

ADOLESCENT GIRLS- LIFE SKILLS



Norwegian Ministry
of Foreign Affairs



NORWEGIAN CHURCH AID
actalliance



TOGETHER FOR A JUST WORLD

Norwegian Church Aid (NCA) works with people and organisations around the world in their struggle to eradicate poverty and injustice. We help those whose needs are greatest, regardless of ethnicity, creed, political or religious affiliation.

For more information on the NCA's work, please visit: <https://www.kirkensnodhjelp.no>

This edition of the Adolescent Girls–Life Skills Tool is made possible by financial support from the Norwegian Ministry of Foreign Affairs. The contents are the responsibility of the NCA and do not necessarily reflect the views of the Ministry.

Designed by: Hugo Balandra

Cover photo credits: NCA





TABLE OF CONTENTS

INTRODUCTION CEFM: Adolescent girls – life skills tool.....	1
Introduction to the programme for caregivers	17
SESSION 1 Establishing trust and creating a safe space	31
SESSION 2 Our emotions	37
SESSION 3 Effective communication.....	48
SESSION 4 Decision-making and problem solving	59
SESSION 5 My support structures	69
SESSION 6 Boundaries and healthy relationships.....	78
SESSION 7 Securing healthy relationships: power, violence and consent	95
SESSION 8 Building resilience	105
SESSION 9 Our health.....	116
SESSION 10 Our health.....	150
SESSION 11 Sexual decision making	214
SESSION 11 The changing nature of our sexual lives	229
SESSION 12 Committing to healthy lives	244
SESSION 13 Our community support	252
SESSION 14 Time for action	262
RESORCES	272



INTRODUCTION

CEFM: ADOLESCENT GIRLS – LIFE SKILLS TOOL

WORKSHOP FOR ADOLESCENT GIRLS ON CHILD, EARLY AND FORCED MARRIAGE (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 '**Adolescent Girls – Life Skills**' is a learning tool, which is designed to be adapted based on the needs of adolescent girls in a given context.

INTERMEDIATE OUTCOMES:

- Adolescents are aware of physical and emotional changes that girls and boys experience during puberty, understand main parts of male and female sexual and reproductive health systems and healthy behaviour.
- Adolescents recognise the importance of good information to help them make decisions about sex, relationships and consent.

LONG-TERM OUTCOMES:

- Adolescents engage in healthy relationships.
- Adolescents minimise risks of getting or passing on sexually transmitted infections (STIs); minimise risks of unplanned pregnancies.
- Girls (married and unmarried) experience improved wellbeing, resilience and happiness.
- Girls prefer not to get married early, while they are still children.



TOOL STRUCTURE

The **'Adolescent Girls – Life Skills'** tool is intended to assist facilitators through each session, as they engage with adolescent girls. The activities are designed for girls who are at risk of marriage and for those already married (or in formal unions, widowed, divorced or who might need additional support). Facilitators should be familiar with the sessions' content; understand the concepts of gender-based violence, child, early and forced marriage; recognise the particularities of working with adolescents, before commencing implementation. Focused care activities should be delivered by a caseworker or skilled facilitator. This tool is intended to be a flexible, modular approach rather than a prescriptive manual.

Girls who are at risk of CEFM will participate in life skills building sessions, and girls who have been identified through case management services and who need additional support, can participate in focused care group activities and/or life skills. Modules are complementary, enabling girls to participate in both interventions. The groups will be segregated by sub-group (unmarried girls and girls at imminent risk / already married / divorced / widowed girls). Activities mentioned below will be contextualised appropriately by participant group and age. As this tool is modular, facilitators have the option of using specific sessions as refresher or 'short' interventions.

The course is a cycle-based intervention designed for adolescent girls 10-14 and 15-19 years old. It consists of the following structure:

- 14 sessions
- 9 - 12 individuals in each group. The participants should be the same throughout the cycle, with no new persons enrolled during the cycle.
- Sessions take place 1-2 times a week if the context allows and participants agree.
- Each session is 1.5 – 2 hours in length. Additional time may be allocated to activities depending on the group dynamics (e.g. age, persons with disabilities).

The tool includes a short section, which is an introduction to the programme for caregivers, followed by the main part of the toolkit – sessions to engage with adolescents. It is critical to start the work with adolescents by first outlining and explaining the programme to caregivers. It will allow facilitators to get parents/caregivers' buy-in and support for their young person's attendance and participation. This introductory section also provides information about the Caregivers Sessions to encourage caregivers to make an informed decision to join the group and be active participants of the **ENGAGE** programme.



NOTE: Sessions 9, 10 and 11 (ASRH) and 13 and 14 (action planning) are informed by IRC Girl Shine Early Marriage Curriculum for Adolescent Girls, accessed at <https://gbvresponders.org>.

STRUCTURE OF SESSIONS

The sessions in the 'Adolescent Girls Life Skills' course are all structured in the same way. The following activity types are found in each session in the order below:



Warm Up Activity

Quick activity at the beginning of each session to energise the participants and set up a relaxed atmosphere for interaction. It is an opportunity to view together the aims of a particular session, as well as to recap on what was done during the previous sessions.



Discussion Activity

The discussion activities are the core learning activities, organised as group discussions around a specific skill or an emotion identified. Through such group discussions participants understand why it is important and how they can apply a certain skill or competence to their life.



Positive strategies Activity

The Positive strategies activities are designed for creating positive reinforcement and building individual and peer coping mechanisms. These activities also focus the participants' attention on the learning planned for that session.



Reflection Activity

The reflection activities allow participants to consider what they have learnt throughout the day. They also provide a chance for the participants to explore their feelings and the changes that take place in their thinking and actions over the learning course. Participants will keep learning journals to record their reflections and learnings from the sessions. As a facilitator, you should review these journals to monitor participants' growth and development throughout the course. Participants also get information and opportunity to access to one-to-one support, as required.



Monitoring & Evaluation Activity

Monitoring activities are incorporated throughout the Tool as a regular part of the learning system with the participants. Those are designed to elicit feedback from participants and facilitators on the course activities, which will then be used to inform the decision-making and revision of the toolkit.

Baseline assessment and evaluations activities are also included in the course, focusing on assessing the relevance, performance and success of the broader programme.

Before the first session takes place, the individual needs assessment should be conducted with adolescent girls that have been selected for the **ENGAGE** programme. The information generated as a result of this assessment will constitute the baseline data for the adolescents (*Refer to Implementation Guide “Individual Life Skills Assessment for Adolescents” section for the details*). There is also a pre/post questionnaire included in the Implementation Guide to be used for the assessments. It is required to use the same questionnaire again, after the end of the last session, to document the progress on the intervention on the participated adolescents’ personal wellbeing.

Many of the monitoring and evaluation tools included in the toolkit require the facilitator or interviewer to obtain informed consent from participants before administering the tool. Gaining informed consent and assent for children generally requires more stringent standards of consent, thus specific guidance are provided in the respective parts of the sessions.



Facilitator Notes

Each session contains key notes for the facilitators to emphasise critical facilitation points and objectives for various activities. Throughout the toolkit the respective instructions icons are used to help you to facilitate the sessions.

INDIVIDUAL SESSIONS OVERVIEW:

INTRODUCTION

INTRODUCTION TO THE PROGRAMME FOR CAREGIVERS

OBJECTIVES	<ul style="list-style-type: none">• Understand the Adolescent Girls Life Skills programme, including topics covered, purpose of the sessions and the commitment required of interested participants• Get further information about health and hygiene topics, and opportunity to discuss questions or concerns• Obtain information about the Caregivers Sessions to encourage caregivers to make an informed decision to join the group• Introduce and get to know each other
WARM UP & INTRO (15MINS)	<ul style="list-style-type: none">• Welcome and introductions• Sharing hopes for our children
DISCUSSION ACTIVITIES (30-45MINS0)	<ul style="list-style-type: none">• What is the Adolescent Life Skills course about?• Relevance and importance of ASRH topics
POSITIVE STRATEGIES (30-45MINS)	<ul style="list-style-type: none">• Introduction to the Caregiver's Sessions, that help caregivers to better support their adolescent boys and girls to lead healthy and happy lives and achieve their dreams
REFLECTION & CLOSING (15MINS)	<ul style="list-style-type: none">• Remembering our childhood and the positive things our caregivers did that made us feel loved, happy and safe• Sharing and discussing positive and nurturing parenting practices• Questions & Answers

SESSIONS FOR ADOLESCENTS

 Pre-session planning and individual needs assessment/baseline data collection for participating adolescents.

SESSION 1

ESTABLISHING TRUST AND CREATING A SAFE SPACE

OBJECTIVES	<ul style="list-style-type: none">• Understanding the purpose of the programme• Agreeing to the rules of the group• Starting to get to know each other and sharing ideas about being an adolescent girl• Getting their own 'learning journal'
-------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

SESSION 1

<p>WARM UP & INTRO (15MINS)</p>	<ul style="list-style-type: none"> • Welcome and introduction to the programme • Programme Agenda
<p>DISCUSSION ACTIVITIES (30-45MINS)</p>	<ul style="list-style-type: none"> • Group agreement • Recap Quiz Roster
<p>POSITIVE STRATEGIES (30-45MINS)</p>	<ul style="list-style-type: none"> • Collage poster. What it feels like to be a young person in (your country)?
<p>REFLECTION & CLOSING (15MINS)</p>	<ul style="list-style-type: none"> • Circle round activity • Closing comments

OUR EMOTIONS

SESSION 2

<p>OBJECTIVES</p>	<ul style="list-style-type: none"> • Naming and exploring a range of emotions • Thinking about how feelings can change and how this affects our behaviour with others • Understanding the importance of emotional literacy • Practicing positive social skills with peers
<p>WARM UP & INTRO (15MINS)</p>	<ul style="list-style-type: none"> • Selecting an Emotion • Recap
<p>DISCUSSION ACTIVITIES (30-45MINS)</p>	<ul style="list-style-type: none"> • Identifying our Emotions • ‘Emotion Thermometer’ exercise • Consequences: The Story of Amira • Thoughts, feelings and behaviours
<p>POSITIVE STRATEGIES (30-45MINS)</p>	<ul style="list-style-type: none"> • ‘How I Feel’ exercise • Opposite Action: Emotional Regulation Skills • Reworking your story (for married girls)
<p>REFLECTION & CLOSING (15MINS)</p>	<ul style="list-style-type: none"> • Relaxing exercise • Circle round • Closing comments

SESSION 3

EFFECTIVE COMMUNICATION

OBJECTIVES

- Developing listening and communication skills
- Becoming empowered in their choice to say “no”.
- Agreeing on a name for the group

WARM UP & INTRO

(15MINS)

- ‘Back to Back’ exercise
- Recap

DISCUSSION ACTIVITIES

(30-45MINS)

- Communication Skills
- Communication in all life situations, including with parents and in relationships

POSITIVE STRATEGIES

(30-45MINS)

- Active Listening
- (for younger girls) ‘Champion of School’ activity
- Responding to “No”
- (for older girls) Effective communication Skills

REFLECTION & CLOSING

(15MINS)

- Circle round
- Closing comments

DECISION-MAKING AND PROBLEM SOLVING

OBJECTIVES

- Learning to identify personal decision-making styles and strategies
- Applying critical thinking skills to evaluate possible outcomes and solutions to a problem
- Understanding how to make good decisions which girls do not have control over

WARM UP & INTRO

(15MINS)

- Human Knot
- Recap

DISCUSSION ACTIVITIES

(30-45MINS)

- Everyday decisions
- For older and married girls: Problem Solving Task Sheet

SESSION 4

SESSION 4

POSITIVE STRATEGIES
(30-45MINS)

- Making decisions
- Alternative scenario on CEFM
- For married/older girls: Relationship Conflict Resolution

REFLECTION & CLOSING
(15MINS)

- Circle round
- Closing comments

MY SUPPORT STRUCTURES

OBJECTIVES

- Understanding the importance of being connected to others
- Identifying supportive people and safe places in their community
- Exploring ways of reaching out and receiving support

WARM UP & INTRO
(15MINS)

- ‘Who am I?’ exercise
- Recap

DISCUSSION ACTIVITIES
(30-45MINS)

- Trusted Individuals
- Community mapping

POSITIVE STRATEGIES
(30-45MINS)

- Support structures
- Support services

REFLECTION & CLOSING
(15MINS)

- Circle round
- Closing comments

SESSION 5

BOUNDARIES AND HEALTHY RELATIONSHIPS

OBJECTIVES

- Learning what constitutes personal boundaries and what makes relationships healthy
- Understanding reasons and consequences of child marriage: love and marriage

WARM UP & INTRO
(15MINS)

- ‘My boundaries’ exercise
- Recap

SESSION 6

SESSION 6

**DISCUSSION
ACTIVITIES**
(30-45MINS)

- Healthy Friendships and Healthy Relationships
- Healthy Boundaries
- Marriage and boundaries
- Optional: Advice for a Friend
- UN CRC and Child Marriage

**POSITIVE
STRATEGIES**
(30-45MINS)

- Stop and Go
- Boundaries
- Boundary Exploration

**REFLECTION &
CLOSING**
(15MINS)

- Circle round
- Closing comments

SECURING HEALTHY RELATIONSHIPS: POWER, VIOLENCE AND CONSENT

OBJECTIVES

- Recognising breaches of healthy boundaries and what can be done about it
- Learning about interacting in intimate relationships

**WARM UP &
INTRO**
(15MINS)

- Charades
- Recap

**DISCUSSION
ACTIVITIES**
(30-45MINS)

- What is Violence
- Consent

**POSITIVE
STRATEGIES**
(30-45MINS)

- 'Who is to blame?', exercise
- 'What would you do?', exercise

**REFLECTION &
CLOSING**
(15MINS)

- Circle round
- Closing comments

SESSION 7

SESSION 8

BUILDING RESILIENCE

OBJECTIVES • Learning about resilience and protective factors

WARM UP & INTRO
(15MINS)
• Clothes Swap
• Recap

DISCUSSION ACTIVITIES
(30-45MINS)
• Our Values
• Social Support

POSITIVE STRATEGIES
(30-45MINS)
• ‘My Protective Factors’ exercise
• ‘Survival Kit’ exercise

REFLECTION & CLOSING
(15MINS)
• Circle round
• Closing comments

SESSION 9

OUR HEALTH PART 1 (FOR UNMARRIED GIRLS)

OBJECTIVES

- Understanding and feeling comfortable with the changes of puberty
- Gaining information on the physical and emotional changes girls go through during adolescence, as well as reproductive organs
- Understanding the main parts of the male and female sexual and reproductive health system and discussing them in a safe and positive way
- Understanding how pregnancy happens
- Demonstrating a basic understanding of menstruation as a normal and healthy aspect of the female reproductive system, including challenges faced by girls and women

WARM UP & INTRO
(15MINS)
• Recap

DISCUSSION ACTIVITIES
(30-45MINS)
• Story Circle

SESSION 9

POSITIVE STRATEGIES
(30-45MINS)

- Changes That We Feel and See
- Our Reproductive Organs
- The Hymen and Virginity (optional)
- Menstruation

REFLECTION & CLOSING
(15MINS)

- Circle round
- Closing comments

OUR HEALTH PART 1 (FOR MARRIED GIRLS)

OBJECTIVES

- Understanding and feeling comfortable with the changes of puberty
- Gaining information on the physical and emotional changes girls go through during adolescence, as well as reproductive organs
- Understanding the main parts of the male and female sexual and reproductive health system and discussing them in a safe and positive way
- Understanding how pregnancy happens
- Demonstrating a basic understanding of menstruation as a normal and healthy aspect of the female reproductive system, including challenges faced by girls and women

WARM UP & INTRO
(15MINS)

- Recap

DISCUSSION ACTIVITIES
(30-45MINS)

- Story Circle

POSITIVE STRATEGIES
(30-45MINS)

- Our Reproductive Organs
- The Hymen and Virginity (optional)
- Menstruation
- Menstrual Cycle

REFLECTION & CLOSING
(15MINS)

- Circle round
- Closing comments

SESSION 9

OUR HEALTH PART 2 (FOR UNMARRIED/YOUNGER GIRLS)**OBJECTIVES**

- Understanding menstruation and how to manage menstruation
- Learning the facts about sexual health
- Learning about delaying pregnancy

WARM UP & INTRO

(15MINS)

- Recap

DISCUSSION ACTIVITIES

(30-45MINS)

- Story Circle

POSITIVE STRATEGIES

(30-45MINS)

- Menstrual Cycle
- Menstrual Calendar (Optional)
- Managing Menstruation
- My Period Plan (Optional)
- ‘Reproductive Health Myths’ exercise
- STIs—Things You Can See and Feel
- HIV (Optional)
- Delaying Pregnancy

REFLECTION & CLOSING

(15MINS)

- Circle round
- Closing comments

OUR HEALTH PART 2(FOR MARRIED GIRLS)**OBJECTIVES**

- Gaining information on menstruation and menstrual hygiene management
- Learning the facts about sexual health
- *Optional:*
- Learning about methods of contraception and about the concept of child spacing
- Learning how to describe obstacles to condom use and how these can be addressed; they learn the correct use of a condom

SESSION 10

<p>WARM UP & INTRO (15MINS)</p>	<ul style="list-style-type: none"> • Recap
<p>DISCUSSION ACTIVITIES (30-45MINS)</p>	<ul style="list-style-type: none"> • Story Circle • Optional: Sara’s Story
<p>POSITIVE STRATEGIES (30-45MINS)</p>	<ul style="list-style-type: none"> • Managing Menstruation • ‘Reproductive Health Myths’ exercise • Delaying Pregnancy <i>Optional:</i> • Contraception • Family Planning • Contraception • Myths and facts about contraception • Condom Use Scenarios • Condom Use: Being Prepared • Male Condom Negotiation (between two consenting individuals) • STIs—Things You Can See and Feel • HIV
<p>REFLECTION & CLOSING (15MINS)</p>	<ul style="list-style-type: none"> • Circle round • Closing comments

SESSION 11

<p>SEXUAL DECISION MAKING (UNMARRIED GIRLS)</p>	
<p>OBJECTIVES</p>	<ul style="list-style-type: none"> • Understanding that they have the right to make decisions related to sex and pregnancy • Practicing decision making skills related to sex.
<p>WARM UP & INTRO (15MINS)</p>	<ul style="list-style-type: none"> • Recap

SESSION 11

<p>DISCUSSION ACTIVITIES (30-45MINS)</p>	<ul style="list-style-type: none"> • Story Circle
<p>POSITIVE STRATEGIES (30-45MINS)</p>	<ul style="list-style-type: none"> • Why We Do or Don't Have Sex/Intimate Contact • How We Communicate Our Choices • Sexual Decision Making
<p>REFLECTION & CLOSING (15MINS)</p>	<ul style="list-style-type: none"> • Circle round • Closing comments

SESSION 11

<p>THE CHANGING NATURE OF OUR SEXUAL LIVES (MARRIED GIRLS)</p>	
<p>OBJECTIVES</p>	<ul style="list-style-type: none"> • Having the opportunity to discuss issues related to their sexual wellbeing • Learning how to assess risk when faced with a challenging situation related to sexual wellbeing
<p>WARM UP & INTRO (15MINS)</p>	<ul style="list-style-type: none"> • Recap
<p>DISCUSSION ACTIVITIES (30-45MINS)</p>	<ul style="list-style-type: none"> • Group Discussion
<p>POSITIVE STRATEGIES (30-45MINS)</p>	<ul style="list-style-type: none"> • Sexual Wellbeing Strategies • Story Circle <i>Optional:</i> • Contraception negotiation with partners
<p>REFLECTION & CLOSING (15MINS)</p>	<ul style="list-style-type: none"> • Circle round • Closing comments

SESSION 12

COMMITTING TO HEALTHY LIVES	
OBJECTIVES	<ul style="list-style-type: none"> • Reflecting on the various positive coping strategies they have learnt • Making a personal wellbeing plan for the future • Starting to consider areas of interest for the group action plans
	<ul style="list-style-type: none"> • Reflect on the various positive coping strategies they have learnt • Make a personal wellbeing plan for the future
	<ul style="list-style-type: none"> • Start to consider areas of interest for the group action plans
WARM UP & INTRO (15MINS)	<ul style="list-style-type: none"> • Hearing from you • Recap
DISCUSSION ACTIVITIES (30-45MINS)	<ul style="list-style-type: none"> • 'Who am I?' exercise
POSITIVE STRATEGIES (30-45MINS)	<ul style="list-style-type: none"> • Setting Goals • Continuing Our Support • Appreciation activity
REFLECTION & CLOSING (15MINS)	<ul style="list-style-type: none"> • Circle round • Setting Goals • Closing comments

SESSION 13

OUR COMMUNITY SUPPORT	
OBJECTIVES	<ul style="list-style-type: none"> • Developing basic skills in project planning • Developing focused projects to be implemented in the Adolescent Girls Safe Space or wider community • Gaining a sense of responsibility and purpose through action planning, increasing their confidence and self worth • Feeling confident to safely address issues that matter to them • Feeling part of a group that can work together to make a change • Preparing for the closing ceremony

SESSION 13

<p>WARM UP & INTRO (15MINS)</p>	<ul style="list-style-type: none"> • Act How You Feel Today • Recap
<p>DISCUSSION ACTIVITIES (30-45MINS)</p>	<ul style="list-style-type: none"> • Forming our Action Plan Group
<p>POSITIVE STRATEGIES (30-45MINS)</p>	<ul style="list-style-type: none"> • Circle of Change
<p>REFLECTION & CLOSING (15MINS)</p>	<ul style="list-style-type: none"> • Circle round • Closing comments • Preparing for the CLOSING CEREMONY

SESSION 14

<p>TIME FOR ACTION</p>	
<p>OBJECTIVES</p>	<ul style="list-style-type: none"> • Finalising their action plans • Deciding on their next meeting date, place and time • Celebrating their achievement of completing the sessions
<p>WARM UP & INTRO (15MINS)</p>	<ul style="list-style-type: none"> • 'I am Proud' exercise • Recap
<p>DISCUSSION ACTIVITIES (30-45MINS)</p>	<ul style="list-style-type: none"> • Confirming our Action Plan Groups
<p>POSITIVE STRATEGIES (30-45MINS)</p>	<ul style="list-style-type: none"> • Action Plan • Skills for Change
<p>REFLECTION & CLOSING (15MINS)</p>	<ul style="list-style-type: none"> • Celebrating Our Experience • Optional: Reflection Meeting after completion of the group project • Closing Ceremony

INTRODUCTION TO THE PROGRAMME FOR CAREGIVERS

🎯 SESSION OBJECTIVES

By the end of the session, caregivers will:

- Understand the Adolescent Girls Life Skills programme including topics covered, purpose of the sessions and the commitment required of interested participants
- Get further information about health and hygiene topics, and opportunity to discuss questions or concerns
- Obtain information about the Caregivers Sessions to encourage caregivers to make an informed decision to join the group
- Introduce and get to know each other

👉 FACILITATORS NOTES

- *The key messages below should be the background with which the facilitator can guide the discussion.*
- The word “nurture” means – to give tender care, to protect, and help a young child to grow, develop, thrive and be successful.
- There are several principles that underline positive, nurturing parenting:

Children need to not only survive, but to also thrive. This requires nurturing their physical, emotional, mental, and social wellbeing. Caregivers play the most important role in children’s development and wellbeing.

