chores or a girl playing sport. This shifts us up the pyramid.

⁴² Adapted from : <https://socialsciences.exeter.ac.uk/media/universityofexeter/collegeofsocialsciencesandinternationalstudies/research/interventioninitiative/resources/PyramidDiscriminationViolence.pdf>

- **STAGE 3: VERBAL EXPRESSION**

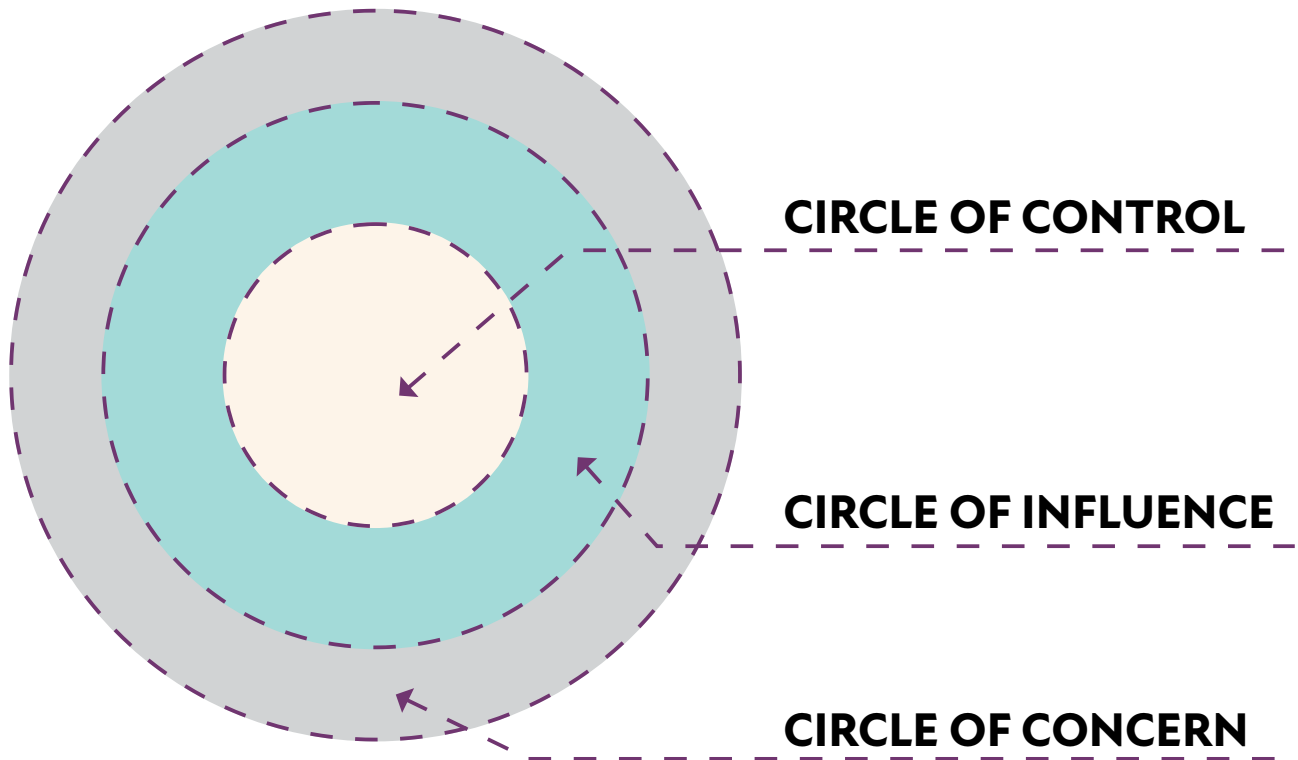
Soon, people with prejudiced attitudes begin verbally expressing these feelings of difference and superiority, testing the waters with jokes or stereotypical statements about others; even beginning to harass others, or boast about times they verbally or physically marginalised others. Once this type of behaviour begins, it may remain at this level or perpetrators may begin to normalise the perceived lower value of others – they actually begin to treat others as less than themselves. This shifts us up the pyramid.

- **STAGE 4: PHYSICAL EXPRESSION**

This is where physical and sexual violence happens. As perpetrators move up through the pyramid, they can start to believe they have a sense of entitlement can lead to violence. They often justify the pain they inflict on others because they believe the victim/survivor has done something to deserve the assault. They do not feel responsible for the crime they've committed and blame the victim or survivor for 'making this happen'.

RESOURCE 19.2

CIRCLE OF INFLUENCE DIAGRAM⁴³



43 <https://www.thensomehow.com/circles-of-influence/>



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www.nca.no
E-mail: nca-oslo@nca.no
Telephone: +47 22 09 27 00 Fax: +47 22 09 27 20
Street address: Bernhard Getz' gate 3, 0165 Oslo, Norway
Postal address: P.O. Box 7100, St. Olavs plass, 0130 Oslo, Norway
Account no.: 1594 22 87248



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