Healthy feelings of love between caregivers and children help children develop socially, emotionally and mentally, which contributes to children’s growth and strength.

A nurturing family is safe, supportive, caring and non-violent. Children learn from their environments and model their behaviour on the behaviour of those around them.

Nurturing children requires empathy: the ability to feel, see, understand, value what children are feeling and experiencing.

Both children and caregivers benefit when caregivers have realistic, age-appropriate expectations of children.

All caregivers, regardless of gender or culture, have the capacity to be nurturing caregivers.

- Prior to facilitating the Introduction to Adolescent Sexual and Reproductive Health (ASRH) topics for caregivers of adolescent girls, please read facilitator Guidance on Sensitive Topics and Tips for health sessions in the **ENGAGE** Implementation Guide, before facilitating this section with the caregivers.
- It is very helpful to have already conducted an assessment, outreach and community engagement on the **ENGAGE** programme before the introduction of the **ENGAGE** curriculum to the caregivers, to have an in-depth understanding of the community perceptions, attitudes, beliefs and norms towards ASRH and their concerns and needs, and to secure community and caregiver participation, comfort, trust and support.
- There are various ways to introduce the health topics depending on your context, the sensitivity and taboos involved. Consider the best way to introduce the health topics based on your context. Consider the following:
 - ✓ Norms, beliefs and attitudes towards ASRH, how controversial, sensitive, taboo the topics are, the potential for backlash and resistance amongst the caregivers, the potential for risks or harm for the adolescents participating.
 - ✓ How much trust and comfort the caregivers have in you.

Two options include:

You **ALREADY HAVE**
the caregivers' comfort and trust

If you have already engaged with the caregivers previously, have comfort and trust from the caregivers, and if there is some acceptance to discuss ASRH topics with caregivers, then include the introduction to and discussion about the ASRH topics *together* with the initial session.

You **DO NOT YET HAVE**
the caregivers' comfort and trust

If you have not yet engaged with the caregivers, do not yet have the caregivers' comfort and trust, and if there are worries about strong resistance and backlash to the ASRH topics, then have one initial session to introduce the **ENGAGE** curriculum, and after continuing to build trust with the caregivers, facilitate the session on health at a *later* time (but still before delivering the health sessions to the girls!).

- You can adjust the introduction based on the caregiver’s priority concerns for their daughters and use locally appropriate language and examples. You may need to adapt the ASRH sessions based on the caregivers’ concerns, to ensure some life-saving information can be given to the girls in an appropriate and safe way.



PREPARATION AND MATERIALS

- Flipchart paper, markers
- Information Sheet for Caregivers




WARM UP (15 MINS)


- ☑ **DO:** Ask participants to move and sit in random pairs, asking the following questions to each other:
 - ☑ What is your name?
 - ☑ How many children do you have?
 - ☑ What is one hope that you have for your children?
 - ☑ Describe one thing that your caretaker or parent did when you were a child that made you feel loved, happy, and safe. For instance: “I remember when my mother taught me how to cook her favourite meal”; “I enjoyed going to the market with my mother”.
- ☑ **DO:**
 - ☑ Allow the participants to discuss for a period of 10 minutes.
 - ☑ Ask the participants to introduce their partner to the rest of the group only by name and one hope for their children. Example “*my friend is called **Jane**, one thing that she hopes for her children is.....*”
 - ☑ Ask the participants to hold on the positive memories of their caregivers they shared. We will come back to this later in the session!




DISCUSSION ACTIVITY (30-45 MINS)


- DO:** Introduce today's session to the caregivers and its objectives (listed under Session Objectives).

-  **EXPLAIN:** that the objective of the **ENGAGE** programme has two components to be aware of – one is designed for adolescent boys and girls, and the other – for male and female caregivers.

-  **SAY:**
 - The boys and girls activities are designed to support adolescents and provide them with tools so they can manage challenges that they might face in the community. The activities are to support boys and girls to reinforce their sense of safety and stability.
 - There will be 14 sessions that your adolescent girls will need to commit to, to gain the most out of this programme. Each session will be around 2 hours. The girls register and sign at the beginning and at the end of each session.


- DO:** Hand out the **Information Sheet for Caregivers** (Caregiver Resource 1) and seek informed consent from the caregivers.

-  **EXPLAIN:** Once caregivers have had an opportunity to revise the topics in the girls programme, explain that the curriculum includes 3 sessions related to sexual reproductive health. Explain that the reason why we discuss these topics is to help adolescents to be prepared for the physical, mental, psychosocial and emotional changes that take place during this phase of life so that they have information and understanding about their bodies, are not anxious about unknown changes and can respond in positive, safe and healthy ways. This information can help them to make smart choices, give them information to stay safe and to protect themselves.


-  **SAY:** We understand that these issues are sensitive, and it may be very difficult to discuss these topics with adolescent girls. We are here to support this process and provide you with skills and strategies to navigate these conversations. If you would feel more comfortable, we can request a health professional to also attend these sessions with the adolescent boys and girls.

1 INTRODUCTION TO ASRH TOPICS FOR FEMALE CAREGIVERS

 **NOTE:** *The next section should be done with caregivers only due to the sensitivity of the topic.*

 **SAY:** Girls and boys will learn information and skills that will be useful to them. This includes information about health, how to communicate well with their parents and caregivers, how to stay safe, and how to make good decisions about their future.

 **EXPLAIN:** some of the topics you plan to cover with girls.

 **SAY:** We would like to share with you some of the things that we might talk to girls about. We want to get your approval to discuss some of these topics with girls, especially when talking about sexual and reproductive health, contraception and other sensitive topics.






 **DO:** Introduce female caregivers to the topics you plan to cover (not in too much detail).

Some examples include:

- We talk about the physical and emotional changes that boys and girls experience during puberty. We let girls know that these changes are normal, and we give them information on how to manage these changes.
- We explain the internal and external female body organs. We explain the reproductive organs involved in pregnancy and how pregnancy happens. This will help the girls to understand which parts of the organs are involved in the monthly cycle.
- Girls will learn how to calculate their cycle, how to keep clean when they have their period, and how to manage some of the symptoms they may experience in relation to menstruation (for example, pain management).
- We also will discuss the monthly cycle with girls, which is why it is important to explain the reproductive organs, so that we can tell girls which parts of their organs are involved in the monthly cycle, as the cycle and pregnancy are related.
- We talk with girls about infections and illnesses, and how to get help if they are sick.
- We will talk with unmarried girls about how to make smart decisions around relationships and sex, and how to communicate and say no, how to respond to challenging situations.
- We talk with married girls about healthy decisions around sex, intimacy, and their well-being, healthy decision making around pregnancy, and how to plan a healthy family.

 **ASK:**

- ① Do you think the topics are suitable to meet the needs of girls?
- ② Are there any other topics related to health that you would like us to cover?
- ③ Are there any topics that you do not want us to discuss? If yes, which topics and what are your concerns?

 <p>What would be your concerns about your daughters attending the sessions?</p>	 <p>How can we resolve these concerns?</p>	 <p>Does anyone have any additional questions or concerns about the ASRH sessions?</p>
 <p>What kind of skills or information could be useful for your daughter and for your family?</p>	 <p>Under what circumstances would it be ok to give this information to girls? (For example, give it on a one-to-one basis, or provide information to female caregivers to pass it on to girls).</p>	

 **FACILITATOR NOTE:**

This is a facilitators guidance, which should be used to respond if these questions arise from caregivers. Facilitators can role play these questions and answers together before the session, to support their confidence in responding to caregivers.



Do you show images of genitals?



We only show images that are illustrated or drawn in marker pen. We do not show any real-life pictures/photos or videos.



This will encourage girls to have sex.



The information we give is scientific and has been adapted according to age. Some sessions are designed especially for specific segments of girls, for example, those who are due to get married soon. The sessions do not encourage sex, they simply explain certain processes that are crucial for girls to understand when it comes to their sexual and reproductive health, which is their right.



This is not appropriate for unmarried girls.



We have designed the sessions so that they are really focusing on the health aspects and things that girls experience even before they are married and are important for their health and well-being. This includes information on how to deal with puberty, how to stay clean, and what menstruation is. The information is scientific and similar to what would be given in a biology lesson. In order to explain some of these topics (especially menstruation), it's important to give girls basic information about reproductive organs.



You are exposing girls to information that is not appropriate.



The information we give is based on science, not on opinion. The information girls will receive is accurate and delivered by mentors/facilitators who have been trained on these topics. Sometimes girls may seek this type of information from other people, including friends, who may not give accurate or correct information. Sometimes the information they receive might be harmful if coming from someone who is not trained. This is why it's important that they receive this information from trained mentors/facilitators. These sessions have been specially designed for girls, and based on different age groups, so you can be assured that the information they receive is accurate, scientific, and helpful.



We do not discuss these things in our community.



We understand that this may not be something that is openly discussed, which is why we try to give this information in a safe, girl-only space where they are free to ask questions and get clarification on things they may have heard. It is important to help girls feel prepared for these changes. And girls will receive this information from a trained person.

If mothers are still against the sessions, perhaps you can ask mothers the following:

If you prefer that girls do not receive this information from a stranger, is there another way to get this information to girls? Through mothers, older sisters, aunts? If so, would you like the session information so that you can talk to girls and give accurate information?



POSITIVE STRATEGIES (30-45 MINS)



NOTE: This discussion is to introduce the Caregivers Sessions and is suitable for male and female caregivers of adolescent boys and girls.



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



EXPLAIN: to participants that the programme also facilitates specialised sessions for **male and female caregivers of adolescent girls** and encourage them to attend. Explain that the purpose of the Caregivers Sessions is to:

Share ideas and feelings with other caregivers who may be going through similar challenges.

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.



SAY: During the Caregivers sessions, 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. There are 22 topics, which are included for your information in the handout.




DO: Hand out the **Information on Caregivers Programme** (Caregiver Resource 2), provide details and answer any additional questions caregivers might have to support them joining the programme.



REFLECTION (15 MINS)

DO:

- ✔ Ask participants to reflect on when they remembered positive things that their caregivers did that made them feel loved, happy and safe. Based on these, and what they observe in their community, ask participants to share and discuss parenting practices that they consider to be part of positive, nurturing parenting which can foster support for their children.
- ✔ After all ideas have been exhausted, recognise that they already have many positive parenting practices.

 **SAY:** These sessions will also help us to understand the importance of nurturing ourselves and our children: we cannot be nurturing caregivers if we do not nurture our own physical and emotional well-being.

CLOSING COMMENTS:

Thank everyone for their participation and remind caregivers that you are available to answer any further questions about the girls' programme or the caregiver's programme that they have been invited to attend.

CAREGIVER RESOURCE 1:
INFORMATION SHEET FOR CAREGIVERS

The aim of the **ENGAGE** programme is to ensure that children 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 boys and girls 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 one-on-one support to the child and family. In this case, consent will be obtained from both you and the participants before doing so.

The programme consists of 14, 1.5/2-hour sessions once a week. It is important that girls 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.

PARTICIPANTS: Girls and boys (separate groups) 10-19 years are invited to attend.

TOPICS for the Girls Programme include:

Session	Topic
1	Establishing Trust and Creating a Safe Space
2	Our Emotions
3	Effective Communication
4	Decision-Making and Problem Solving
5	My Support Structures
6	Boundaries and Healthy Relationships
7	Securing Healthy Relationships: Power, Violence and Consent
8	Building Resilience

Session	Topic
9	Our health part 1
10	Our health part 2
11	Sexual decision making/ The changing natures of our sexual lives
12	Committing to Healthy Lives
13	Our Community Support
14	Time for Action

Do you give informed consent for your adolescent girl to participate in the Adolescent Girls Life Skills programme?

YES

NO

Here is some important information about the sessions:

VENUE:

DAY & TIME EACH WEEK:

FACILITATOR'S NAMES:

**FOR ADDITIONAL INFORMATION
OR TO DISCUSS ANY CONCERNS,
CONTACT:**


CAREGIVER RESOURCE 2: INFORMATION ON CAREGIVERS PROGRAMME

Specialised sessions for male and female caregivers have been designed in order to:

- Share ideas and feelings with other caregivers who may be going through similar challenges.
- Draw upon our collective experience and knowledge to understand how to support adolescent boys and 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 sons and daughters and family in general.

The Caregivers' Sessions consist of 22 sessions (1 session per week for 22 weeks or 2 sessions per week for 11 weeks), with adaptations for male and female caregivers, and caregivers of unmarried and married girls. The sessions are available for caregivers who have adolescent girls aged 10-19 that are participating in the **ENGAGE** programme.

Topics for the **male and female caregiver's programme** include:

SESSION	TOPIC	
	Pre-Session	♀ ♂
1	Introduction to the ENGAGE Programme	♀ ♂
2	Celebrating Our Family	♀ ♂
3	My Experience as a Caregiver	♀ ♂
4	The Family Environment	♀ ♂
5A	Exploring our Relationships with Adolescent Girls	♀ ♂
5B	Exploring our relationships with boys	♀ ♂
6	Power in the Home	♀ ♂
7	Communicating with adolescent girls and boys about their aspirations	

8	Parenting for Equality	♀ ♂
9	Marriage in Our Community	♀ ♂
10	Dowry/Bride Price	♀ ♂
11	Household Decision Making (with additional session for male caregivers on anger management)	♀ ♂
12	Planning the Family Budget	♀♂
13	Violence Women and Girls Experience	♀
13	Safety and Violence	♂
14	Supporting Girls who Experience Violence	♀ ♂
15	Family Honour and CEFM	♀ ♂
16	Our Vision for the Family	♀ ♂
17	Adolescent Girl Development	♀ ♂
18	Supporting Adolescent Girls	♀ ♂
19	Change Begins with Us	♀ ♂
20	Supporting Girls in our Community	♀ ♂
21	Leading the way to Change	♀♂
22	Forming caregiver support groups (follow up sessions)	♀ ♂

If you have a girl enrolled in the Adolescent Girls Life Skills programme, you are encouraged and welcome to attend this caregiver's programme.



ADOLESCENT GIRLS – LIFE SKILLS TOOL



SESSION 1

ESTABLISHING TRUST AND CREATING A SAFE SPACE

SESSION OBJECTIVES

By the end of the session participants will:

- Understand the purpose of the programme
- Agree to the rules of the group
- Start to get to know each other and share ideas about being an adolescent girl
- Get their own 'learning journal'

FACILITATORS NOTES

- The purpose of this session is to create a safe and fun environment for the participants.
- Activities need to focus on getting to know each other, team building and creative activities, which encourage cooperation. Do not discuss anything too intense, we do not want them to feel intimidated!
- Make sure there are opportunities for everyone to speak and engage. Move around the small groups to check-in on group dynamics.
- Sharing food is also a good way to bring people together.
- Establish ground rules related to interviewing the adolescents or taking their photos. Make sure you explain what you are doing, why, how the material will be used and shared, and then ask permission of the adolescent to continue. Ensure getting informed and written consent from adolescents and, as required, from their caregiver, prior to interviewing, taking photos and videos (use the Consent Form attached in Resource 1.1). Make clear that the adolescent does not have to agree, and that there will not be any negative consequences if they choose not to participate, speak or have their photo taken.
- If among participants there are members who are unable to read, make sure to read respective session instructions aloud to the group. Allow participants to draw their responses or just share verbally, if they are unable to write.



PREPARATION AND MATERIALS

- Flip chart paper, pens and crayons
- Old magazines and newspapers or print outs of popular female youth/women (also, anything with words and images that represent popular culture) relative to their own environment
- Glue sticks and scissors
- Learning journal



WARM UP (15 MINS)




1

WELCOME AND INTRODUCTION TO THE PROGRAMME

- DO:** Welcome the girls to the programme. You can start with an opening ritual which may include an activity (e.g. breathing exercise, check-in activity about how you feel coming into the session), series of words or prayer to open the session and create a sense of group identity, if appropriate. Introduce yourself and thank all the girls for attending. Explain that we will now learn each other's names and understand the programme that we will do together over the next 14 weeks.

 **NOTE:** *Culturally appropriate introduction activity can be conducted instead of below suggestion.*

- DO:** Sit in a circle.

 **SAY:** Turn to the person next to you and in pairs introduce yourself and share something about yourself. (e.g. favourite food, colour, etc.)

- DO:** Go around the circle and introduce your pair to the whole group.

 **NOTE:** *Facilitator repeats the participants name and welcomes them to the group.*




2 PROGRAMME AGENDA


- ✓ **DO:** Go through the programme sessions and the objectives of each session. You can use the summary outline presented in the section “Structure of Sessions”.

DISCUSSION ACTIVITY (30-45 MINS)

3 GROUP AGREEMENT

-  **EXPLAIN:** that over the following weeks you will be discussing a whole range of issues. To help create a safe environment, so that everybody feels comfortable to contribute, it is important to agree on rules for the group.

- ✓ **DO:** Invite participants to turn to the person next to them and think about what rules they would like to have for the group. Wait a few minutes. Ask the pairs to make groups of 4 and agree on a few rules. Go around the groups.

-  **ASK:** Who has more ideas for ground rules?

- ✓ **DO:** Go around the groups and ask for ideas. Discuss each one and make notes on the flipchart paper.

-  **NOTE:** *This paper will need to be displayed on the wall each week.*



EXAMPLES OF RULES:

Have fun and be creative	Be on time	Get involved	Speak one at a time/ listen to others*
Be respectful and a good listener	There is never a wrong or silly answer	Take time out if needed	Confidentiality/child protection*


**These are essential rules to be included and discussed.*



For younger girls, they can also draw and write on the poster should they feel more comfortable with this form of expression.

-  **SAY:** How could you create a safe space? This includes a space where everyone feels safe and free to move, discuss our thoughts and share our feelings without judgement.
- DO:** Encourage the girls to share their ideas. From the girls' suggestions see what else can be added to the Group Agreement.
-  **EXPLAIN** that the group will meet once (or twice) per week and all of the activities will be done together as a group and the same rules should be respected each week.

4 RECAP QUIZ ROSTER

-  **EXPLAIN:** to girls that each session moving forward will start with a three-question quiz, facilitated by one or two participants. The questions should be written about key learning points, or something interesting learnt during the session.


- ✓ **DO:** Ask the girls to create a roster on a flip chart with at least one person's name next to each session. Hang this next to the group norms and at the end of each session remind girls of the responsibility to facilitate the recap quiz.


POSITIVE STRATEGIES (30-45 MINS)



5 COLLAGE POSTER. WHAT IT FEELS LIKE TO BE A YOUNG PERSON IN (YOUR COUNTRY)?

- ✓ **DO:** Split the participants into groups of 4 and give participants flipchart paper, scissors, glue, pens and printed materials (if available). If you do not have newspaper/magazines available, try printing some images of famous female youth in their country for the girls to select, cut out and collage.

 **ASK:** What it is like to be a youth / girl today?

 **EXPLAIN:** to the group that they should think about any feelings, expectations, challenges and opportunities they have as a girl in their context and use the newspaper to cut and glue images to create a collage poster.

✓ **DO:** Give the girls 20 minutes to complete the task then ask each group to present their poster.

 **NOTE:** *This activity should encourage the girls to reflect and share thoughts on a common topic – youth, and help the facilitator understand and get to know the group.*



For younger girls, they can also draw and write on the poster should they feel more comfortable with this form of expression.




REFLECTION (15 MINS)


6 CIRCLE ROUND

- DO:** conduct a circle round by asking each participant what was one thing that they have enjoyed about today? Paraphrase and repeat any responses which are related to the session objectives.
-


7 CLOSING COMMENTS


- DO:** Thank everyone for their participation.

-  **REMINDE:** everyone about the time, location and the person/s responsible for the recap quiz questions for the next session.

-  **EXPLAIN:** to the girls that your role as a facilitator is to be available should anyone wish to discuss anything after the session. Highlight that your role is to provide support, but that you are not a caseworker or counsellor; however, you are able to provide a referral to required services that exist in the area.

- DO:** Give everyone a blank notebook and explain that this is a learning journal that will be used for every session. Explain that handouts can also be stuck in the learning journal. Encourage everyone to write/draw something in the learning journal after every session.

-  **EXPLAIN:** to the girls that journaling has positive outcomes on wellbeing: it can reduce stress, increase happiness and improve self-esteem. The girls can journal about anything that they would like: anything at all. These journals are confidential although they can share entries if they feel comfortable.

-  **TELL:** girls that if they do not feel comfortable bringing their journals home, you are able to safely and securely keep them until the next session.

SESSION 2

OUR EMOTIONS

🎯 SESSION OBJECTIVES

By the end of the session participants will:

- Name and explore a range of emotions
- Think about how feelings can change and how this affects our behaviour with others
- Understand the importance of emotional literacy
- Practice positive social skills with peers

👉 FACILITATOR NOTE

- The purpose of this session is to provide plenty of different ways to express different emotions; some girls might have difficulty as they might have never articulated their feelings before.
- Triggers are stimuli that contribute to an unwanted emotional or behavioural response. Learning to identify triggers can be an effective approach to develop strategies to either avoid or cope with triggers.

You can help the individual by:

- Identifying the problem
- Exploring specific emotions that act as triggers (e.g. people, place, thing, thoughts)
- Developing a plan for dealing with triggers:

Strategy for avoiding or reducing exposure to each trigger

Strategy for dealing the trigger when it cannot be avoided

- Disclosure of traumatic events can occur during group activities. However, the aim of the session is not to force or invite participants to disclose traumatic events in one's life but rather your role is to facilitate discussions and manage expectations while providing support tools. If disclosure does occur, thank the individual for sharing the information and for trusting the group. Remind the individual that you are or one of your colleagues are available to speak with the individual privately or to refer appropriately. Share positive and supporting statements with the individual and thank them again for sharing.

 *If there are participating girls with mental health difficulties, make sure to refer them to join the focus care sessions as well.*

Additional information about referrals, confidentiality and disclosure is found in the Implementation Guide.

PREPARATION AND MATERIALS

- Flip chart paper, markers and pens
- Individually cut emotion faces from Resource 2.1
- Print the Emotion Thermometer (Resource 2.2) to give to each girl as a handout
- Print out Resource 2.3: Consequences Strip: Amira, for all the participants to use for group work
- Drawn on a flipchart paper 'Thinking-feelings-behaviour' (as per Resource 2.4)
- Print out Resource 2.5 – 'How I Feel' for each of the participants

WARM UP (15 MINS)

1 SELECTING AN EMOTION

DO:

- ✓ Place the cut emotion faces (Resource 2.1) into a bowl.
- ✓ Ask the participants to sit in a circle.



EXPLAIN:

- Take turns by having each girl choose a card from the bowl.
- The girl should act an emotion.
- The person who guesses correctly will go next.



NOTE: *Ensure that everyone gets a turn.*



2 RECAP

REVIEW: last session objectives (below) and review the aims of this session (above).

Last session objectives:

- ✓ Understood the purpose of the programme
- ✓ Agreed to the rules of the group
- ✓ Got to know each other and shared ideas about being an adolescent girl



DO: Support the girl(s) responsible for the recap quiz to ask 3 questions related to last week's learning objectives. Thank the girls for their participation.




DISCUSSION ACTIVITY (30-45 MINS)



3 IDENTIFYING OUR EMOTIONS



SAY: The ability to understand, use, and manage your own emotions in positive ways can be difficult. By simply identifying our emotions, we can determine how we are feeling, and then allow ourselves to feel the emotions. Just like waves on a beach, the emotions will come and go. If we try to control them and resist them, it will only cause them to linger for a longer time. There are two simple steps



that you can take to identify your emotional state. This includes 1) asking yourself how well you feel right now - do you feel good, does it feel good to be in your shoes right now? Or maybe it's not so pleasant? 2) What's happening in your body right now? How much energy do you feel? Do you feel restless, agitated, energised, or maybe dull and lethargic?

✓ **DO:** In their learning journal, ask the participants to rate both their **emotional feelings** on a scale from -5 (unpleasant) to +5 (pleasant) and their **physical feelings** from -5 (low energy) to +5 (high energy).

🗣️ **SAY:** Developing emotional intelligence can be difficult, matching a word to a feeling can be difficult for everyone.

✓ **DO:** In pairs, ask the girls to brainstorm:

- ❓ What are emotions?
- ❓ Are emotions easy or difficult to talk about? Why?
- ❓ What can cause our feelings to change? When does this happen?

⚠️ **NOTE:** After 5 minutes, reconvene in a large group and discuss the answers.

🗣️ **SAY:** Sometimes it can be challenging for us to understand our own feelings. The more we “check-in” with ourselves, the easier this will become. The more we listen to our bodies, the easier it becomes to identify how we feel. Also, emotions – even difficult ones – are normal to experience. The more we are aware of them, and allow them to exist, and feel them within our bodies, the easier it will be to deal with them. Even anger and sadness are human and natural emotions. Think of them as waves crashing on a beach – they will come, and they will go. We need to allow them to be. All emotions are valid.




4 EMOTION THERMOMETER

🗣️ **SAY:** It can also be challenging to find the right word to describe a feeling and/or rate the intensity of these feelings.

✓ **DO:**

- ✓ Hand out the printout of the Emotion Thermometer to the girls (Resource 2.2).
- ✓ Hand out colour pencils and ask the girls to think of their feelings today. What made them feel this way? How did they feel when that happened?
- ✓ Invite the girls to colour the thermometers to their desired level or to make a single mark.

5 CONSEQUENCES: THE STORY OF AMIRA

 **EXPLAIN:** that we will now explore the concept of kindness towards ourselves. Sometimes, we are our own toughest judges, and we are hard on ourselves when things don't go according to plan. We will now work with Amira's story and see how we can react to difficult judgemental emotions towards ourselves when they arise, and we will practice being kinder and gentler with ourselves.

✓ **DO:** Divide the participants into groups of four and then ask within each group to form two pairs.

✓ **ASK** Ask each group of four to sit in a circle and explain that you are going to read a story about a young female named Amira.

✓ Read the story (Resource 2.3) and explain that there are two different responses that Amira could now choose – either positive or negative. Read both the 😊 and ☹️ scenarios.


✓ Hand out the strips to one member from each pair to start off.

(Make sure that one pair has the 😊 and the other pair has the ☹️ version – which show different responses.)

✓ **ASK** the member of 😊 to come up with a response for the first 'What happens next?' question and write their answer. Then ask them to fold over the first scenario and pass it to their partner to complete the next 'What happens next?', then back and forward until the strip is completed.

✓ **DO** the same for the group with the ☹️ scenario.



✓ Once complete, **ASK** the pairs to exchange their strips and read the other answers with the opposite emotion.

 **SAY:** we will look at the difference between the two consequences, and how decisions we make can have a big impact on "what happens next".



6 THOUGHTS, FEELINGS AND BEHAVIOURS





DO:

-  Draw the cycle of thinking-feelings-behaviour¹ on a flip chart (as per Resource 2.4) and relate this to the story of Amira.
-  Facilitate a discussion on how the different ways in which we think about things can affect how we feel or choose to react.



SAY: Because we have the ability to change the way we think, we can learn how to have better control of our feelings and our actions. Sometimes, we struggle with thoughts, feelings and behaviours that are not productive and it can be difficult to change our mindset with healthier, positive actions. Sometimes negative thoughts keep us unmotivated and “stuck”. Let’s look at what happened to Amira when she was feeling down. What were her thoughts? What were her feelings? What did she do?

ASK:

-  What happened to Amira when she was feeling more positive.
-  What were her thoughts?
-  What were her feelings?
-  What did she do?




SAY: Do you see how these different components are connected? Try thinking of a situation you went through recently that brought up feelings of being upset or anxious. Look at what your thoughts, feelings and behaviours were in that situation and then look at if there is a different thought that could apply to it and see if that changes your feelings and behaviours.

¹ Activities adapted from Heads Up! A toolkit of sessions to run with young people to promote mental health and emotional wellbeing. (2015) UK Youth/Paul Hamlyn Foundation.



POSITIVE STRATEGIES (30-45 MINS)

7 HOW I FEEL

 **EXPLAIN:** It is important for adolescents to learn about their feelings and thoughts and how to manage these emotions, just like Amira did. Sometimes you might become frustrated with someone or something. For example, your parents might ask you to do something you do not want to do. It is important to be able to take a deep breath and think about why you might be feeling frustrated or angry.

 **ASK:** the participants to reflect on the previous discussion about associating feelings with action.

 **DO:**

- ✔ Give each participant the 'How I Feel' Worksheet (Resource 2.5). Ask them to try and feel it in, remembering emotions they recently felt.
 - ✔ Then go through the worksheet together to help the girls identify healthy ways to manage their emotions.
-


8 OPPOSITE ACTION: EMOTIONAL REGULATION SKILLS

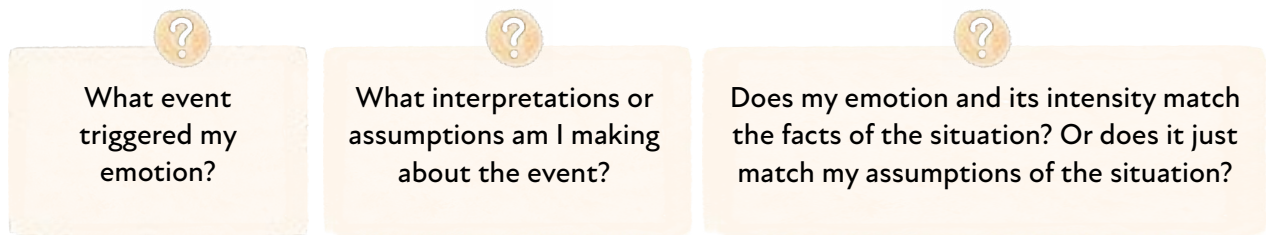
 **EXPLAIN:**

- When you experience an emotion, a behaviour usually comes with it. If you are frustrated, you might yell at someone. If you are sad, you might withdraw from your friends. Your body might cause you to react to emotions in a specific way.
- Doing the opposite action will help you change your emotion. If you feel like yelling at someone when you are frustrated, try talking quietly and politely. If you withdraw when you are sad, you should ask for support from a friend.

 **ASK:**


- ✔ What are common emotions you feel and what are some opposite actions that you can do?
- ✔ Think of a few situations where you overreacted or when you might have felt like something was a bigger deal than what it was.

 **EXPLAIN:** That sometimes you need to check the facts:



9 **REWORKING
YOUR STORY**

 **FOR MARRIED
GIRLS**

 **SAY:** A timeline allows you to create an overview of your life and to see the positive and negative shifts. Everyone has a unique timeline which consists of events and trends that produce positive and negative cycle in our lives. It is your story and your story is powerful because you are you and you know how to fulfill your emotional needs and meaningfully connect with others.

 **EXPLAIN:**

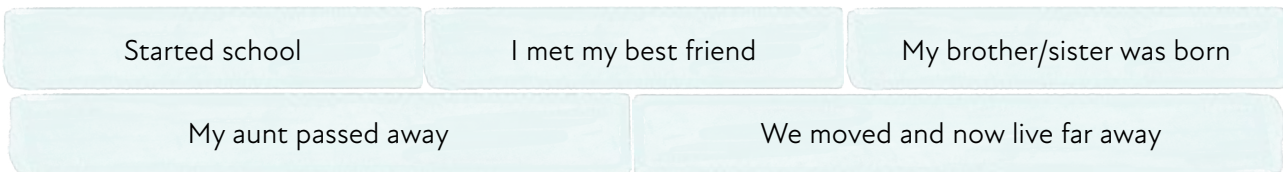
Why to complete a timeline?

- Recognise achievements, lessons and opportunities
- Increase a sense of purpose by connecting events in your life
- Find new meanings between your past and your future
- Understand how your experiences have prepared you for future challenges
- Make self-directed changes to change the brain's capacity to create positive healing

☑ **DO:**

- ☑ Tell the participants to capture their life events on a sheet of paper. These should include experiences that have influenced their life – positive and negative events; these should be in chronological order.
- ☑ Tell that there should be a life event every 1-2 years, over the last 5 years. Be sure the girls include negative events because a life story is multidimensional and their experiences are unique.
- ☑ Go to each girl and make sure they know what to put on their timeline. Listen and help by giving examples if they are unsure.
- ☑ Ask the participants to put events in chronological order on a timeline. Place a “+” sign on the top right corner above the horizontal axis to represent positive events associated with pleasure and a “-“ sign on the bottom right to represent events associated with displeasure or stress.
- ☑ They should decide whether each event was positive or negative by marking each event with a “+” or “-“. Connect the signs and allow space for potential memory triggers.


EXAMPLE OF EVENTS INCLUDE





⚠ **NOTE:** Adaptations include the use of action cards across a timeline. Alternatively, this could be done as a group activity, with girls sitting in a circle. The facilitator can help guide (and draw) some events which most of the girls have experienced. One or two stories for each event can be shared from the participants and moderated by the facilitator if the girls feel comfortable doing so.

☑ **DO:**

- ☑ As everyone completes their individual timelines, divide the girls into pairs.
- ☑ In the pairs, invite the girls to take turns sharing their compiled story of their life – the experiences (both positive and negative) that have influenced their life and shaped who they are.
- ☑ Invite the girls to come back.
- ☑ Each girl will share the story of their partner. Their partner can help them if they forget something.





 **SAY:** These events have meaning to your life; they make up the story of our life. Each of our stories is different and important. Our stories, our lives, our experiences – both positive and negative, make up who we are and build our sense of self. Thinking about our life stories gives us an opportunity to shift our thoughts and emotions, to grow in our sense of self and to flourish.

 **NOTE:** *This may be the first time girls have been asked to tell their own individual story and think how various events that happened in their life impacted who they are. The individual lives and experiences of girls are often suppressed and not given consideration within their family or community. This can be a powerful exercise and it may take a couple of times for each girl to feel comfortable enough to fully participate.*


REFLECTION (15 MINS)

10 RELAXING EXERCISE

 **SAY:** We are now going to practice a calming, relaxing exercise that you will be able to do on your own anytime you would like to relax. Everyone should stay seated where you are while we are practicing this technique. You can do it with your eyes open or shut.


 **TELL** the participants to:

- Slow your breathing. Take slow, deep breaths and exhale slowly each time.
- Pay close attention to physical sensations throughout your body. The goal is not to change or relax your body, but instead to notice and become more aware of it.
- Begin by paying attention to the sensations in your feet. Notice any sensations such as warmth, coolness, pressure, pain, or a breeze moving over your skin. Slowly move up your body – to your calves, thighs, pelvis, stomach, chest, back, shoulders, arms, hands, fingers, neck, and finally your head. Spend some time on each of these body parts, just noticing the sensations.
- After you travel up your body, begin to move back down, through each body part, until you reach your feet again. Remember: move slowly, and just pay attention.

 **DO:** After a few minutes, ask participants to begin to bring awareness back to their breathe and slowly begin moving around again.





11 CIRCLE ROUND

 **ASK:** What's one thing you have enjoyed about today?

12 CLOSING COMMENTS

 **DO:**

-  Thank everyone for their participation.
-  Encourage everyone to write/draw something in their learning journal about their emotions and what thoughts and actions they should take to change that feeling.

 **REMIND** participants about:

the time and location of the next session; and the person/s responsible for the recap quiz questions for the next session.

your role as a facilitator is to be available should anyone wish to discuss anything after the session. Highlight that your role is to provide support, but that you are not a caseworker or counsellor; however, you are able to provide a referral to required services that exist in the area.

SESSION 3

EFFECTIVE COMMUNICATION

🎯 SESSION OBJECTIVES

By the end of the session participants will:

- Develop listening and communication skills in all life situations, including relationships

Listening in pairs

Transferring messages

Two-way communication

- Become empowered in their choice to say “no”
- Agree on a name for the group²

👉 FACILITATORS NOTES

- Mapping relationships can help the girls understand them better, especially to identify important people in their lives and how they treat us and how we can treat them, including with family and in relationships.

📝 PREPARATION AND MATERIALS

- Flipchart paper and pens
- Green and red markers
- Paper or sticky notes
- Bowl / hat
- Prepare two flipcharts listing Good and Bad Listening Skills

² Part of experiential learning and building trust within a group. Group names provide a sense of identity and sense of belonging. It is formative of a collective vision – important for developing peer to peer support.

BAD LISTENING SKILLS

When we are not listening well we:

- ✗ Summarise information and leave out important details
- ✗ Remember unimportant details
- ✗ If we do not understand, we add details to try and make the story better
- ✗ Make guesses about why something happened

GOOD LISTENING SKILLS

When we are listening well we:

- ✓ Summarise all the important details
- ✓ Ask questions about things the person said that we do not understand
- ✓ Repeat what the person just said to make sure we understood correctly
- ✓ Think about what the person is saying

- Print out and cut the shapes from Resource 3.1: Back to Back, for working in pairs
- Print out Resource 3.2: Communication Styles, to distribute to the participants




WARM UP (15 MINS)




1 BACK TO BACK


✓ DO:


- ✓ In pairs, give one participant – “the listener”, a blank piece of paper and pen, and give the other participant – “the speaker”, a geometrical image (Resource 3.1 – different images for younger and older girls).
- ✓ Ask the participants to NOT SHOW the geometrical image to their partner.
- ✓ Tell participants that the “speaker” must describe the first shape to their partner in detail while the “listener” acts as an artist and attempts to draw the shape using only the verbal instructions. Encourage the speaker to describe each of the individual shapes, to create the entire image.
- ✓ After 2-3 minutes, tell participants to compare the drawing with the printed shape.
- ✓ Allow participants to switch roles and repeat the activity with the second image.

 **NOTE:** It is ok if they cannot draw the image correctly, this is part of the fun of the activity! They should not spend more than a few minutes on each turn, the idea is that the speaker verbally communicates exactly what she sees, and the listener draws this based on her understanding.

 **ASK:**


How it felt when you were trying to draw the image?


What skills did you need to use?



Are these skills important in your everyday lives?

2 RECAP

REVIEW: last session objectives (below) and review the aims of this session (above).


Last session objectives:

- ✔ Named and explored a range of emotions
- ✔ Thought about how feelings can change and how this affects our behaviour with others


 **DO:** Support the girls responsible for the recap quiz to ask 3 questions related to last week's learning objectives. Thank the girls for their participation.

DISCUSSION ACTIVITY³ (30-45 MINS)

3 COMMUNICATION SKILLS


 **SAY:** Communication skills are an important foundation for school, work, friends, family and relationships.

³ Adapted from Non-focused Children's Psychosocial Program (2016). Danish Refugee Children, Lebanon.


 **EXPLAIN** that the purpose of the activity is to remind them of all the people in their lives, especially of the ones that make them feel safe and happy and empower positive, healthy relationships.


 **DO:**

- ✔ Give each participant a piece of paper and two colours: red and green. (*The girls can choose to keep the paper after the session or return it to the facilitator to destroy*).
- ✔ Ask them to draw a small circle in the middle of the page and write their names or draw themselves in it.

 **SAY:** Use **GREEN** to draw circles for friends or family members who make you feel good (to identify those we trust). Use **RED** to draw circles for people who make you feel scared, angry, confused or sad (those we do not trust).





 **EXPLAIN:** to the participants that one person can make us feel good and bad emotions and so can have both a green and red circle.

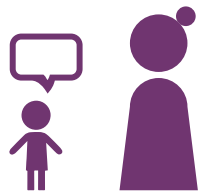
 **DO:** After the relationship map is completed, it is important to discuss how to talk and interact with the major people in our lives. Emphasise that *positive communication* helps us have healthy, fair and supportive relationships – with friends, husband, parents and family.



4 COMMUNICATION IN ALL LIFE SITUATIONS, INCLUDING WITH PARENTS AND IN RELATIONSHIPS

 **SAY:** A technique called reflection can help us become a better communicator. When reflecting, you will repeat back what someone has just said to you, but in your own words. This shows that you are listening. Try to reflect emotions, even if the person you are listening to did not clearly describe them. You may be able to pick up on how they feel by the tone of their voice or body language. For example, you parents might say, “I am so frustrated with you. You always are out with your friends!” You, as a listener, might reflect and say, “I sometimes like to see my friends when I get frustrated so I can talk to them. I will be sure to let you know before I go out next time.”

 **DO:** In pairs, say the following sentences out loud and ask the participants to think about a reflection. They should take three minutes per statement and write their responses in their journal.



CHILD TO PARENT:

“I was in a bad mood yesterday because school is so stressful. I just can’t keep doing everything I have to do.”



WIFE TO HUSBAND:

(for married girls)

“I feel like I am doing a lot of the housework. I need you to assist me with the dishes.”



FRIEND TO FRIEND:

“I am worried when I don’t see you at school. I always think something might have happened to you.”



BROTHER TO SISTER:

“I would like you to assist me with my homework, but I feel like you do not have time for me.”



POSITIVE STRATEGIES (30-45 MINS)

5 ACTIVE LISTENING



EXPLAIN: that active listening is an active process. This means participating in conversation rather than just acting as a passive audience. Active listeners show they are listening, encourage sharing and strive to provide the speaker and the listener an equal opportunity to participate in the discussion.



SAY:

There are several ways to practice active listening:

- You can put away distractions; this will allow you to focus on the conversation and help the speaker feel heard. This can also be done through verbal and non-verbal communication like body language and verbal cues that show empathy. An example could be “that’s interesting” or nodding. What are some other examples?

- You can also encourage sharing by asking open-ended questions. These are questions that encourage elaboration, rather than “yes” or “no” responses. Open-ended questions tell the speaker you are listening, and you want to learn more. Examples are “how do you ____?” “can you tell be more about_____?” What are some other examples?
- It is also important to be present and listen with an open mind. Your job is to understand the speaker’s point of view, even if you don’t agree.

✓ **DO:** Show the participants the flipcharts listing good and bad listening skills. Explain that during our session we will keep practicing good listening skill that will help us to be effective communicators.

BAD LISTENING SKILLS


When we are not listening well we:


- ✗ Summarise information and leave out important details
- ✗ Remember unimportant details
- ✗ If we do not understand, we add details to try and make the story better
- ✗ Make guesses about why something happened

GOOD LISTENING SKILLS

When we are listening well we:

- ✓ Summarise all the important details
- ✓ Ask questions about things the person said that we do not understand
- ✓ Repeat what the person just said to make sure we understood correctly
- ✓ Think about what the person is saying

 **EXPLAIN** that it is important to practice communication skills in all life’s situations.


 **NOTE:** Depending on the age of participants, choose the respective set of activities below – for younger girls conduct Activities 6 and 7, for the group of older girls, move to Activity 8.




6 CHAMPION OF SCHOOL (TEAM BUILDING ACTIVITY)

 **FOR YOUNGER
GIRLS**


✓ **DO:** In groups of 3 or 4, tell participants that they are in competition to create the best group in their school. They need to think of a name, motto and a badge for their group and design this on a poster using paper and markers. Encourage girls to think about what their group will focus on, i.e. basketball, science, friendship, etc. The girls present the poster and campaign back to the larger group after 20 minutes. Encourage the girls to do this in a creative way.


 **DO:** All together, vote on the best team and crown the champion team.

 **NOTE:** Encourage positive communication and negotiation skills between the groups by asking the girls to take turns communicating and drawing.




7 RESPONDING TO “NO”⁴

 **DO:** Have the girls make two lines, facing each other, they will be paired with the person opposite them. One group will be the “ask line” and the other group the “no line.”

 **SAY:** to the “asking line”:


You are Sara. Imagine your partner in the “no line” is Sara’s father. You are going to ask your father if you can join the children’s team (the group you’ve just created in the previous activity).


- If the girls need more guidance, you can explain to the girls that they can say things like “Please, can I join the course,” “It’s really important to me,” or “I would really love to go to this course, it would be so helpful for me.”

 **SAY:** to the “no line”:

- You are the “no line” and it is your job to say “no” to Sara’s request.
- Have one pair practice this once for everyone to see how it should go, then ask all the girls to practice.
- After they practice, tell the “ask line” that when Sara’s father says “no”, they must ask a “what”, “how” or “why” question, which will make their partner explain their reasons.
- If the girls need more guidance, you can say for example “What would convince you to let me go?” or “How can we compromise?” or “Why don’t you think it’s a good idea that I attend?”
- The “ask line” will then ask their question again with the new information given from the “no line.” The person in the “no line” can then decide if they accept the request of the person in the “ask line.”
- Each pair should practice this down the line. And then switch roles once they have all had a turn.
- Have a few volunteers share their practice with the group to see whether the communication they were using was assertive.
- Ask girls from the “no line” why they maintained saying “no” or why they changed their mind and said “yes.”

⁴ Adapted from Girl Shine Life Skills curriculum, IRC

 **EXPLAIN:** It's important we say what we want clearly. For example, Sara could say to her father that it is something that is very important to her, that she will make sure she goes with a group and that it will really benefit her in the future, etc. If Sara says to her father that she really wants to go and it is unfair that he won't let her, her father might be less likely to listen to her request. **ASK:** What did we learn from this activity?

 **EXPLAIN:** This activity helps us to not be afraid when someone says “no,” and teaches us how to be assertive by asking probing questions and re-stating what we asked for. Often, assertiveness is hard when you face a challenge or need to ask for something. This activity can help us to feel more comfortable when dealing with this situation.



EFFECTIVE COMMUNICATION SKILLS




 **ASK:** the girls to together come up with a name for the group.


- Check how the girls would like to customise the space where they are meeting as a group.
- If the space is permanently dedicated to girls:


 **ASK:** the girls to use the different art supplies to customise one wall.

- If the space is used by other groups:



 **ASK:** the girls to use the different art supplies to create a banner with the name of their girl group, and then ask them to individually add their personal touch to the banner.

- The banner should be colorful and big enough for everyone to see. The banner will be put up at the beginning of each group session. Remind the girls that everyone's contribution to the banner is welcome and reflects our commitment to creating a safe space.
- Each girl can put her name, a symbol, or draw herself. It should be something that makes it personalised for her.

 **NOTE:** Encourage positive communication and negotiation skills between the group members by asking the girls to take turns in giving suggestions, sharing ideas, communicating and drawing.

 **SAY:** Now we will practice more different communication styles through role plays. We will also practice communicating our needs and wants, with the ability to say “no”, when we feel that way, as well as maintaining boundaries that can increase our safety at home and in the community.

 **DO:**


-  Divide participants into three groups.
-  Show prepared flipcharts with three communication styles (as per Resource 3.2):

NEGATIVE COMMUNICATORS	AGGRESSIVE COMMUNICATORS	ASSERTIVE COMMUNICATORS
-----------------------------------	-------------------------------------	------------------------------------


 **EXPLAIN:**


- In each group there will be “Askers” and “Deciders”. Each group will have a scenario and will prepare a 2-minute drama whereby the “Askers” try to convince the “Deciders” and agree to what the “Askers” are proposing.
- However, each group will use a different communication style and need to create a drama that matches the style assigned to them.
- Randomly divide participants in each of the three groups on “Askers” and “Deciders”.
- Give each group their scenario and their group’s communication style.
- Give the participants about 10 mins to plan their drama. Each group should present their 2-minute drama back to the larger group.


GROUP 1 SCENARIO	GROUP 2 SCENARIO	GROUP 3 SCENARIO
Your caregivers – the “Askers”, want you to clean the mess in the kitchen, but you – the ‘Deciders’, want to finish your homework instead.	Your friends “Askers” want you – “Deciders”, to lie to their parents about where they are going.	A group of strangers, “Askers”, makes comments about you – “Deciders”, as you walk down the street and asks you to stop to talk to them.
Group 1 should use NEGATIVE COMMUNICATORS style.	Group 2 should use AGGRESSIVE COMMUNICATORS style.	Group 3 should use ASSERTIVE COMMUNICATORS style.

 **ASK** the girls to think about this activity.

- ① Which type of communication style do you think is the most challenging to respond to?
- ① Do you think our responses and certain communication style could have caused us more harm or could it have helped the situation? How?
- ① How can we respond to negative and aggressive communication?
- ① How can we practice positive communication rather than negative and aggressive communication.

 **NOTE:** *Guide the girls in the discussion to use the different ways to say “no.” Encourage them to think about whether saying “no” or avoiding confrontation would be the best choice for their safety. For example, if someone is angry and seems aggressive, maybe backing away would be the best option. If someone is trying to physically hurt someone, maybe it’s better to be aggressive to alert others to the situation. Also get them to think about when it is appropriate to say “no” and when it isn’t. Could it cause more harm to respond with “no” to their parents, for example?*


 **EXPLAIN:** Saying “no” is an important skill. Girls need to practice communicating their needs and wants, as well as maintaining boundaries that can increase their safety at home and in the community. For women and girls, saying “no” can be difficult, particularly in cultures where it’s not acceptable for girls to disagree.

 **SAY:** Assertive communication is often challenging and often involves re-framing or re-stating our request. “I” statements are a simple way of speaking, which empowers you to take responsibility for own feelings and explanation of a problem! Ask the group to practice an “I” statement both as “Askers” and “Deciders”.



REFLECTION (15 MINS)

9 CIRCLE ROUND

 **ASK** each participant: What's one thing you have enjoyed about today?

DO: Paraphrase and repeat any responses which are related to the session objectives.

10 CLOSING COMMENTS

DO:

- Thank everyone for their participation.
- Encourage everyone to write/draw something in their learning journal about a previous conversation and/or communicating with someone particular in their lives, if it's positive/negative, what they would like to change or keep about it?

 **REMIND participants about:**

the time and location of the next session; and the person/s responsible for the recap quiz questions for the next session.

your role as a facilitator is to be available should anyone wish to discuss anything after the session. Highlight that your role is to provide support, but that you are not a caseworker or counsellor; however, you are able to provide a referral to required services that exist in the area.

SESSION 4

DECISION-MAKING AND PROBLEM SOLVING

🎯 SESSION OBJECTIVES

By the end of the session participants will:

- Learn to identify personal decision-making style and strategies
- Apply critical thinking skills to evaluate possible outcomes and solutions to a problem
- Understand how to make good decisions which girls do not have control over

👉 FACILITATORS NOTES

- In a family, friendships and relationships both small and large problems will arise which will require girls (and boys) to think effectively to assess problems and find solutions.

📝 PREPARATION AND MATERIALS

- Flipchart papers and markers, tape, pens
- Print out of Resource 4.1: Good Decision-Making Role Play, for group work
- Print out Resource 4.2: Problem Solving, to hand out to each of the participants
- Prepare a flipchart with the following:

Steps to making a smart decision:

- List my options.
- Think about the pros and cons.
- Ask others for advice.

- Prepare a flipchart for Activity 6:

Conflict Resolution Strategies:

- Focus on the problem, not the person.
- Use reflective listening.
- Use “I” statements.
- Know when to take time-out.
- Work toward a resolution.



WARM UP (15 MINS)

1 HUMAN KNOT



DO:

- ✓ Divide the participants to form two groups.
- ✓ Each group has to form a tight circle while facing each other.
- ✓ Everyone has to extend their hands in the circle and have to interlock their arms and hands with the other girls of the group. Make sure that the two hands they are holding do not belong to the same person.
- ✓ The goal of the group is to untie the knot. They can climb under, over and even through each other's arms to untie the knots.
- ✓ If groups finish before 10 minutes, they can change teams and play again.

2 RECAP

REVIEW: last session objectives (below) and review the aims of this session (above).

Last session objectives:

- ✓ Developed listening and communication skills in all life situations, including relationships
- ✓ Became empowered in their choice to say “no”



DO: support the girls responsible for the recap quiz to ask 3 questions related to last week's learning objectives. Thank the girls for their participation.



DISCUSSION (30-45 MINS)

3 EVERYDAY DECISIONS



SAY: Everyone makes decisions every day. Sometimes decision making is easy and you know right away what to do, but sometimes it's a hard decision, especially in a difficult or challenging situation. It is good to think of all your options before you act.



ASK: the group what type of decisions they make every day using examples relevant to the context (e.g. What to wear? What to eat for lunch?). Ask the group to think of a situation in the last couple of days where they did not know what to do.



TELL: the girls that they are going to continue to practice some communication skills to improve negotiation, compromise and decision-making, especially when they are faced with a specific problem, or when there is a challenge at home, with family or in relationships.



EXPLAIN: If possible, start the conversation when the other person is calm and use "I" statements which include what you are asking for.



ASK: Can you think of any idea on how to make a good decision?



SAY: There are three simple steps to making a smart decision.

The steps are:



List her options



Think about the
"Pro's and Con's"




Ask others for advice


Consider these steps when deciding on what to advise the character in the case study.

 **DO:**


- ✔ Divide participants into three groups.
- ✔ Give one scenario to each group (Resource 4.1).
- ✔ In their groups the girls should discuss their scenario and then problem solve some solutions.

 **NOTE:** Show the steps written on a prepared flipchart.

 **EXPLAIN:** to participants that “Pro” means good things and “Con” means bad things. You can explain this by saying, “Imagine what might happen if I made each decision. What bad things would happen? What good things would happen?”

 **DO:** After about 20 mins invite the participants to share their group discussions to the larger group.

 **NOTE:** Keep referring back to three steps for smart decision-making as you discuss with the group.


 **ASK,** as you discuss:


- ❓ What is the importance of communication skills?
- ❓ Have they used this technique before?
- ❓ If it hasn't worked, what are some other options?

 **NOTE:** For younger/unmarried girls skip this exercise and move to Activity 5.

4 PROBLEM SOLVING TASK SHEET

 **FOR OLDER AND
MARRIED GIRLS**

 **DO:** Hand out Resource 4.2: Problem Solving, to the participants. Ask the participants to work individually or in pairs to complete the questionnaire.

 **NOTE:** Ensure you walk around the room throughout the exercise to clarify any questions/issues and support with resolving any problems/challenges, the participants might have. If among participants

there are members who are unable to read and write, put them in pair with someone who can, or read respective questions to them. Allow participants to draw their responses or just share verbally if they are more comfortable to do so.



POSITIVE STRATEGIES (30-45 MINS)



5 MAKING DECISIONS

DO: Ask participants to stand in a circle and read the story of Amar and Leila. Explain that Leila will need to make decisions which may affect her wellbeing. Tell them that this is just a hypothetical story and intended to help them understand the importance of decision making.

NOTE: *Contextualise the story to fit the peculiarities of your context, as well as to make it relevant to the age group of the participating girls.*



Requires CONTEXTUALISATION:

STORY OF AMAR AND LEILA:

Leila is 15 years old and stayed after school. She is walking home alone. Leila sees Amar across the street when she leaves school. Amar is someone from her class; he stops and asks Leila if she wants him to walk her home.

ASK:

- What could happen if Leila walks home with Amar?
- What can happen if she does not walk with him?
- What does Leila know about Amar?

Leila agrees and accepts the offer. Amar offers to stop by the kiosk and buy a soda on the way to her house. Amar says that she is pretty and he is going to marry her.

 **ASK:**

- ① What could happen if Leila agrees to have soda with Amar?
- ① What could happen if Leila does not have soda with Amar?
- ① Why is Amar offering to buy Leila a soda?

Leila tells Amar that she will go to the kiosk with him if he agrees to have only one soda and then takes her home. He agrees. Inside the kiosk he orders one soda for each of them and then several more for himself. They are inside the kiosk for a long time. Leila tries to leave, but Amar grabs her and harasses her. Amar says that he will tell her father that she tried to leave. Leila is able to make it outside the kiosk but once she gets outside, she sees that it is dark. She needs to get home.

 **ASK:**

- ① How could she get home safely?
- ① What could happen if she tries to walk? Or goes and waits for him?
- ① What could happen if she contacts a friend or family member?
- ① What are her other options?
- ① Can she ask someone else? Or call a person for help?

DO: Ask the participants to reflect on the decision-making strategies already learnt. As a group, discuss how Leila should decide to get home.

Additional scenario on CEFM for older/married girls:



 **NOTE:** For younger/unmarried girls skip this activity and move to the next session – ‘Reflection’.

 **Requires CONTEXTUALISATION:**

STORY OF AMY AND ALBERT:






Amy is 15 years old and married to Albert. One day, she stayed after school. She is walking home alone. Amy sees Arthur across the street when she leaves school. He is also a family friend. He stops and asks Amy if she wants him to walk her home because he finished work early. She feels like she needs to accept, but she is afraid of her husband.

 **ASK:**



-  What would happen if Amy refuses?
-  How does Amy feel?

Amy is scared of her husband. He does not treat her well. She does not want to live with him but would rather get advice from a friend.

 **ASK:**

-  What can she say to Albert for him to let her see her friend?
-  How could she get to safety?
-  What could happen if she contacts a friend or family member?
-  What are her other options?
-  Can she ask someone else? Or call a person for help?

 **DO:**

-  Reflect on the decision-making strategies already learnt. As a group, discuss how Amy decides to get home.
-  Remind participants to refer to three strategies:



List her options




Think about the
“Pros and Cons”




Ask others for advice

6 RELATIONSHIP CONFLICT RESOLUTION

FOR OLDER AND MARRIED GIRLS

 **ASK:** Is conflict good or bad? Why?

 **EXPLAIN:** Conflicts are a part of life. Conflict is a mismatch between two or more opinions or values. They are normal, and they can have good and bad results. Sometimes conflicts can help us solve a bigger problem.

ASK: When does a conflict have bad results?




(When two people argue and one person hurts the other and the conflict results in violence.)

ASK: When does a conflict have good results?



(If it is managed and dealt with well and without violence.)

 **EXPLAIN:** that when there is a conflict, it is important to focus on the problem (not the person), using reflective listening, “I” statements, using time-outs, and working toward a resolution.

 **NOTE:** Explain each of the following 5 strategies to the participants. Show the key points captured on a flipchart.

CONFLICT RESOLUTION STRATEGIES:

Focus on the problem, not the person.

When a disagreement turns to personal insults, raised voices, or mocking tones, the conversation is no longer productive; it might be best to take a time out and come back to the conversation when you and your husband are feeling calmer.

Use reflective listening.

Oftentimes during arguments, we focus on getting our own points across rather than listening to our husband. Before answering your husband, restate what they have said to you in your own words and continue this process until your husband agrees that you understand. Next, share your side.

Use “I” statements.

When sharing a concern, begin your sentence with “I”, which demonstrates that you are taking responsibility for your own emotion rather than blaming. For example, “I feel...”.

Know when to take time-out.

When you and your husband are becoming argumentative, insulting, or aggressive, it is a good idea to take a time-out. Be sure that you return to the conversation – it is not a good idea to leave these issues unaddressed.

Work toward a resolution.

Disagreement is a normal part of a relationship. If it becomes clear that you and your husband will not agree, focus on a resolution instead. Try to find a compromise.

EMPHASISE: If regardless of the efforts to resolve a conflict without violence, the husband hurts the girl (physically or emotionally), if she experiences gender-based violence, the girl should not keep quiet, but seek support to stay safe and unharmed.

 **ASK** the girls to reflect on a personal experience/relationship conflict, which they recently had.

 **ASK** them to use their learning journal to write down an alternative resolution using the above strategies.



REFLECTION (15 MINS)

7 CIRCLE ROUND

- DO:** Conduct a circle round by asking each participant what is one thing that they have enjoyed about today? Paraphrase and repeat any responses which are related to the session objectives.

8 CLOSING COMMENTS

- DO:**
 - Thank everyone for their participation.
 - Encourage everyone to write/draw something in their learning journal about a time when they had to make a challenging decision. What techniques could they use to solve the problem?

 **REMIND** participants about:

the time and location of the next session; and the person/s responsible for the recap quiz questions for the next session.

your role as a facilitator is to be available should anyone wish to discuss anything after the session. Highlight that your role is to provide support, but that you are not a caseworker or counsellor; however, you are able to provide a referral to required services that exist in the area.

INFORM participants that for the next session we will invite some service providers – case workers, female health and psychosocial service providers, to join the session and introduce the services that are available in the area. Get girls' consent to invite the service providers for the session.

SESSION 5

MY SUPPORT STRUCTURES

SESSION OBJECTIVES

By the end of the session participants will:

- Understand the importance of being connected to others
- Identify supportive people and safe places in their community
- Explore ways of reaching out and receiving support

FACILITATORS NOTES

- Be mindful of any girls who find it difficult to name people in their network who can offer support. You may need to help them identify ways to expand their networks and also think of this group as a network.
- Prepare some information on organisations that young people can visit to seek help, advice and support and hand this information out before the end of the session.
- Disclosure of traumatic events can occur during this session and the request for accessing specialised services may come from the participants. Make sure you and the invited service providers are prepared to support the girls and make necessary referrals.

PREPARATION AND MATERIALS

- Flipchart papers, markers, sticky-notes.
- Print out Resource 5.1: Who Matters?, to distribute to each of the participants as handout.
- Conduct the mapping of service providers in the area; have the list of available service providers (both state and non-state) ready to be shared with the participants.
- If Optional Activity 6 is planned to be conducted, invite 3-4 service providers – case workers, female health and psychosocial service providers, to join during the Activity and introduce the services that are available in the area.



WARM UP (15 MINS)

1 WHO AM I?

✓ DO:

- ✓ Give the girls a couple of blank sheets of paper and ask them to rip them into 10 strips.
- ✓ They should write down the roles they play in their life (e.g. student, daughter, caretaker, sister, granddaughter, etc.) on each separate strip.
- ✓ After they have finished, ask them to turn to their neighbour to work in pairs.
- ✓ Ask the girls to present their roles to one another and discuss them, discarding ones that are the least important.
- ✓ They should be left with three strips which they feel are the most important roles.

? ASK:

- ? How it felt to throw away seven roles you play in your life?
- ? Was it difficult to choose only three roles?
- ? How you decided on which roles are the most important? What influenced your decision?

2 RECAP

REVIEW last session objectives (below) and review the aims of this session (above).


Last session objectives:


- ✓ Learnt to identify personal decision-making style and strategies
- ✓ Applied critical thinking skills to evaluate possible outcomes and solutions to a problem
- ✓ Understood how to make good decisions which girls do not have control over

- ✓ **DO:** Invite the girls responsible for the recap quiz to ask 3 questions related to last week's learning objectives. Thank the girls for their participation.


DISCUSSION (30-45 MINS)


3 TRUSTED INDIVIDUALS

 **SAY:** Choosing trusted individuals is a personal choice; you have a right to decide who to trust.

 **ASK:** the girls to think about the people who matter in their life? What qualities do they think are the most important to have when choosing this person?

 **NOTE:** *Girls should fill this out on the distributed Handout (use Resource 5.1).*

 **EXPLAIN:** that they can write no more than one person in each circle. They can also choose two important people who they do not have a close relationship with. **Explain** that it is important to be able to identify and access trusted persons – persons they feel they can confide in when they need to talk to someone or if they have been exposed to abuse. Some girls might not have someone in their life who they feel is important, but they can still think about who these people might be. Friends can provide another type of support.

 **SAY:** “Trusted persons” differ depending on the person.

Some examples of trusted persons:

FAMILY

This can be the nuclear family or extended family who are often the first source of support and assistance.

ADULT FRIENDS

Sometimes it is easier to talk with a trusted adult besides a family member.

FRIENDS

Friends may be able to listen and offer support.

CHURCH/MOSQUE

Religious leaders/members.

SCHOOL PERSONNEL

Teachers are available and are willing to offer support and to help.

DOCTORS/NURSES

Know community resources and can make sure you see whom you need to for help.

COMMUNITY GROUPS

Can provide resources and activities, including psychosocial, health, legal and safety assistance available in their area.

4 COMMUNITY MAPPING



DO:

- ✔ Divide girls into groups of 4-5 each.
- ✔ Give each group a sheet of flip chart paper and a marker. Allow 30 minutes to draw a map of their community.
- ✔ Tell them to start drawing the outline, and then to fill in with all of the major landmarks (schools, churches, mosques, clinics, bus stops, major roads, etc.).

FOR OLDER GIRLS



DO:


- ✔ Give each group sticky notes and tell them to write the name of one location in the community on each note.
- ✔ Ask the participants to prioritise the places in the community according to safety for the participants themselves.

NOTE: Girls should order the cards from the least safe to safest on the bottom. Each group should present their map, describe the location in the community they identified, and then have them share their safety ranking.

 **ASK:**


- ① What makes XXX safe?
- ① What could make XXX safer?
- ① Are there certain times of the day when a place is safe and other times when the same place becomes unsafe? When? Why?

 **FOR YOUNGER GIRLS**

 **DO:** Ask the girls to draw a love heart or a smiley face in the areas that they like to visit then a sad face or cross in the places which feel dangerous or unsafe.

 **ASK:**


- ① Why does this place make you happy?
- ① Is it always a safe and happy place, or are there times when you know you shouldn't go there?
- ① Are there any places where you would like to spend more time at?


 **NOTE:** For programmes currently conducting a community risk mapping, please adapt the exercise and/or use the existing mapping to compare with the mappings from this activity.

 **POSITIVE STRATEGIES (30-45 MINS)**



5 SUPPORT STRUCTURES

 **NOTE:** Have the service map available to highlight the locations, phone numbers and relevant contact details for services that exist in the area. These can include facilitated girls groups, case workers, doctors, nurses, teachers and others; and can be provided/facilitated both by state and non-state/NGO actors.

 **SAY:** There are people and services which can keep you safe if you need additional help or support.



ASK:

- ① What kind of support you think you would receive from a support group, caseworker, nurse or teacher? Where do you go if they are having a problem with your family or boyfriend/husband?
- ① Where can you go if you are experiencing violence?
- ① Have these places/services been identified on the community map we put together in a previous exercise?

DO:

- ✔ Invite the girls to revisit the community map.
- ✔ Hand out more sticky notes.
- ✔ Ask the girls to identify where these services are located on their map.
- ✔ Ask if everyone has heard about these services?
- ✔ Ask the girls to discuss in pairs which services they would access and what steps they would take to do this.

6 SUPPORT SERVICES⁵

OPTIONAL ACTIVITY


NOTE: Invite 3-4 service providers – such as case workers, female health and psychosocial service providers, to join during this Activity.


SAY: It is important for girls to be informed of health and psychosocial services available in the area and know who to go to for what. With this activity we will see how we can strengthen connections between girls and the service providers. Let's start with discussing Sara's story.

⁵ Adapted from IRC Girl Shine Life Skills Curriculum

SARA'S STORY

Sara woke up one morning feeling sick. Her stomach hurt and she did not feel like eating breakfast. She was warm and sweaty and she felt like she needed help.

 **ASK:** Where could Sara go to get help with her symptoms?

 **SAY:** There are services available to help keep us safe and healthy. Local services include **(Requires CONTEXTUALISATION)**

HEALTH SERVICES


Doctors, nurses, health practitioners who can help when you are sick, injured by accident, or by another person.

SUPPORT SERVICES






Counselors and caseworkers who can help with feeling sad, angry, confused. They can also help if someone hurts a girl or makes her feel uncomfortable.

NON-GOVERNMENTAL ORGANIZATIONS' SPECIAL PROGRAMMES

That deliver protection and health services *(if available)*.

 **NOTE:** *If female service providers are not available, draw pictures of service providers and do a large group activity where you explain the services to girls. You can play the role of the service provider to make it more interactive and fun for the girls. Not all the service providers listed may be trustworthy or safe in every context. Make sure your supervisor approves the service providers listed and brief the service providers ahead of the exercise on the approach used with adolescent girls.*

DO:

-  Invite at least three service providers, such as case workers, female health and psychosocial service providers, to come to the session.
-  Have them bring materials and equipment that they use at their jobs, as well as a map showing where their services are located.
-  Encourage the girls to ask questions to providers about what they do and how they can help girls their age find assistance.
-  Break the participants up into three smaller groups of three to five and assign a service provider to each one.
-  Put drawings or descriptions of types of problems that girls face, when they need to seek out help, up on the wall.

Some examples might be:

- When a girl is feeling sick
- A girl is thinking about starting contraception
- A woman is pregnant and wants medical care
- A brother who is hurting his sibling
- Someone has their phone stolen from their home
- Someone is having arguments with their (husband/ boyfriend/friend/family member) and is not feeling good about herself
- A girl who experiences violence from someone she knows or even a stranger
- ✔ Invite the girls to choose one problem and role play with the service provider, deciding how she would ask for help.
- ✔ Invite the service provider to role play showing how she would help.

- ✔ **DO:** Hand out a list of relevant and accessible services to the girls at the end and explain how to access each one. Check if it is safe for the girls to bring the list home.

⚠ **NOTE:** Disclosure of traumatic events can occur during this activity and the request for accessing required services may come from the participants. Make sure you and the invited service providers are prepared to support the girls. Tell the girls that you, service providers or one of your colleagues are available to speak with the individual(s) privately or to refer appropriately.

REFLECTION (15 MINS)

7 CIRCLE ROUND





- ✔ **DO:** Conduct a circle round by asking each participant what is one thing that they have enjoyed about today? Paraphrase and repeat any responses which are related to the session objectives.



8 CLOSING COMMENTS

DO:

-  Thank everyone for their participation.
-  Encourage everyone to write/draw something in their learning journal about their support person. Have the girls give reasons on why they trust this person and potential reasons why they might need to reach out to this person.



REMIND participants about:

the time and location of the next session; and the person/s responsible for the recap quiz questions for the next session.

your role as a facilitator is to be available should anyone wish to discuss anything after the session. Highlight that your role is to provide support, but that you are not a caseworker or counsellor; however, you are able to provide a referral to required services that exist in the area.

SESSION 6

BOUNDARIES AND HEALTHY RELATIONSHIPS

SESSION OBJECTIVES

By the end of the session participants will:

- Learn what constitutes personal boundaries and what makes relationships healthy
- Understand reasons and consequences of child marriage: love and marriage

FACILITATOR NOTE

- Due to child marriage a couple might face different problems, such as concerns in their sexual and reproductive health, burden of work from young age, missed school or be forced to leave school, different kinds of gender based violence, need to engage in sexual activity before reaching mature age, unwanted pregnancies and motherhood when they are not ready for it, chances of high number of children, become victim of domestic violence, depression, lack of self-esteem, uncertain livelihood, increased responsibilities and might need to face different social pressure.
- Anyone below the age of 18 are children and not considered adults; they are still developing, both physically, developmentally, emotionally and mentally. Child marriage can have a lasting impact on the life of both the girl and the boy.

PREPARATION AND MATERIALS


- Flip chart papers, markers, highlighters, sticky-notes.
- Prepared flipchart with “Healthy Relationships and Boundaries Questions”.
- Prepare flip chart with the list of “Common Elements of Healthy Friendships and Healthy Relationships” for Activity 3.
- Print out 4-5 copies of the following resources to use for group activities: Resource 6.1: Case Studies, Resource 6.2: Advice for a Friend, Resource 6.3: UN CRC.


- Print out Resource 6.4: CRC and Child Marriage and Resource 6.6: Boundary Exploration to distribute to each participant as a handout.
- For Activity 8 cut the individual statements from Resource 6.5: Stop and Go or write each of the statements on a small piece of paper. Add couple of blank pieces of paper.




WARM UP (15 MINS)


1 MY BOUNDARIES


 **ASK** half the room to stand in a line on one side of the room and the other half to stand in a line facing them.

 **EXPLAIN** the exercise by noting:


- There are many types of boundaries, including physical boundaries, emotional boundaries and professional boundaries.
- Boundaries exist in all our relationships, but they are not something we usually talk about. We often do not know we have a boundary in place until we feel that someone has crossed over it.
- Physical boundaries are the most obvious, and in this exercise, we will explore our physical boundaries.
- I will be asking you to take steps toward the person on the opposite side of the room until you feel uncomfortable moving closer.
- This will help us to see how different people have different physical boundaries.

 **EXPLAIN:** that when you say “step”, you would like them to take a step toward each other. When they start to feel uncomfortable, they should raise their hand. This means that the person opposite them should stop and not come any closer.

 **SAY:** “Step” out loud and wait for participants to take a step forward. Continue to do this until either all participants have their hands up, or participants are as close as they can be.



ASK: When the activity is finished, encourage the group to reflect on their boundaries with the following questions:

- ② For those of you who put your hand up, how did it feel to have someone getting close to your boundary?
 - ② Why do some people have different boundaries than others?
 - ② Do your physical boundaries change in different situations?
 - ② How do we know a person's physical boundaries without them telling us?
 - ② What are some examples of other boundaries, such as emotional boundaries?
- 

2 RECAP

REVIEW: last session objectives (below) and review the aims of this session (above).

Last session objectives:

- ✔ Understood the importance of being connected to others; identified supportive people and safe places in their community
- ✔ Explored ways of reaching out and receiving support

✔ **DO:** support the girls responsible for the recap quiz to ask 3 questions related to last week's learning objectives. Thank the girls for their participation.



DISCUSSION⁶ (30-45 MINS)

3 HEALTHY FRIENDSHIPS AND HEALTHY RELATIONSHIPS



SAY: Today we will talk about relationships. A relationship is the way in which two or more people are connected. Let's discuss what a healthy relationship is. Can you think of one relationship you have that is very healthy and good? What qualities make it so good?



DO:

- ✔ Divide the participants into groups of 4 and hand out flip charts and markers.
- ✔ Ask the groups to brainstorm what makes a healthy friendship?
- ✔ Give participants 5 minutes to come up with a list and write on a flip chart
- ✔ Ask what makes a healthy romantic relationship between a boy and a girl (or husband and wife)? Think about if this is the same or different from a friendship.
- ✔ Give participants 5 minutes to come up with a list and write on a flip chart.



DO: Show the “Common Elements of Healthy Friendships and Healthy Relationships” flipchart and discuss

Common Elements of Healthy Friendships and Healthy Relationships:

Accepting each other for who you are	Honesty	Being comfortable being yourselves around each other	Being trustworthy
Kindness	Being there for each other	Respecting each other	Making each other laugh when one of you is sad

⁶ Adapted from CARE USA. “Facilitator’s Manual for Adolescent Boys: CARE’s Tipping Point Phase 2, Nepal.” Cooperative for Assistance and Relief Everywhere, Inc., 2019.

Common Elements of Healthy Friendships and Healthy Relationships:

Being able to tell each other anything

Treating information shared with respect and trust

Looking out for each other/protecting one another/ caring for each other

Supporting each other when one needs help or advice

Letting the other make their own decisions without interference

✓ **DO:** Highlight that in both friendships and romantic relationships, people want the best for the other person. In both friendships and romantic relationships, people should be able to express themselves openly, and be able to listen to, appreciate, and accept the other person's needs.

⚠ **NOTE:** *If elements of healthy relationships and boundaries in the context of mobile phones, WhatsApp, Facebook/social media and internet comes up, note these down. Mention that they are very important and that we will discuss these in more detail in the next step.*

4 HEALTHY BOUNDARIES

✓ **DO:**

- ✓ Split girls into 3 or 4 groups.
- ✓ Give each group a story to read and questions to discuss (use Resource 6.1).
- ✓ Give the groups 15 minutes to discuss, then bring all the participants back together.

⚠ **NOTE:** *For girls who may have challenges reading, consider for the facilitator to read the story and questions for the groups.*

 **Requires CONTEXTUALISATION:**

STORIES:

STORY 1:

Juliet is 22 years old and so is her husband Simon. They are in a love relationship and got married last year. Simon and Juliet respect each other and both share in household responsibilities. Juliet is happy that she is friends with her husband.

STORY 2:

Josephine is friendly with her brother's friends and wants to get to know Joseph more as friends. Josephine tells her brother who teases her and tells Joseph.

STORY 3:

Amira is a 16 year old new bride to her father's friend Malik. Prior to marriage, Malik promised the family that Amira could continue her education after marriage. Malik has now refused. Amira is home alone all day and is now responsible for all of the chores that Malik tells her to do.



STORY 4:

Sara has a crush on a boy named Nimo. Nimo knows that Sara likes him. Nimo has asked Sara if he can take a picture of her to 'keep' safe. Sara allows Nimo to take the photo but her friend later tells her that it is being shared over WhatsApp/social media.

Group discussion questions:


- ② Which relationships did you think were healthy and which were not? What are the reasons?
- ② Were healthy boundaries maintained in the above situations?
- ② If not, then in what way were boundaries violated?
- ② What were or could be the consequences for the women? How about the men?
- ② What behaviour do you think should not be a part of healthy friendship or healthy relationship?

DO: Ask the groups to share the highlights from their group discussions.

 **NOTE:** Add anything the group may have missed.

The following should not be a part of a healthy friendship and a healthy relationship:

- Reading your friends or romantic partner's phone messages, pictures, recordings without their consent.
- Secretly taking and storing pictures of the other person without their knowledge.
- Sending or sharing the other person's pictures or personal information with anyone without their consent.
- Recording personal phone conversations in general because they may be misused, but especially without the other person's consent.
- Sharing mean comments made about a person on phone or online.
- Sharing nude or objectionable pictures of your friend on your phone, WhatsApp or Facebook or other.

 **EXPLAIN:** There are different levels of friendship:

- **Acquaintance:** Someone you know, who you say "Hi" to when you see them and exchange friendly small talk.
- **Friend:** Someone you chat with at school, hang out with during extracurricular activities, and/or who may live in your neighbourhood, etc.
- **Close friend:** Someone you hang out with at school and/or outside of school / someone you've known for a long time, who you trust to confide in.

Regardless of the type of friendship, healthy boundaries need to be maintained in all relationships. There is no excuse for breach of boundaries in any relationship.

 **NOTE:** Skip Activity 5 for younger girls.

5 MARRIAGE AND BOUNDARIES



DO: Divide the participants into two teams: team A and team B.

DO: Ask questions alternatively to each team (A and B); in a team the same person cannot answer twice. Ask them to imagine that they are in a romantic relationship or married if they are not already.

Read the statement and ask the respondent if the statement should be 'true' or 'false' for a healthy relationship.

STATEMENT	TRUE	FALSE
You enjoy spending time with each other	✓	
You need to spend all your time together		✗
You look out for each other OR care for each other	✓	
You read messages on each other's phones without asking		✗
You are good friends	✓	
You share personal stories and trust each other	✓	
You say mean things, but then say you are kidding		✗
You care about and respect each other's limits	✓	
You do whatever the other person wants (even sexual requests)		✗
You try to change things about the person that you don't like		✗

✓ **DO:** If the teams have opposing responses, ask them to discuss and clarify why they feel this way.

🗣️ **SAY:** Relationship boundaries tell us what behaviour is ok in a healthy friendship and what behaviour is not. Both physical and relationship boundaries are important at all times. Consent is important in both places.

 **ASK:**

- ① How do you know when you want to get married?
- ① What are some reasons that you want to get married?
- ① How about girls who are your age? What are some reasons why they might want to get married?



EXPLAIN that there are many different reasons why people might want to get married: some get married for love, some are asked and forced to do so by their family or community leader. Some get married even if they are not ready to get married. Some boys and girls choose not to marry as well.

 **DO:**

- ① In their groups, ask the participants to discuss: What age is appropriate to get married? How can you ensure that you get married when you are ready? Should you be involved in the decision-making process?
- ① Brainstorm with the participants some of the potential risks to marrying before the age of 18. What are some of the benefits of marriage before the age of 18? What are some of the benefits of marrying after the age of 18? What about some of the risk to marrying before 18? And after?
- ① Ask if marrying before 18 is common in your community?



6 ADVICE FOR A FRIEND

OPTIONAL ACTIVITY

 **DO:**

- ① Divide the participants into two groups.
- ① Give each group a scenario (as per Resource 6.2) and ask them to answer the discussion questions provided. Give the groups 15 minutes to prepare and 5 minutes each to present their plays/answers.

 **FOR YOUNGER GIRLS**

- ① Ask them to develop a role play – what advice they would give to the person from the case study, as a friend, including important information they could share.



FOR OLDER GIRLS

- ✓ Ask them to have a discussion and write down possible advice they should give for the persons in the scenario.



7 UN CRC AND CHILD MARRIAGE

- ✓ **DO:** Divide participants into groups of 5. Hand out markers, sticky notes and paper to each group.




EXPLAIN the instructions:

- Each group draws an outline of a body.
- Instruct the groups to imagine that this paper person represents a child, someone around their age. Groups should give their child a name.
- Groups brainstorm all of the things their child will need to have and be able to do now, in their childhood, to grow up happy and healthy. Explain that some of their ideas will be things that we can touch and have physically (like nutritious food). Other ideas will be things that we can do or have but that can't be seen or touched (like privacy). Each idea should be recorded on a different sticky note and placed inside the child's outline. No more than 20 sticky notes should be placed.
- After brainstorming, groups should decide what are the 10 most important ideas inside their child's outline. They set the others aside in a pile. Then each group shares some of their ideas about their child and the things he or she needs to grow up happy and healthy.
- Ask groups why they have chosen to eliminate the ideas that they did?
- Announce that unfortunately, circumstances in their child's life mean that they will not be able to have or be able to do all of the things the group feels are necessary. Each group must choose the 5 least important items (leaving 5 remaining) to remove from their outline. They set these aside in a separate pile.
- Ask if the second round of eliminations was more difficult than the first? Why?
- Explain that sadly their child will have and be able to do even fewer things in their childhood. The group must choose the 5 least important items inside the outline and remove them to a separate pile. They will have 5 items remaining.

 **ASK:**


- ① What are some of the things you have remaining inside your child's outline? Do we see similar ideas among the groups?
- ① What were some of the items you removed in the first elimination? What about in the second? Or in the third?
- ① Did it get harder to decide which items to remove the more you were asked to take away? Why?
- ① What can we say about the items remaining on your paper versus the ones you removed in the first elimination?

-  **DO:** Discuss the difference between 'needs' (the things that are absolutely necessary for all children to have or be able to do to live a happy and healthy life) and 'wants' (the things that are nice to have but are not necessary for a full life).

Introduce the Convention on Rights of the Child and explain that it is a list of children's rights that governments have agreed to uphold. All the rights in the Convention are considered equally important and necessary for a full life.

Hand out a copy of the Convention (Resource 6.3) to each group. Have girls draw a line down the middle of their drawing, splitting them into two. They label one side 'rights' and the other side 'wants'. Then girls categorise their sticky notes under the two categories. They can use the Convention for help.

Post the papers, prepared by children, up around the room and have participants circulate to see the ideas of other groups.

-  **SAY:** All children have the right to be safe and live freely in a supportive environment. Our rights are what every boy, girl, woman 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. While governments are responsible for the protection of rights of all citizens, parents and caregivers are primarily responsible for the protection of children.


 **DO:**

- ✔ Ask the girls to go back to their small groups.
- ✔ Ask the groups to discuss how child marriage violates child rights and write down as many rights that they can think of that are violated due to child marriage.
- ✔ Ask groups to present their answers, explaining why they think that way.



SUMMARISE:

- Distribute Resource 6.4: CRC and Child Marriage to each of the participants.
- Go through the handout with the girls.
- Ensure to highlight each right and explain how CEFM prevents girls and boys from accessing this right.

 **DO:** Divide girls into small groups and explain that we will talk about child rights.



EXPLAIN that child marriage violates child rights and write down as many rights that they can think of that are violated due to child marriage.

ASK groups to present their answers and go through the handout with the girls. Ensure to highlight each right and explain how CEFM prevents girls from accessing this right.



NOTE: *Together with the rights violations provide information about the consequences the child marriage, gender inequality and harmful social norms might have on children themselves, on their families and communities.*



ASK the girls if they think that it is a big deal or not to live with these consequences and what needs to be done to change that?



POSITIVE STRATEGIES (30-45 MINS)

8

STOP AND GO⁷

☑ **DO:** Tell participants to line up along one side of the meeting area. Explain that you are going to play a game. The objective of the game is to get from one side of the meeting area to the opposite side.

🗣️ Explain the rules of the game. **SAY:**


- I will pass a bag down the line and everyone will take out a piece of paper.
- Some of the pieces of paper have descriptions of relationships on them and some are blank.
- You will open and read your papers one by one, going down the line.
- If there is nothing written on your paper, say “pass”. You will remain where you are.
- If the paper describes a healthy relationship, say “go” aloud and take one step forward.
- If the paper describes an unhealthy relationship, say “stop” aloud and take one step backward.







⚠️ **NOTE:** *If members are unable to read, you can read out what is written on their paper to the group.*

☑ **DO:** Begin the game. Let each participant to take a piece of paper with a description of a relationship (use Resource 6.5). Once everyone has read or received their first description, repeat the process with the remaining descriptions. Continue until all of the pieces of paper have been read or until one group member reaches the opposite side of the meeting area.


⚠️ **NOTE:** *If participants have a difficult time deciding if the relationship is healthy or unhealthy, or makes a mistake and misidentify a relationship, ask the rest of the group if they agree.*


⁷ Adapted from 'Our Peace Road. A Course to Empower Children and Youth with Positive Life Skills' World Vision International, 2014


 After the game, **ASK:**

-  Which relationships do we choose to have in our lives?
-  Which ones are there whether we like it or not?
-  How do we form relationships?
-  Can we make decisions about who to have relationships with?
-  Is it always possible to leave unhealthy relationships? Why or why not?
-  How do you leave an unhealthy relationship?

9 BOUNDARIES

 **SAY:** Today we learnt about boundaries and relationships.

 **EXPLAIN:** that personal boundaries help us understand and provide a degree of measurement for what is **OK, NOT OK, SAFE** and **UNSAFE** when it comes to the relationships we have with people.

 **SAY:** Boundaries are based on your values, or the things that are important to you. Your boundaries are yours, and yours alone. Many of your boundaries might align with those who are close to you, but others will be unique.

 **EXPLAIN:** What to Say

You always have the right to say “no”. When doing so, express yourself clearly and without ambiguity, so there is no doubt about what you want.

- “Please don’t do that” “This doesn’t work for me” “I’m drawing the line at _____”
- “Not at this time” “I’ve decided not to” “I don’t want to do that”
- “I’m not comfortable with this” “I can’t do that for you” “This is not acceptable”

 **EXPLAIN:** What to Do

USE CONFIDENT BODY LANGUAGE

Face the other person, make eye contact, and use a steady tone of voice at an appropriate volume (not too quiet, and not too loud).

PLAN AHEAD

Think about what you want to say, and how you will say it, before entering a difficult discussion. This can help you feel more confident about your position

COMPROMISE


When appropriate, listen and consider the needs of the other person. You never have to compromise, but give-and-take is part of any healthy relationship.

BE RESPECTFUL

“Please don’t do that” “This doesn’t work for me” “I’m drawing the line at ____”

 **ASK** the following questions:

- ① What are the boundaries at school, family or at home?
- ① How do other people set boundaries for you?
- ① How do you set boundaries?
- ① How do you recognise when you have crossed a boundary? What may happen?
- ① How do you respond if your personal boundaries are crossed?
- ① How do you feel when you are in control of your boundaries?

 **EXPLAIN** to the girls that it may not always be comfortable or feel safe to express and set boundaries, however in Session 11 we will discuss the risks of expressing boundaries further and discuss where to seek support if boundaries are crossed.

10 BOUNDARY EXPLORATION

ALTERNATIVE ACTIVITY FOR MARRIED GIRLS

DO:

- ✔ Hand out Resource 6.6 to each of the participants.
- ✔ Individually or in pairs, ask the girls to complete the boundary exploration task sheet.



SAY: Personal boundaries are limits and rules we set for ourselves within relationships. A person with healthy boundaries can say “no” to others when they want to, including during intimacy. Both physical and relationship boundaries are important at all times. Consent is important in both places.

- ✔ **KNOW YOUR LIMITS** – know what is acceptable to you and what is not.
- ✔ **KNOW YOUR VALUES** – everyone’s limits are different and these are often influenced by their personal values.
- ✔ **LISTEN TO YOUR EMOTIONS** – if you have feelings of discomfort, do not bury them!
- ✔ **BE ASSERTIVE** – Say “no” assertively to ensure that you don’t compromise on your boundaries.

REFLECTION (15 MINS)



11 CIRCLE ROUND

- ✔ **DO:** Conduct a circle round by asking each participant what is one thing that they have enjoyed about today? Paraphrase and repeat any responses which are related to the session objectives.



12 CLOSING COMMENTS

 **DO:**

-  Thank everyone for their participation.
-  Encourage everyone to write/draw something in their learning journal about any concerns they might have on how to set boundaries. They should try to journal positive steps on how to set these boundaries once they have been identified.



REMIND participants about:

the time and location of the next session; and the person/s responsible for the recap quiz questions for the next session.

your role as a facilitator is to be available should anyone wish to discuss anything after the session. Highlight that your role is to provide support, but that you are not a caseworker or counsellor; however, you are able to provide a referral to required services that exist in the area.



SESSION 7

SECURING HEALTHY RELATIONSHIPS: POWER, VIOLENCE AND CONSENT

SESSION OBJECTIVES

By the end of the session participants will:

- Recognise breach of healthy boundaries and what can be done about it
- Learn about interacting in intimate relationships

FACILITATORS NOTES

- If anyone in the group shows a need for special attention from something said during the discussion, ensure the young person knows where to get help, consider referring them to appropriate services, and discuss the issue with other senior staff.
- Disclosure of traumatic events can occur during group activities. However, the aim of the session is not to force or invite participants to disclose traumatic events in one's life but rather your role is to facilitate discussions and manage expectations while providing support tools. If disclosure does occur, thank the individual for sharing the information and for trusting the group. Remind the individual that you are or one of your colleagues are available to speak with the individual privately or to refer appropriately. Share positive and supporting statements with the individual and thank them again for sharing.

PREPARATION AND MATERIALS

- Flipchart papers, markers, blank sheets of paper
- Prepare a flip chart with Types of Violence
- Print out Scenarios from Resource 7.1 to use for group work





WARM UP (15 MINS)

1 CHARADES

- ☑ **DO:** In pairs brainstorm things that make us feel good, give us a sense of wellbeing. The pair should agree on one thing that makes them feel good such as swimming or playing with friends. They have 2 minutes to practice a short 30 second demonstration of them doing this activity. Reconvene as a large group. Each pair acts out their feel-good activity without speaking and the group have to guess what they are doing.

2 RECAP

REVIEW: last session objectives (below) and review the aims of this session (above).

Last session objectives:

- ☑ Learnt what constitutes personal boundaries and what makes relationships healthy
- ☑ Understood reasons and consequences of child marriage: love and marriage

- ☑ **DO:** support the girls responsible for the recap quiz to ask 3 questions related to last week's learning objectives. Thank the girls for their participation.



DISCUSSION (30-45 MINS)

3 WHAT IS VIOLENCE



EXPLAIN that violence is not an accident; it is never the fault of the person who is being abused. Remind participants that this is a safe space; all information is confidential and the girls do not need to share unless they feel comfortable doing so.



ASK if boys are stronger than girls in your community? Why?



SAY: In some areas, boys might be perceived to be stronger than girls and have more power.



EXPLAIN: Share with the group about different types of violence (you may show types of violence written on a flipchart). Facilitate a group discussion and explain that there are many types of violence, including:⁸

TYPES OF VIOLENCE

PHYSICAL VIOLENCE:

an act of physical violence that is not sexual. Examples include: hitting, pushing, using force to hurt or hold someone, or using any kind of material (i.e. hands, stick, harmful tools).

SEXUAL VIOLENCE:

sexual favours in exchange for assistance, making sexual comments, making negative comments about a girl/boy's appearance or anything related to her/his body, or touching a girl/boy without her/his consent.

FORCED MARRIAGE:

the marriage of an individual against his/her will.

DEPRIVATION/DENIAL OF OPPORTUNITIES:

When someone is prevented, for example, from attending school because she is a girl, or when someone is deprived of basic needs such as water, food and shelter because she is a girl.

PSYCHOLOGICAL/ EMOTIONAL VIOLENCE:

When someone uses threats and causes fear in a person to gain control. Examples include: threats of physical or sexual violence, yelling or shouting, saying hurtful things, or calling someone worthless or stupid.

⁸ IRC. "My Safety, My Wellbeing: Equipping Adolescent Girls with key knowledge and skill to help them mitigate, prevent and respond to Gender Based Violence.

4 CONSENT

- ✓ **DO:** Ask participants if they know what consent means? Guide the discussion until you have a basic definition similar to what is below:

CONSENT: Words or actions that show that someone really wants to do what they are about to do.



EXPLAIN:

- Consent means giving permission for something to happen or agreeing to do something and being comfortable with that decision.
- Consent has to be given freely and no one can be made to consent to something. It's not consent if someone does something because they feel like they have to.
- You can never assume that someone is giving consent – you have to be sure.
- Consent is an essential part of healthy relationships. Both people in a relationship need to give consent before sex or any intimate activity, regardless of age or gender.
- The responsibility to check for consent lies with the person initiating the activity, not with the other person to say 'no' if they don't want to.



SAY: Informed Consent is when the above points are met and when you are mature enough to decide for yourself to give permission for something to happen or agree to do something after knowing the consequences and all important related information.



ASK participants about the list of activities below.


What kinds of sexual activities do you think you need consent for:


- Kissing
- Holding hands



For older girls only:

- Touching or rubbing under or over clothes
- Being naked in front of someone else
- Sending naked pictures of ourselves to someone else

 **EXPLAIN** again that each of the activities above need clear consent from each person every time. It is not the other person's responsibility to say no or yes once you start, though they have the right to do that or even change their mind. **The responsibility for consent falls on the person who is initiating the touch or activity.**

 **SAY:** Everyone has a right to set boundaries around our bodies. Consent is more than a yes or no.

CONSENT MEANS:

At the time of the act, there are words and physical actions indicating that both partners freely agree, and really want to do the same thing. Checking for consent is a process that each person needs to keep doing.

 **SAY:** We are now going to think about how power in a relationship impacts on consent.

 **ASK:**


- ① What are some examples when someone has power or authority over someone else?


 **SAY** the following examples to help explain the concept:


- **Teacher and student:** Teacher can give student bad grades, teacher has authority over student.
- **Boss and employee:** Boss can fire employee if they do not do what the boss wants.


 **ASK:**

- ① What about status? (Someone who is a lot more popular than the other person. A popular person may be more likely to be believed, especially by other community members, if they say something did or didn't happen.)
- ① Developmental differences? (Someone who may have an intellectual disability and may not understand all the consequences. Someone who is much younger or much more immature even if there isn't a huge age difference.)
- ① What about someone who has used violence on the other person or has threatened to? How does this impact power?


 **NOTE:** Discuss adolescents' responses and be sure to stress the two necessary components of consent: that it is informed and voluntary.

 **EXPLAIN:** The person who used violence or threatened to, has more power because the other person would be scared to make them angry. If one person is scared of the other, there is not a sufficient balance of power.


 **NOTE:** *Take the time to make sure participants understand what is meant by “informed consent” – namely that the person giving consent has all of the necessary information to decide; and further that “voluntary” means the person is not forced or coerced.*


 **DO:** Read the following examples to participants and facilitate a discussion, using the questions provided.


Example: In a very traditional and patriarchal family, the father of a 16-year-old girl tells her that he has arranged for her to marry their 38 year old neighbour. The girl does not know the man and she feels like she has no choice but to get married.

 **ASK:** Do you think this kind of situation could happen? Did she give her informed consent to this marriage? Was there any force used in this incident? Who is more powerful in this example – father or daughter? What kind of power does this father have?

Example: A displaced woman lives in an IDP camp. She is alone with her two children. She does not have much money and is not able to feed her children. The camp leader asks the woman to have sex with him. She will receive a food ration if she does.

 **ASK:** Do you think this kind of situation could happen? Did she give her informed consent for sex? Was there any force used in this incident? Who is more powerful in this example—camp leader or woman? What kind of power does the camp leader have? What kind of power does this woman have? How does power relate to choose in this example?

 **EXPLAIN:** These are examples of sexual harassment and sexual violence. Sexual harassment is a much broader term than sexual assault and includes unwelcome sexual advances, request for sexual favours and other verbal or physical harassment. Sexual harassment does not always have to be specifically about sexual behaviour or directed at a specific person. For example, negative comments about women as a group might be a form of sexual harassment. Regardless, sexual harassment and sexual abuse are unwelcomed behaviours.

 **SAY:** The issue of informed consent is very important. You may want to make a note of some of the key points in this session in your learning journal.



POSITIVE STRATEGIES⁹ (30-45 MINS)

5 WHO IS TO BLAME?

☑ DO:

- ✔ Ask the girls to start walking around the room.
- ✔ Share that you are going to read some scenarios.
- ✔ For each scenario, each girl should think about the answer as she walks around. When they have decided on an answer, they will stand still in any spot.
- ✔ Once all of the girls are standing still, ask a few girls to provide their answers and why they chose it.

SCENARIO 1:

A girl is at school late at night with an after school club. She forgets her backpack on the table. Someone steals it. Who is to blame?

⚠ **NOTE:** *The participants may say that the girl should not be at school late or have left her backpack. It is important to emphasise that it is the responsibility of the person who took the backpack, because it is a decision that person made.*

SCENARIO 2:

A husband and wife are arguing because the wife did not cook dinner as specified by the husband. The husband pushes the wife and he hurts her arm. Who is to blame?

⚠ **NOTE:** *They may say that the woman is responsible, as she should have completed her chores. 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 and chores such as cooking can be done by both men and women.*

⁹ Adapted from IRC Girl Shine Life Skills Curriculum

SCENARIO 3:

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. Who is to blame?

NOTE: *The participants may say that the girl should not be walking at night or wearing those clothes. It is important to emphasise that sometimes we can try to be safer by walking in groups, but a girl is never to blame in this situation. The perpetrator made the decision to approach her, and he is responsible, not the girl, no matter what time of day it is, whether or not she is alone and regardless of what she is wearing – it was his decision.*



6 WHAT WOULD YOU DO?

DO:

- ✓ Divide the girls into small groups and assign a scenario (Resource 7.1) for each group.
- ✓ Ask them to discuss the steps they would take to deal with the scenario they have been given and answer the questions.
- ✓ Inform the girls that they can give answers by either role play or drawing on a flip chart, if contextually appropriate.

SCENARIO 1

Julie and her mother are moving to a new city to live with an uncle. Julie's uncle makes her feel very uncomfortable and she does not like to be left alone with him.

Discussion questions:

- ? How can she avoid being alone with him?
- ? Is it safe to tell someone?
- ? Who can she tell?

SCENARIO 2

Maya's situation at home is very difficult. She lives with her husband and two children. She is unable to leave the house unaccompanied unless she is going to the market. She becomes withdrawn and fearful.

Discussion questions:

- ? Who can Maya ask for advice from?
- ? What can she say to her husband?



SUMMARISE: by saying that the girl should tell a person she trusts that she is experiencing violence and that she might need help to stop it. If a girl does not know who to tell, a case manager/social worker, including at the safe space, can help. They will help girls to come up with a plan to try and keep them safe. Remind the girls that if they do experience violence, it is never their fault, and they are not to blame.



REFLECTION (15 MINS)



7 CIRCLE ROUND

- DO:** Conduct a circle round by asking each participant what is one thing that they have enjoyed about today? Paraphrase and repeat any responses which are related to the session objectives.



8 CLOSING COMMENTS

- DO:**
 - ✔ Thank everyone for their participation.
 - ✔ Encourage everyone to write/draw something in their learning journal about how they can support girls in their community as a friend.



REMIND participants about:

the time and location of the next session; and the person/s responsible for the recap quiz questions for the next session.

your role as a facilitator is to be available should anyone wish to discuss anything after the session. Highlight that your role is to provide support, but that you are not a caseworker or counsellor; however, you are able to provide a referral to required services that exist in the area.

SESSION 8

BUILDING RESILIENCE

🎯 SESSION OBJECTIVES

By the end of the session participants will:

- Learn about resilience and protective factors

👉 FACILITATOR NOTE

- There is a lot of concentration required for this session, so you may want to end with an energiser which requires some movement around the room.

An example is

FAVOURITE ANIMAL EXERCISE

Material:	None.
Steps:	<ol style="list-style-type: none">1. Ask the girls to sit in a circle.2. Now ask each one of them to tell the group what their favourite animal is and why it is their favourite.3. You should encourage the group to interact in the role of their animal, if appropriate.4. This may be assisted by rhythm (clapping): The girls would interact while the clapping is ongoing and stop (freeze) when the clapping is halted.5. You should lead the clapping.



PREPARATION AND MATERIALS

- Envelopes, blank sheets of A4 paper, glue
- Print out Resource 8.1: Our Values and Resource 8.2: Social Support to distribute to all the participants as handout
- Prepare a flipchart with protective factors, as per the table in Activity 3
- Prepare a flipchart with the following reflection questions:

Which protective factor has been the most valuable to you during difficult times?

What are two protective factors that you would like to improve? How can you apply this to your family?

Describe how things might be different if you were able to improve these protective factors?



WARM UP (15 MINS)



1 CLOTHES SWAP¹⁰

- DO:** Invite participants to stand in a circle. One girl will volunteer to stand in the middle of the circle. The girl in the middle will say a colour or accessory. For example, “If you are wearing blue” or “If you are wearing a skirt.” The girls who match that description will quickly try to swap places with another girl who **matches** that description. The person in the middle must also try to find a space so that another girl is left in the middle. This girl will now do the same for example, “If you are wearing earrings” or “If you are wearing green.”

¹⁰ Adapted from IRC Girl Shine Life Skills Curriculum, Games & Icebreaker Menu



2 RECAP

REVIEW last session objectives (below) and review the aims of this session (above).

Last session objectives:


- ✔ Recognised the breach of healthy boundaries and what can be done about it
- ✔ Understood about interacting in intimate relationships


- ✔ **DO:** support the girls responsible for the recap quiz to ask 3 questions related to last week's learning objectives. Thank the girls for their participation.



DISCUSSION (30-45 MINS)

3 OUR VALUES


-  **EXPLAIN:** to the girls that their values are things that they believe in and are what is most important to them. Values can help determine your priorities. Very often, values are passed down by your family and the society you live in.


-  **ASK:** What are your own values?


-  **NOTE:** *If girls struggle to identify their own values, you can give examples of values, such as self-respect, honesty, empathy, compassion, responsibility.*


- ✔ **DO:**
 - ✔ In pairs, have the girls complete the handout (Resource 8.1).
 - ✔ Explain that the last category 'my husband's values' should only be completed by married girls.
 - ✔ Give the pairs 10 minutes to complete the handout.

 **NOTE:** *Facilitators may need to assist completing the handout for younger girls or lead as a group exercise on a flip chart.*

 **SAY:** Sometimes when a value is not being met, we might have control over changing them, and sometimes we do not.






 **ASK:** When a value is not being met, how can we change that? Sometimes our values might be different from our family (including husband) and friends. What happens when these values are different? What skills or tools should we use that allow us to face adversity?

 **SAY:** Protective factors are things that contribute to mental health, person's well-being, and allow a person to be resilient when they are facing challenges. Someone with a lot of protective factors—such as healthy coping skills—will be better equipped to overcome life's obstacles. Many protective factors are out of your control. For example, genetics, the neighbourhood, where you grew up, and family cannot be changed. However, plenty of factors can be controlled. You often choose the people in your life, how to cope with problems, and how you'll spend each day. By focusing on what you can control, and building upon those protective factors, you will improve your ability to cope with many of life's challenges.

 **EXPLAIN:** there are different types of protective factors, including social support, physical health, sense of purpose, self-esteem, healthy thinking and coping skills.

 **NOTE:** *Give examples, using the table below, to make it clearer for the girls, and give information from the table to help guide elicited answers.*

 **DO:**


-  Show the flipchart with captured protective factors (as per the table below).
-  Explain to the participants that we will now brainstorm what the protective factors are in our context.
-  Working in pairs invite the participants to brainstorm some protective factors, thinking about the different categories just listed.
-  Take feedback and guide the conversation.
-  Write feedback on a flipchart paper with protective factors, adding examples the girls share.

NOTE: These are complex concepts and you will need to talk to each pair to make sure they understand the task.




PROTECTIVE FACTOR	EXAMPLES FOR THE FACILITATOR
SOCIAL SUPPORT	<ul style="list-style-type: none"> • Ability to talk about problems to family or friends • People to ask for practical help (e.g. a ride if car breaks down) • Feelings of love, intimacy, or friendship
PHYSICAL HEALTH	<ul style="list-style-type: none"> • Exercise or physical activity • A balanced and healthy diet • Medical compliance (e.g. taking medications as prescribed)
SENSE OF PURPOSE	<ul style="list-style-type: none"> • Meaningful involvement in work, education, or other roles • Understanding of personal values, and living in accordance with those values
SELF-ESTEEM	<ul style="list-style-type: none"> • Belief that one's self has value • Acceptance of personal flaws, weaknesses, or mistakes • Belief in ability to overcome challenges
HEALTHY THINKING	<ul style="list-style-type: none"> • Not ruminating on mistakes, personal flaws, or problems • Ability to recognise personal strengths and weaknesses rationally
COPING SKILLS	<ul style="list-style-type: none"> • Ability to manage uncomfortable emotions in a healthy way • Awareness of one's own emotions, and recognition of how they influence behaviour




4 SOCIAL SUPPORT

 **SAY:** Social support is the help that is provided by family, friends, groups or communities. This help can fulfil emotional and social needs.

 **DO:**




-  Distribute Resource 8.2 as a handout to each of the participants; use it to guide the discussion on social support.
-  Ask participants to complete the worksheet individually.
-  Give 15 minutes to complete the worksheet. Facilitators may need to assist completing the handout, particularly for younger girls.

 **NOTE:** *Conduct an energiser if energy levels are low! See Implementation Guide under 'Basics of Facilitation' examples.*

POSITIVE STRATEGIES (30-45 MINS)

5 MY PROTECTIVE FACTORS

 **DO:**

-  Bring girls attention to the expanded table of protective factors, containing the examples of the protective factors that the girls added.
-  Ask the girls to think about the following questions individually. Invite them to write answers in their journal.
-  Ask if any of the girls would like to share their reflections with the larger group.

Reflection questions:

- ✓ Which protective factor has been the most valuable to you during difficult times?
- ✓ What are two protective factors that you would like to improve? How can you apply this to your family?
- ✓ Describe how things might be different if you were able to improve these protective factors.

ALTERNATIVELY, if the participants have difficulties completing the exercise individually, you may conduct it as a group¹¹.

- ✓ **DO:** Put the list of protective factors identified by the girls from the previous activity. Discuss and rank with the group how prevalent each factor is and where or at which level each factor is present (such as individual, in the home/family, school, community, or wider society).

⚠ **NOTE:** *This exercise will make it easier to determine where each protective factor is most often experienced, which can help to target activities and allocate resources where they are most needed. Asking about the availability of specific protective factors, particularly those that are services, safe locations, recreational activities, etc. is important because it will provide you with an indication of what protective factors are prioritised by children and how available or accessible they are.*

✓ DO:

- ✓ Invite the participants to rank the protective factors from highest to lowest in order of how much of a role each factor plays in making them feel protected and less vulnerable.

🗨 Ask the participant for each of the protective factors:

How important are these protective factors in protecting girls from harm?

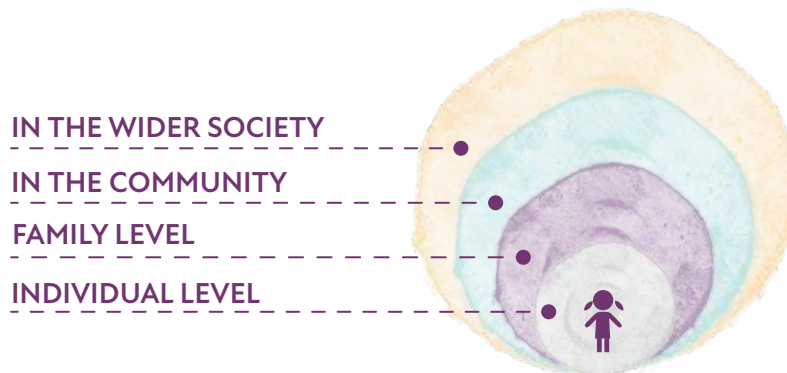
The facilitator will go through each of the factors and inquire how prevalent each factor is. Ask the participants to choose just one response for each factor:

1	2	3	4	5
NOT IMPORTANT AT ALL	A LITTLE IMPORTANT	SOMEWHAT IMPORTANT	IMPORTANT	VERY IMPORTANT

¹¹ Adapted from "Identifying and Ranking Risk and Protective Factors: A Brief Guide", The Alliance for Child Protection in Humanitarian Action, 2021

Next, the facilitator will ask where each factor is present – at the individual level, in the family, in the community or in society. ⚠️ (NOTE: that the factors may be present in more than one location. For example, a caring mentor may be present in the family/household and in the community.)

ASK: *Where do girls experience these protective factors?* (multiple options)



Examples include:

AT INDIVIDUAL LEVEL:

ability to regulate emotions, access to education, a sense of self-esteem, ability to make/find meaning in life, etc.

IN THE FAMILY OR WITH THE PARENTS/ CAREGIVERS:

at least one consistent and responsive caregiver, stable employment; close proximity to family-support services; etc.

IN THE COMMUNITY:

participation in culture, ritual, and communal systems of belief, leading to a sense of belonging, etc.

IN THE SOCIETY:

opportunities to exercise a growing capacity for agency and judgment in the cultural context; hope, faith and optimism; etc.


Next, discuss the availability or accessibility of the protective factors in their context.


 **ASK:** *How available or accessible are the protective factors?* (single option)



Once the group has come to a consensus, the facilitator will write their response beside the protective factor on the flipchart.



Then, write each protective factor down on a separate piece of paper OR bring different objects to the group that can be used to represent the different factors.

 **NOTE:** *Using different objects particularly with groups of younger children is a way to keep the focus group active and participatory. Girls can select an object to represent each factor; arranging them in an order will allow the girls to get up and move around the room.*

 **ASK** participants to rank the protective factors from highest to lowest in order of importance of what prevents the harmful outcomes for girls from occurring or reduces vulnerability to it.

Once they have ranked the objects representing each factor or the pieces of paper ask the group to confirm that they all agree with the order. Ask if there were any disagreements or divergent viewpoints. If there are, ask the participants to explain why.

 Finally, **Ask** and capture the participants' responses on a flipchart:

-  What are the protective factors that you would like to improve? How this can be done?
-  Describe how things might be different if these protective factors were improved?

 **NOTE:** *Children have unique perspectives on the issues that affect them. This information will help you understand what girls prioritise as protective factors, which will help you identify appropriate programme interventions, including activities centered on building strengths to increase girls' coping capacities and capabilities.*

6 SURVIVAL KIT




DO:

- ✔ Give everyone an envelope and three sheets of paper.
- ✔ Ask participants to make a 'survival kit' for someone to remember when they are faced with challenging situations.
- ✔ Ask to write on each of the papers:

One protective factor

One positive message to remember

One positive thing to do

 **ASK:** participants if anyone wants to read out their three messages. Invite girls to put the envelopes in their journals.

REFLECTION (15 MINS)

7 CIRCLE ROUND





DO: Conduct a circle round by asking each participant what is one thing that they have enjoyed about today? Paraphrase and repeat any responses which are related to the session objectives.



8 CLOSING COMMENTS

DO:

-  Thank everyone for their participation.
-  Encourage everyone to continue writing/drawing in their learning journal.

REMIND participants about:

the time and location of the next session; and the person/s responsible for the recap quiz questions for the next session.

your role as a facilitator is to be available should anyone wish to discuss anything after the session. Highlight that your role is to provide support, but that you are not a caseworker or counsellor; however, you are able to provide a referral to required services that exist in the area.

NOTE TO FACILITATORS, FOR THE NEXT SESSION:

- Familiarise yourself with the content in advance and read the preparation notes in advance.
- If you want to invite a health worker, ensure they are familiar with the GBV core concepts and clinical care for sexual assault survivors.
- Procure dignity/hygiene kits or obtain dignity/hygiene kits from existing stock as part of session preparation and then have dignity kits available to give to each girl in the session.
- If you have funds available, consider procuring/purchasing a medical model of the female reproductive system to aid demonstration.

SESSION 9 • PART 1

OUR HEALTH¹²

DURATION: This session may take 2 hours and 15 minutes to implement or will require 2.5 hours to implement fully with an additional/optional activity. It is important to check in advance if girls will be available for an extended session. Alternatively, the content of this session can be divided into two sessions.



FOR UNMARRIED GIRLS

🎯 SESSION OBJECTIVES:

By the end of the session, girls will:

- Understand and feel comfortable with the changes of puberty
- Gain information on the physical and emotional changes girls go through during adolescence, as well as reproductive organs
- Understand the main parts of the male and female sexual and reproductive health system and discuss them in a safe and positive way
- Understand how pregnancy happens
- Demonstrate a basic understanding of menstruation as a normal and healthy aspect of the female reproductive system, including challenges faced by girls and women

👉 FACILITATOR NOTE:

- As this is a sensitive topic, it is important to remind girls of the “**Group Agreements**” (from Session 1) and ask if they would like to have any additional agreements specifically for this session.
- To ensure that we “**do no harm**,” facilitators should take great care to prepare for the delivery of this session in terms of the content chosen and how it is delivered and ensure that consent has been obtained through discussions with caregivers. Use Resources 9.1-9.12 for preparation.
- The **more comfortable** you are with the content, the more comfortable the girls and the female and male caregivers will feel as well. You may need to spend more time reviewing the material and concepts for this session than you have done with other modules, especially if they are unfamiliar to you.

¹² This module is taken from the International Rescue Committee’s Girl Shine Early Marriage Curriculum, funded by the U.S. Bureau of Population, Refugee and Migration Services (PRM) : <https://gbvresponders.org/adolescent-girls/girl-shine/>



- It is okay for the facilitator not to have all the answers. What is more important is **providing a non-judgmental space where girls can learn** important information and ask questions. If they ask a question the facilitator doesn't know the answer to, the facilitator should tell girls they will get back to them in the following session and follow up on that.
- Always use the **correct terminology** for body parts and functions, be clear about how the male and female reproductive systems work and be honest about the impact of reproductive health risks.
- Use **positive body talk**. Now is the opportunity to model positive self-image to the girls.
- Adolescents need to be prepared for the physical, mental, psycho-social and emotional changes that take place during this phase of life so that they are not anxious about them and **respond to these changes in positive and responsible ways**.
- There are various optional/additional activities that can be added if the girls ask questions or express interest in these topics, if all girls feel comfortable discussing these topics, and if there is additional time.



PREPARATION AND MATERIALS

PREPARATION:

- Get familiar with the information in advance. It is important that the facilitator feels comfortable giving this session. If the facilitator is uncomfortable, girls will also be uncomfortable.
- Read /review Resources 9.1-9.12 for mentors and facilitators. These are to help provide facilitators with more detailed information related to the topics covered in this session. This should help them answer questions raised by girls. Mentors/facilitators can refer to this information if there is anything that is not clear. There is also information included here that might be raised by girls but that isn't directly tackled in the session material.
- Alternatively, you could consider inviting a female health practitioner who has been trained in GBV core concepts and clinical care for sexual assault survivors, both to support the facilitation of these sessions and to clearly explain adolescent development, including terminologies.
- Please refer to the Implementation Guide for tips to facilitating the sensitive topics and health related sessions.



MATERIALS:

- Flip chart papers and markers, sticky notes
- A medical model of the female reproductive system to aid demonstration (if funds available)
- Prepare flip chart with physical and emotional changes for “What is Puberty?”
- Print out copies for the participants to use as handouts during the session: Resource 9.2, 9.3, 9.4, 9.5, 9.8, 9.12
- Dignity/hygiene kits (to offer to girls after the session)



WARM UP (10 MINUTES)

- DO:** Facilitate a quick 5-minute icebreaker or energiser of your choice before the recap. Ensure the icebreaker or energiser is short and quick to allow for the longer session below.

1 RECAP

- DO:**
 - Welcome girls back to the session.
 - If there are any girls who were absent last week, ask the girls to give the absent girls an overview of what was discussed.
 - Invite the girls responsible for the recap quiz to ask 3 questions related to last week’s learning objectives. Thank the girls for their participation.
- SAY:** Today we are going to talk about a really important topic, we are going to talk about our health and our bodies.



DISCUSSION (15 MINUTES)


2 STORY CIRCLE

 **DO:** Read the story to the participants.

NORA'S STORY

Nora is 15 years old. She has already started menstruation, but she was curious to know more about her body. She went to her sisters and asked them: “Why do girls get their period and not boys?” Her sisters started laughing. Nora was confused and went and asked her mother: “How do women get pregnant?” Her mother got annoyed and yelled at her, “It’s none of your business. You shouldn’t know these things at your age.”

 **ASK:** What happened in this story? Do you think Nora has the right to get answers to her questions? Why?

 **SAY:** The questions asked by Nora might not be publicly asked in the community we live in because of the way the society perceives these questions as shameful or taboo, but Nora and girls her age have the right to access this information. Today, we will accompany Nora to discover what questions she has around her body and try to help her find answers to them.

 **EXPLAIN:**

- Today we are going to talk about the social, emotional, and physical changes girls go through between the ages of 10–19. We call this stage of life “adolescence.” It is the time in everyone’s life when they transition from child to adult.
- This doesn’t mean that girls are adults yet; the time it takes for girls to fully develop emotionally and physically can go well into their adult years. Even if girls think that on the outside they look like the older women and girls they know, there are still many changes taking place that they don’t see, including changes in the brain. Life experiences also play a role in the adolescent development of girls.
- The physical changes that girls and boys go through is called “puberty,” and it happens during the stage of adolescence. Today we are going to learn about the changes girls go through (and boys, if you want to know) during adolescence—the changes we will talk about include those girls can see, but also feel. Many girls here may have already experienced some changes, so you will already have plenty of information for the next activity.



POSITIVE STRATEGIES

(1 hour 45 minutes without optional activity, 2 hours with optional activity)

3 CHANGES THAT WE FEEL AND SEE

✓ DO:

- ✓ Divide girls into two groups. Give each group flip chart paper and coloured markers.
- ✓ Say that Group A will focus on girls' physical changes (changes we see) and Group B will focus on emotional changes (changes we feel).
- ✓ For Group A, ask the girls to draw a girl and to highlight on the drawing, where girls experience physical changes.
- ✓ For Group B, ask the group to draw pictures to describe the emotional changes.
- ✓ After 15 minutes, ask two girls from each group to share their drawings and ideas.
- ✓ Ask if the girls from other groups have any changes to add to the list.
- ✓ Point out any other changes that were not mentioned (see 'Changes During Adolescence' Chart) and help them understand the difference between physical and emotional changes.

CHANGES DURING ADOLESCENCE

Physical Changes in Girls		
Begin ovulation and menstruation	Grow in size	Gain weight
Develop breasts	Develop pubic and underarm hair	Begin to have vaginal discharge
Develop acne	Genitals enlarge	Hips widen



Emotional Changes

Start liking someone	Develop changes in mood	Feel embarrassed easily
Feel closer to friends than family	Become more self-conscious	Are better able to solve problems than when they were children
Want to be independent; may rebel against parents	Want to “fit in” with friends/peers	Start experimenting with ways of being and ways of doing things

EXPLAIN:

PHYSICAL CHANGES

- Breasts grow in size and girls may gain weight. It is normal for breasts to feel uncomfortable and painful at times. Breast pain can be anything from a mild ache to a sharp, stabbing, burning sensation during the growth period. For some people, breast pain is affected by changing hormone levels; the pain is at its worst just before menstruation, settling down again afterwards. For others, the pain can happen at any time. Again, this is nothing to worry about when breasts are growing.
- Girls will notice that they sweat more and the skin becomes greasy, pelvic bones and hips will grow, pubic and underarm hair grows. Girls will experience some secretions from the vagina which are clear, white, or off-white in colour. The thickness of the discharge may vary according to the cycle phase and from one body to another. This is normal and helps to keep the vagina healthy.



***SEXUAL ORIENTATION AND GENDER IDENTITY:**

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 it is people of the same sex, opposite sex, both (or neither).

As adolescents are exploring their identity in general, this may also include exploring their gender identity. This means that their gender identity may be the same as the sex they were assigned at birth (i.e. females who identify as women or girls) or it might be different (e.g. males who identify as women or vice versa such as transgender people).





- Girls will start menstruating 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 and haven't started menstruating by age 16, it is a good idea to see 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 18.

EMOTIONAL CHANGES

Physical and emotional changes can change the way adolescents start to think and feel. These can be related to:

- Struggling with your sense of identity—asking “Who Am I?”
- Having different emotions, such as changes in mood, anger, or frustration
- Wanting to be more independent
- Experimenting and taking some risks
- Having concerns about your body and appearance
- Feeling curious about love
- Experiencing pressure from friends to act or behave in a certain way

 **DO:** Show the girls the ‘I am changing’ poster (Resource 9.1.)

 **SAY:** In adolescence, it is normal to experience some, most, or all of these physical and emotional changes. Everyone develops at their own pace, some earlier and some later, and not all these changes happen to everyone at the same time.



4 OUR REPRODUCTIVE ORGANS (30 MINUTES)


 **EXPLAIN:**

- It is important to remember also that reproductive health is health. And we must make sure we take care of all parts of our health, including physical health, emotional health, and reproductive health. For this, we need to understand our reproductive organs.
- For us to understand menstruation, we first need to understand how babies are made. This is important because once a girl starts getting her period, it means that her body is capable of getting pregnant.



SAY:


- When we say “private parts” we mean our reproductive system, which is made up of our reproductive organs.
- Both females and males have reproductive organs.
- One of the female reproductive organs is the breasts. During puberty, girls grow breast tissue. After childbirth many women breastfeed their babies. It is important for us to learn about all of the different reproductive organs and their functions.
- One of the female reproductive organs that we may have heard of is the vagina, and the one for males that we may have heard of is the penis.
- But there are also reproductive organs that we don’t ever see because they are on the inside of our bodies.
- I am going to show you some drawings/a model of our organs. These drawings/This model may look funny, but all girls have these parts. It’s completely normal and it’s very important for us to learn about them and learn how to protect them and keep them healthy.

 **NOTE:** *Before showing the images/model, describe it to the girls, so they are prepared. It may be inappropriate or unsafe to distribute the pictures with female/male reproductive organs. It may be more appropriate to simply show the copy, to draw on a flip chart, or to collect the resources at the end of the session.*

DO:

- ✓ Show the resource for the female external organs (Resource 9.2) or the model if you have it.
- ✓ If girls agree and it is safe to do so, show girls the male organs diagram or model (Resource 9.4).


 **NOTE:** *If there are some girls who are not comfortable with receiving information on male body parts, do not force girls to receive this information. Tell girls that they can talk to someone individually if they want more information. Or the facilitator can organise to hold a separate session on this for those who are interested.*


 **EXPLAIN:** The female organs that are not hidden on the inside of the body are the **external organs**. This is called the vulva. This includes the two folds of skin called the labia, the clitoris, the urethra, and the opening of the vagina.

- The labia have two sets of skin called the outer and inner lips. The labia cover and protect the vaginal opening.
- Near the top of the lips, inside the folds, is a small tube-shaped part called the clitoris. The clitoris is very sensitive and is the part that gives pleasure to women when they are intimate with their partner. This part of the organ is covered by a hood that protects the clitoris, as it is very sensitive.





- The urethra is a short tube that carries urine from the bladder to the outside of the body. The opening to the urethra is very small and can be hard to find by touch or sight. It is right above the opening to the vagina.
- The vagina opening allows the menstrual blood and babies to come out of our bodies.
- External organs all look different. They come in many different shapes, sizes, even colours. This is normal. If you are experiencing any discomfort, then you should seek advice from a doctor, but there is no need to worry about your body not looking exactly like the diagrams.

 **DO:** Show the girls Resource 9.3: Internal reproductive body parts of a female on internal organs, and talk them through the following points.


 **EXPLAIN:** As we said, there are parts of our reproductive system that we can't see because they are inside of us, and these are called our **internal organs**. In females, the internal organs include the uterus, the ovaries, the egg cells, and the vagina.


- The uterus is in the lower part of the abdomen (belly). Along with the uterus there are other organs that are involved in making a baby.
- There is also a small almond-shaped gland called the ovary. In our body, there are two ovaries, one on each side of the uterus.
- Each of these ovaries contain lots of tiny egg cells. Do you know why these egg cells are so important? They are the cells that could become babies. Just like tiny egg cells in a female body, males have tiny sperm cells in their bodies.
- When an egg cell meets a sperm cell, then the cells combine and eventually grow into a baby inside the uterus. The combined cell is called an embryo. That is when we say a woman is pregnant.
- The vagina can stretch wide enough to allow a baby to pass through. It is a tube that connects the uterus to the outside of the body. This is also the part of the reproductive organ that meets the male reproductive organ.


 **ASK:** So now that a girl's body is capable of becoming pregnant, does this mean she is ready to have babies?


 **SAY:** Even though girls who get their periods may be capable of becoming pregnant, it doesn't mean they are ready. Even though the ovaries releasing the eggs can make girls capable of becoming pregnant, a girl's body is too young and not prepared to bear a baby yet. It's better for girls to start thinking about this after they reach 20. Until then, a girl's body is not fully developed and it can be dangerous for a girl to get pregnant. But girls should be happy that they start to get their periods. It's a good sign that their body is growing properly and is healthy.



 **SAY:** This is a lot of information about our reproductive system, but it is important.

 **ASK:** Why do you think it is important to get information about reproductive health?

 **SAY:** It is important to have information on reproductive health to understand our bodies, to understand and be prepared for the changes happening in our bodies, to learn how to make good decisions to take care of our health, and to know where and how to access health services if we need it.

 **DO:** If **ALL GIRLS** consent to have information on male reproductive organs, show them Resource 9.4: Male reproductive body organs.

 **EXPLAIN:**

In males, the reproductive organs include:


Testes: There are two testes and these produce sperm.


Penis: The penis is made up of two parts, the main part (shaft) and the tip. The penis allows sperm and urine to exit the body through a small slit in the tip. This is the part of the male reproductive organ that meets the female reproductive organ—the vagina.


Sperm duct and glands: Sperm pass through the sperm ducts and mix with fluids produced by the glands. The mixture of sperm and fluids is called semen.

Urethra: This is a tube that carries semen and urine out of the penis.

 **ASK:**

 Do you have any question related to what we discussed?

 What do you think about the information presented?

 **SAY:** We first started the session with learning about the female and male reproductive organs because this will help us and girls, like Nora, to understand how girls get their period and get pregnant. Knowing about our reproductive organs is the first step to understanding how our body functions and how to maintain a healthy body.



5 THE HYMEN AND VIRGINITY¹³ (15 MINUTES)

OPTIONAL

NOTE: *If the girls ask about the hymen or virginity during the discussion of reproductive organs or if there are common myths and misperceptions about virginity in the context, this activity may be helpful.*

ASK:

- Have you heard about the hymen? What have you heard about the hymen?
- What do we mean by virginity?

SAY: We will talk more about this in a moment, but first we are going to play a game.

DO:

- Split the group into 3 or 4 smaller groups and ask the girls to come up with a team name.
- Explain to the girls that you are going to read a statement, and the first team to buzz in with the correct answer of true or false gets a point.
- Read the statements one by one.

TRUE OR FALSE?

If the girl did not bleed during the first sexual intercourse, this means she was not virgin.

FALSE

There are many different types, sizes and forms of the hymen.

TRUE

If the girl rode a bike or did extensive gymnastic moves, she will lose the hymen.

FALSE

¹³ UNICEF UNFPA 2018 Adolescent girls toolkit; Save the Children 2012 Toolkit “Children and Adolescents’ Sexual and Reproductive Health Rights”: Activities Guide for adolescents age 14-17, UNICEF UNFPA 2018 Adolescent girls toolkit; Save the Children 2012 Toolkit “Children and Adolescents’ Sexual and Reproductive Health Rights”: Activities Guide for adolescents age 14-17



Some types of the hymen are stretched like an elastic during the first sexual intercourse.

✓ TRUE

Menstrual blood passes through the hymen, and this means that it is not completely closed.

✓ TRUE

Some girls are born with a completely closed hymen, and this prevents the flow of menstrual blood.

✓ TRUE

But this is very rare

✓ **DO:** Congratulate the team with the most points.



EXPLAIN:

- The hymen is a very thin piece of skin-like tissue that partly covers the opening of the vagina.
- The hymen varies in size and shape from woman to woman and girl to girl. The hymen usually does not cover the entire vaginal opening, since there must be some way for the menstrual fluid, or period, to leave the body.
- Sometimes, when a girl gets her period she may worry that the blood coming out is related to her hymen. This is unrelated and she should not worry.
- The hymen has historically been associated with a woman's virginity. The belief that since the hymen blocked the vaginal opening, it should remain intact as long as a woman did not have sexual intercourse is widely believed. This is not correct. The hymen can be stretched or tear for other reasons not related to sexual intercourse.
- Even when a hymen is stretched or torn during sexual intercourse it is not guaranteed that it will bleed and the blood cells in this thin tissue are not many.
- Virginity is a broad social and cultural idea or concept and is not limited to the presence or appearance of the girl's hymen.
- In some contexts, "virginity" testing is practiced by doing genital examinations and assessing the hymen. This should not happen. There is no medical evidence to support the belief that the hymen can determine whether or not sexual intercourse has taken place.



6 MENSTRUATION¹⁴ (45 MINUTES)

EXPLAIN:

- Girls and boys have different reproductive organs. Boys don't have egg cells that become babies or are shed out of the body in the form of blood. Hence, boys don't get their period.
- A girl/woman knows that she has her period when blood comes out of her vagina. It usually lasts between 3 and 7 days. Some days you may have more blood than others.
- The blood from periods does not mean there is something wrong with a girl, like when you have a wound from a fall. The blood that is coming out of the vagina is normal.
- This normal cycle is also called menstruation.

SAY:

We are going to play a game now about some common menstruation myths. I'm going to read some statements, please stand up if you think the statement is true. Remain seated if you think the statement is a myth; meaning, remain seated if you think it is not true.



ADAPTATION

If girls are not able/don't feel comfortable doing stand up/sit down, give girls two signs: a cross sign ✘ and a tick sign ✔. Ask them to hold up the sign that reflects their opinion.



14 IRC Girl Shine Early Marriage Curriculum for Adolescent Girls https://gbvresponders.org/wp-content/uploads/2022/07/Part-2A_HighRes_English.pdf



✓ DO:

- ✓ Read the statements below one by one or invite girls to share their own beliefs about menstruation.
- ✓ Wait for the girls to stand up or sit down; or in the case of adaptation, wait for them to hold up their signs.
- ✓ Take a few responses from the girls about their reasons for taking that position, and then explain the correct answer after each statement.
- ✓ Allow discussion after each as needed.

! **CONTEXTUALISATION required:** 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.	✗ 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 means girls bodies are ready for pregnancy.	✓ TRUE
Once a girl starts menstruating, she should get married.	✗ FALSE

🗣️ SAY: We’ve talked about myths (and some facts) about menstruation, and now, we’re going to learn some more facts about this natural cycle.

✓ DO: Show the girls Resource 9.3: Internal reproductive body parts of a female.



SAY:

- This diagram shows some of our internal reproductive organs.
- 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.
- 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 shed away, and the egg and the lining will pass through the uterus out of the body.
- The blood that is released from the shedding lining flows out through the vagina. This bleeding is the menstrual period and this whole cycle is called menstruation.
- Different people have different days when they bleed depending on whether their cycle is long or short.

DO:

- ✔ Check to see if girls have any questions.
- ✔ 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. Okay?" And, then please follow up and seek relevant support to be able to answer the girl's question or to be able to refer them to someone who can.

EXPLAIN:

- Menstruation is the normal, healthy shedding of blood and tissue. This blood and tissue exit the body from the uterus and passes 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 for the girl but also for the baby.
- 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 newborn in order to ensure a safe, healthy, and happy life for her and her family.



REFLECTION (15 MINUTES)

7 CIRCLE ROUND

- DO:** Conduct a circle round by asking each participant what is one thing that they have enjoyed about today? Paraphrase and repeat any responses which are related to the session objectives.
-


8 CLOSING COMMENTS

- SAY:** Going through puberty is a healthy and normal part of being an adolescent girl. 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. Girls should talk to their trusted person about this and get information from factual and trusted sources, such as professionals at the WGSS (women and girl safe space) or official health workers.

- DO:**

- Thank everyone for their participation
- Encourage everyone to write/draw something in their learning journal about how they feel about their body changing, and who they would talk to if they needed more information.
- Encourage girls to talk to a female caregiver who is participating in **ENGAGE** or a trusted female adult, about the information we discussed today. If they don't feel comfortable, that's okay; there is no need to talk to anyone. Encourage them just to think about what might make them feel more comfortable discussing this or think about who they might be able to discuss this with in the future.



 **ASK:** the girls 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 action the changes suggested by girls or explain why it's not possible.) Remind girls that they can leave feedback in the comments box.

 **REMIND** participants about:

the time and location of the next session; and the person/s responsible for the recap quiz questions for the next session.

your role as a facilitator is to be available should anyone wish to discuss anything after the session. Highlight that your role is to provide support, but that you are not a caseworker or counsellor; however, you are able to provide a referral to required services that exist in the area.

NOTE TO FACILITATORS, FOR THE NEXT SESSION:

- Familiarise yourself with the content in advance and read the preparation notes in advance.
- If you want to invite a health worker, ensure they are familiar with the GBV core concepts **and clinical care for sexual assault survivors**.
- Procure dignity/hygiene kits or obtain dignity/hygiene kits from existing stock as part of session preparation and then have dignity kits available to give to each girl in the session.
- If you have funds available, consider procuring/purchasing a medical model of the female reproductive system to aid demonstration.

SESSION 9 • PART 2

OUR HEALTH¹⁵

DURATION: This session may take 2 hours and 15 minutes to implement or will require 2.5 hours to implement fully with an additional/optional activity. It is important to check in advance if girls will be available for an extended session. Alternatively, the content of this session can be divided into two sessions.



🎯 SESSION OBJECTIVES:

By the end of the session, girls will:

- Understand and feel comfortable with the changes of puberty
- Gain information on the physical and emotional changes girls go through during adolescence, as well as reproductive organs
- Understand the main parts of the male and female sexual and reproductive health system and discuss them in a safe and positive way
- Understand how pregnancy happens
- Demonstrate a basic understanding of menstruation as a normal and healthy aspect of the female reproductive system, including challenges faced by girls and women

👉 FACILITATOR NOTE

- As this is a sensitive topic, it is important to remind girls of the **“Group Agreements”** (from Session 1) and ask if they would like to have any additional agreements specifically for this session.
- To ensure that we **“do no harm,”** facilitators should take great care to prepare for the delivery of this session in terms of the content chosen and how it is delivered and ensure that consent has been obtained through discussions with caregivers. Use Resources 9.1-9.12 for preparation.

¹⁵ This module is taken from the International Rescue Committee’s Girl Shine Early Marriage Curriculum, funded by the U.S. Bureau of Population, Refugee and Migration Services (PRM) : <https://gbvresponders.org/adolescent-girls/girl-shine/>



- The **more comfortable** you are with the content, the more comfortable the girls and the female and male caregivers will feel as well. You may need to spend more time reviewing the material and concepts for this session than you have done with other modules, especially if they are unfamiliar to you.
- It is okay for the facilitator not to have all the answers. What is more important is **providing a non-judgmental space where girls can learn** important information and ask questions. If they ask a question the facilitator doesn't know the answer to, the facilitator should tell girls they will get back to them in the following session and follow up on that.
- Always use the **correct terminology** for body parts and functions, be clear about how the male and female reproductive systems work and be honest about the impact of reproductive health risks.
- Use **positive body talk**. Now is the opportunity to model positive self-image to the girls.
- Adolescents need to be prepared for the physical, mental, psycho-social and emotional changes that take place during this phase of life so that they are not anxious about them and **respond to these changes in positive and responsible ways**.
- There are various optional/additional activities that can be added if the girls ask questions or express interest in these topics, if all girls feel comfortable discussing these topics, and if there is additional time.



PREPARATION AND MATERIALS

PREPARATION:

- Get familiar with the information in advance. It is important that the facilitator feels comfortable giving this session. If the facilitator is uncomfortable, girls will also be uncomfortable.
- Read /review Resources 9.1-9.12 for mentors and facilitators. These are to help provide facilitators with more detailed information related to the topics covered in this session. This should help them answer questions raised by girls. Mentors/facilitators can refer to this information if there is anything that is not clear. There is also information included here that might be raised by girls but that isn't directly tackled in the session material.
- Alternatively, you could consider inviting a female health practitioner who has been trained in GBV core concepts and clinical care for sexual assault survivors, both to support the facilitation of these sessions and to clearly explain adolescent development, including terminologies.
- Please refer to the Implementation Guide for tips to facilitating the sensitive topics and health related sessions.



MATERIALS:

- Flip chart papers and markers, sticky notes
- A medical model of the female reproductive system to aid demonstration (if funds available)
- Prepare flip chart with physical and emotional changes for “What is Puberty?”
- Print out copies for the participants to use as handouts during the session: Resource 9.2, 9.3, 9.4, 9.5, 9.8, 9.12
- Print out Resource 9.13 to distribute to all the participants
- Dignity/hygiene kits (to offer to girls after the session)
- Period tracker app—for example, Flo¹⁶ (for settings where girls have access to phones and technology; may require demonstration)



WARM UP (15 MINUTES)


- DO:** Facilitate a quick 5-minute icebreaker or energiser of your choice before the recap. Ensure the icebreaker or energiser is short and quick to allow for the longer session below.

1 RECAP

- DO:**
 - ✓ Welcome girls back to the session.
 - ✓ If there are any girls who were absent last week, ask the girls to give the absent girls an overview of what was discussed.
 - ✓ Invite the girls responsible for the recap quiz to ask 3 questions related to last week’s learning objectives. Thank the girls for their participation.

16 <https://flo.health/>



 **SAY:** Today we are going to talk about a really important topic, we are going to talk about our health and our bodies.


DISCUSSION (15 MINUTES)


2 STORY CIRCLE

DO: Read the story to the participants.

NORA'S STORY

Nora recently got married and she has many questions around pregnancy, menstruation, and babies. She wants more information but doesn't know who she can talk to as it is not something commonly discussed in her community.

 **ASK:** Is what Nora's going through common? What could she do in this situation?

 **SAY:** Talking about pregnancy and menstruation might not be common in the community we live in. This may be because society perceives discussion around menstruation as shameful or taboo. But menstruating is a very normal thing for women and girls to experience, and Nora has the right to access information and support, and she has the right to manage her menstruation with dignity.

 **EXPLAIN:**


- Girls go through many changes between the ages of 10–19; these can be physical and also emotional. We call this stage of life “adolescence.” While many of you here will have gone through a number of the physical changes such as experiencing changes to breasts, hips, and pelvic bones, and developing pubic and underarm hair. Some girls will notice they sweat more, or their skin has become more greasy. These are the physical changes called “puberty,” and they happen during the stage of adolescence. This is all very normal.




***SEXUAL ORIENTATION AND GENDER IDENTITY:** 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.

As adolescents are exploring their identity in general, this may also include exploring their gender identity. This means that their gender identity might be the same as the sex assigned at birth, e.g., females who identify as women, or it might be different, like it is for transgender people.

- In addition, girls will experience some secretions from the vagina which are clear, white, or off-white in colour. The thickness of the discharge may vary according to the cycle phase and from one body to another. This is normal and helps to keep the vagina healthy.
- Girls will start menstruating during this time, but if girls haven't started menstruating by age 16, they 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 18.
- Along with these physical changes, girls may also experience emotional changes; they may struggle with their identity—asking “Who am I?”—or they may experience a wide range of emotions including changes in mood, anger, or frustration. This is normal as their hormones are changing.
- Some girls may want more independence and may want to spend more time with friends. They may also start to experiment or take some risks. With the changes in their bodies, they might become more self-conscious or aware of their body and appearance. Girls may also begin to feel curious about love, and they may be influenced by friends to behave in a certain way.

 **ASK:** What do you think about the information I shared?

 **SAY:** All of these physical and emotional changes are normal. Everyone develops at their own pace, some earlier and some later.



POSITIVE STRATEGIES

(1 hour 50 minutes without the optional activities, 2 hours and 5 minutes with the optional activity)



3 OUR REPRODUCTIVE ORGANS



SAY: We are now going to talk about the body parts that women have.



EXPLAIN:

- It is important to remember also that reproductive health is health. And we must make sure we take care of all parts of our health, including physical health, emotional health, and reproductive health. For this, we need to understand our reproductive organs.
- For us to understand women's cycle of menstruation, we first need to understand how babies are made. This is important because once a girl starts getting her period, it means that her body is capable of getting pregnant.



SAY:

- When we say "private parts" we mean our reproductive system, which is made up of our reproductive organs.
- Both females and males have reproductive organs.
- One of the female reproductive organs is the breasts. During puberty, girls grow breast tissue. After childbirth many women breastfeed their babies. It is important for us to learn about all of the different reproductive organs and their functions.
- One of the female reproductive organs that we may have heard of is the vagina, and the one for males that we may have heard of is the penis.
- But there are also reproductive organs that we don't ever see because they are on the inside of our bodies.
- I am going to show you some drawings/a model of our organs. These drawings/This model may look funny, but all girls have these parts. It's completely normal and it's very important for us to learn about them and learn how to protect them and keep them healthy.




NOTE: Before showing the images/model, describe it to the girls, so they are prepared. It may be inappropriate or unsafe to distribute the pictures with female/male reproductive organs. It may be more appropriate to simply show the copy, to draw on a flip chart, or to collect the resources at the end of the session.



 **DO:**


- ✔ Show the resource for the female external organs (Resource 9.2) or the model if you have it.
- ✔ If girls agree and it is safe to do so, show girls the male organs diagram or model (Resource 9.4).

 **NOTE:** *If there are some girls who are not comfortable with receiving information on male body parts, do not force girls to receive this information. Tell girls that they can talk to someone individually if they want more information. Or the facilitator can organise to hold a separate session on this for those who are interested.*

 **EXPLAIN:** The female organs that are not hidden on the inside of the body are the **external organs**. This is called the vulva. This includes the two folds of skin called the labia, the clitoris, the urethra, and the opening of the vagina.

- The labia have two sets of skin called the outer and inner lips. The labia cover and protect the vaginal opening.
- Near the top of the lips, inside the folds, is a small tube-shaped part called the clitoris. The clitoris is very sensitive and is the part that gives pleasure to women when they are intimate with their partner. This part of the organ is covered by a hood that protects the clitoris, as it is very sensitive.
- The urethra is a short tube that carries urine from the bladder to the outside of the body. The opening to the urethra is very small and can be hard to find by touch or sight. It is right above the opening to the vagina.
- The vagina opening allows the menstrual blood and babies to come out of our bodies.
- External organs all look different. They come in many different shapes, sizes, even colours. This is normal. If you are experiencing any discomfort, then you should seek advice from a doctor, but there is no need to worry about your body not looking exactly like the diagrams.


 **DO:** Show the girls Resource 9.3: Internal reproductive body parts of a female on internal organs and talk them through the following points.


 **EXPLAIN:** As we said, there are parts of our reproductive system that we can't see because they are inside of us, and these are called our **internal organs**. In females, the internal organs include the uterus, the ovaries, the egg cells, and the vagina.


- The uterus is in the lower part of the abdomen (belly). Along with the uterus there are other organs that are involved in making a baby.
- There is also a small almond-shaped gland called the ovary. In our body, there are two ovaries, one on each side of the uterus.





- Each of these ovaries contain lots of tiny egg cells. Do you know why these egg cells are so important? They are the cells that could become babies. Just like tiny egg cells in a female body, males have tiny sperm cells in their bodies.
- When an egg cell meets a sperm cell, then the cells combine and eventually grow into a baby inside the uterus. The combined cell is called an embryo. That is when we say a woman is pregnant.
- The vagina can stretch wide enough to allow a baby to pass through. It is a tube that connects the uterus to the outside of the body. This is also the part of the reproductive organ that meets the male reproductive organ.


 **ASK:** So now that a girl's body is capable of becoming pregnant, does this mean she is ready to have babies?

 **SAY:** Even though girls who get their periods may be capable of becoming pregnant, it doesn't mean they are ready. Even though the ovaries releasing the eggs can make girls capable of becoming pregnant, a girl's body is too young and not prepared to bear a baby yet. It's better for girls to start thinking about this after they reach 20. Until then, a girl's body is not fully developed and it can be dangerous for a girl to get pregnant. But girls should be happy that they start to get their periods. It's a good sign that their body is growing properly and is healthy.

 **SAY:** This is a lot of information about our reproductive system, but it is important.

 **ASK:** Why do you think is it important to get information about reproductive health?

 **SAY:** It is important to have information on reproductive health to understand our bodies, to understand and be prepared for the changes happening in our bodies, to learn how to make good decisions to take care of our health, and to know where and how to access health services if we need it.

 **DO:** If **ALL GIRLS** consent to have information on male reproductive organs, show them Resource 9.4: Male reproductive body organs.




EXPLAIN:

In males, the reproductive organs include:

- **Testes:** There are two testes and these produce sperm.
- **Penis:** The penis is made up of two parts, the main part (shaft) and the tip. The penis allows sperm and urine to exit the body through a small slit in the tip. This is the part of the male reproductive organ that meets the female reproductive organ—the vagina.
- **Sperm duct and glands:** Sperm pass through the sperm ducts and mix with fluids produced by the glands. The mixture of sperm and fluids is called semen.
- **Urethra:** This is a tube that carries semen and urine out of the penis.

ASK:

- ① Do you have any question related to what we discussed?
- ① What do you think about the information presented?

 **SAY:** We first started the session with learning about the female and male reproductive organs because this will help us and girls, like Nora, to understand how girls get their period and get pregnant. Knowing about our reproductive organs is our right and the first step to understanding how our body functions and how to maintain a healthy body.



4 THE HYMEN AND VIRGINITY¹⁷

 **OPTIONAL/ADDITIONAL**


 **NOTE:** *If the girls ask about the hymen or virginity during the discussion of reproductive organs or if there are common myths and misperceptions about virginity in the context, this activity may be helpful.*

ASK:




- ① Have you heard about the hymen? What have you heard about the hymen?
- ① What do we mean by virginity?

¹⁷ UNICEF UNFPA 2018 Adolescent girls toolkit; Save the Children 2012 Toolkit “Children and Adolescents’ Sexual and Reproductive Health Rights”: Activities Guide for adolescents age 14-17, UNICEF UNFPA 2018 Adolescent girls toolkit; Save the Children 2012 Toolkit “Children and Adolescents’ Sexual and Reproductive Health Rights”: Activities Guide for adolescents age 14-17



 **SAY:** that we will talk more about this in a moment, but first we are going to play a game.

 **DO:**

-  Split the group into 3 or 4 smaller groups and ask the girls to come up with a team name.
-  Explain to the girls that you are going to read a statement, and the first team to buzz in with the correct answer of true or false gets a point.
-  Read the statements one by one.

TRUE OR FALSE?

If the girl did not bleed during the first sexual intercourse, this means she was not virgin.

 **FALSE**

There are many different types, sizes and forms of the hymen.

 **TRUE**

If the girl rode a bike or did extensive gymnastic moves, she will lose the hymen.

 **FALSE**

Some types of the hymen are stretched like an elastic during the first sexual intercourse.

 **TRUE**


Menstrual blood passes through the hymen, and this means that it is not completely closed.

 **TRUE**

Some girls are born with a completely closed hymen, and this prevents the flow of menstrual blood.

 **TRUE**

But this is very rare

 **DO:** Congratulate the team with the most points.



EXPLAIN:

- The hymen is a very thin piece of skin-like tissue that partly covers the opening of the vagina.
- The hymen varies in size and shape from woman to woman and girl to girl. The hymen usually does not cover the entire vaginal opening, since there must be some way for the menstrual fluid, or period, to leave the body.
- Sometimes, when a girl gets her period, she may worry that the blood coming out is related to her hymen. This is unrelated and she should not worry.
- The hymen has historically been associated with a woman's virginity. The belief that since the hymen blocked the vaginal opening, it should remain intact as long as a woman did not have sexual intercourse is widely believed. This is not correct. The hymen can be stretched or tear for other reasons not related to sexual intercourse.
- Even when a hymen is stretched or torn during sexual intercourse it is not guaranteed that it will bleed and the blood cells in this thin tissue are not many.
- Virginity is a broad social and cultural idea or concept and is not limited to the presence or appearance of the girl's hymen.
- In some contexts, "virginity" testing is practiced by doing genital examinations and assessing the hymen. This should not happen. There is no medical evidence to support the belief that the hymen can determine whether or not sexual intercourse has taken place.

5 MENSTRUATION

EXPLAIN:

- Girls and boys have different reproductive organs. Boys don't have egg cells that become babies or are shed out of the body in the form of blood. Hence, boys don't get their period.
- A girl/woman knows that she has her period when blood comes out of her vagina. It usually lasts between 3 and 7 days. Some days you may have more blood than others.
- The blood from periods does not mean there is something wrong with a girl, like when you have a wound from a fall. The blood that is coming out of the vagina is normal.
- This normal cycle is also called menstruation.




 **SAY:**

We are going to play a game now about some common menstruation myths. I'm going to read some statements, please stand up if you think the statement is true. Remain seated if you think the statement is a myth; meaning, remain seated if you think it is not true.

 **DO:**

- ✔ Read the statements below one by one or invite girls to share their own beliefs about menstruation.
- ✔ Wait for the girls to stand up or sit down; or in the case of adaptation, wait for them to hold up their signs.
- ✔ Take a few responses from the girls about their reasons for taking that position, and then explain the correct answer after each statement.
- ✔ Allow discussion after each as needed.

 **CONTEXTUALISATION required:** 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.

✗ 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

 **SAY:** We've talked about myths (and some facts) about menstruation, and now, we're going to learn some more facts about this natural cycle.



☑ **DO:** Show the girls Resource 9.3: Internal reproductive body parts of a female.

 **SAY:**

- This diagram shows some of our internal reproductive organs.
- 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.
- 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 shed away, and the egg and the lining will pass through the uterus out of the body.
- Show Resource 9.11: Fertilisation.
- The blood that is released from the shedding lining flows out through the vagina. This bleeding is the menstrual period and this whole cycle is called menstruation.
- Different people have different days when they bleed depending on whether their cycle is long or short.

☑ **DO:**

- ☑ Check to see if girls have any questions.



NOTE: Girls might ask about marriage from the same bloodline.

EXPLAIN: Marriages between blood relations might lead to health issues for the child, meaning there is an increased chance of heart, lung, and other issues that may arise.

- ☑ 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. Okay?" And, then please follow up and seek relevant support to be able to answer the girl's question or to be able to refer them to someone who can.

 **EXPLAIN:**

- Menstruation is the normal, healthy shedding of blood and tissue. This blood and tissue exit the body from the uterus and passes 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 for the girl but also for the baby.
- There may be girls who have babies before they are 18, and both mother and baby are fine. But because of the potential health risks, it is still better to wait until after 18 when considering more children, to help ensure the safety of the mother and the baby.
- As girls are going through emotional and brain growth, married girls should try to find a trusted person they can turn to for support during this time, as many things will be new and unknown.

6 MENSTRUAL CYCLE



SAY: Now that we know about menstruation, let's learn about how often we menstruate.



ASK: How often do you think girls get their periods?



EXPLAIN: When a girl first gets her period, it may be irregular, but after a few months, girls will start to get their period approximately once a month, depending on how long their menstrual cycle is.



DO: Show the girls Resource 9.12: Ovulation Cycle.



EXPLAIN:

- This is a diagram about the menstrual cycle.
- The blood coming out of the vagina is called the menstrual blood. The blood coming out might not always be bright red. It can start off bright red but may become brown in colour towards the end of menstruation.
- If a girl's menstrual cycle is short, her menstruation will come again more quickly than if her cycle is long.
- This whole process repeats itself roughly once a month and is called the menstrual cycle. The cycle is usually between 28–30 days. It could be a little bit shorter, or a little bit longer. The menstrual blood is just a small part of the cycle, the part that we see.



- Menstruation does not last your whole life. It generally stops somewhere between your mid-40's and early 50's and may vary depending on each female body.
- Once girls start menstruating, they are capable of getting pregnant, but this does not mean their body is ready to. Girls' bodies will continue to grow well into adult years, so it is recommended that girls don't get pregnant until after they are 18. If they already have children, they might consider waiting until after 18 before having more, just to lessen the risks that girls face during pregnancy.

 **DO:**

- ✔ Stop to check if girls have any questions and if they are feeling comfortable before moving on to the next part.
- ✔ Then, show the girls Resource 9.13: Menstrual Calendar and hand out to each girl.



EXPLAIN:

- The length of a girl's cycle is the number of days counted from the first day of the last period up until the day before the next period.
- For example, if a girl's period started on January 10 and her next period started on February 7, then the length of her menstrual cycle is counted from 10 January–6 February, which is 28 days. This means she will get her period approximately every 28 days.
- For some girls, their menstrual cycle can be as short as 21 days, while for some it can be as long as 35 days. This is normal.
- BUT if a girl's period suddenly stops for more than 90 days after being regular, this could be because of certain body complications, and she should visit a doctor as soon as possible.



SAY: Let's practice counting the days in our menstrual cycles.

 **DO:**

- ✔ Split the girls into small groups and tell them that you will read some examples. Explain that the team that finds the answer first should say it out loud, and they will win!
- ✔ When the teams are ready, read the following examples and identify the team with the fastest correct answer:



Susan started her period on March 26 and her last period was on March 4.

ASK: How long is her cycle?

(21 days)

Roshna's period started on September 30 and her next period is due on November 1.


ASK: How long is her cycle?


(31 days)

Noora's period started on July 12 and her last period was on June 16.

ASK: How long is her cycle?

(26 days)


 **EXPLAIN:** Knowing our cycle will help us better prepare for when our period is coming; it might not be accurate sometimes, but it can help us to know when to start preparing for it—sourcing sanitary products and keeping them with us when we leave the house.

 **SAY:** If any girls want to track their cycle, we can give you handouts/booklet for you to fill in and log the days. This can help girls, like Nora, know when to expect her period.

ADD (in contexts where girls have their own smartphones that are not monitored or restricted by others): You can use a period tracker app; there are many different apps to choose from, and some have multiple language settings, for example, Flo¹⁸ app.

REFLECTION (15 MINUTES)


7 CIRCLE ROUND

 **DO:** Conduct a circle round by asking each participant what is one thing that they have enjoyed about today? Paraphrase and repeat any responses which are related to the session objectives.




18 Flo is currently available in Arabic, English, Danish, Finnish, French, German, Hindi, Indonesian, Italian, Japanese, Korean, Norwegian Bokmål, Polish, Portuguese, Russian, Simplified Chinese, Spanish, Swedish, Thai, Traditional Chinese, Turkish, Vietnamese. <https://flo.health/>




8 CLOSING COMMENTS

 **SAY:** It's a girl's right to have factual information about her body. Once girls start menstruating, they are capable of getting pregnant, but this does not mean their body is ready to do so. Girls' bodies will continue to grow well into adult years, so it is recommended that girls don't get pregnant until after they are 18. If girls already have children, they might consider waiting until after 18 before having more, just to lessen the risks that girls face during pregnancy. If girls have questions or need more information, they can speak to a trusted female adult, to someone at the WGSS (women and girl safe space) or official health workers.

DO:

-  Thank everyone for their participation.
-  Encourage everyone to write/draw something in their learning journal about how they plan to manage their menstruation with dignity.
-  Encourage girls to talk to a female caregiver who is participating in **ENGAGE** or a trusted female adult, about the information we discussed today. If they don't feel comfortable, that's okay; there is no need to talk to anyone. Encourage them just to think about what might make them feel more comfortable discussing this or think about who they might be able to discuss this with in the future.

 **ASK:** the girls 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 action the changes suggested by girls or explain why it's not possible.) Remind girls that they can leave feedback in the comments box.

 **REMIND** participants about:

the time and location of the next session; and the person/s responsible for the recap quiz questions for the next session.

your role as a facilitator is to be available should anyone wish to discuss anything after the session. Highlight that your role is to provide support, but that you are not a caseworker or counsellor; however, you are able to provide a referral to required services that exist in the area.

SESSION 10 • PART 1

OUR HEALTH¹⁹

DURATION: This session may take 2.5 hours to implement. It is important to check in advance if girls will be available for an extended session. Alternatively, the content of this session can be divided into two sessions.

 **FOR UNMARRIED/
YOUNGER GIRLS**

SESSION OBJECTIVES:

By the end of the session, girls will:

- Understand menstruation and how to manage menstruation
- Learn the facts about sexual health
- Learn about delaying pregnancy

FACILITATOR NOTE:

- As this is a sensitive topic, it is important to remind girls of the “**Group Agreements**” (from Session 1) and ask if they would like to have any additional agreements specifically for this session.
- The **more comfortable** you are with the content, the more comfortable the girls will feel as well.
- It is okay for the facilitator not to have all the answers. What is more important is **providing a non-judgmental space where girls can learn** important information and ask questions. If they ask a question the facilitator doesn’t know the answer to, the facilitator should tell girls they will get back to them in the following session and follow up on that.
- Always use the **correct terminology** for body parts and functions.
- Use **positive body talk**. Now is the opportunity to model positive self-image to the girls.

¹⁹ This module is taken from the International Rescue Committee’s Girl Shine Early Marriage Curriculum, funded by the U.S. Bureau of Population, Refugee and Migration Services (PRM) : <https://gbvresponders.org/adolescent-girls/girl-shine/>



PREPARATION AND MATERIALS

PREPARATION:

- Get familiar with the information in advance. There are various resources, including the ones referenced in the Tool, that will help the facilitators to get well prepared for facilitating the sessions.
- It is important that the facilitator feels comfortable giving this session. If the facilitator is uncomfortable, girls will also be uncomfortable.
- Please refer to the Implementation Guide for tips to facilitating the sensitive topics and health related sessions.
- If there were questions asked by girls 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 to them in this session.
- If there are girls with disabilities, be prepared with information relevant for them; 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.
- Know what the most accessible types of pregnancy tests are.

MATERIALS

- Flip chart papers and markers, sticky notes
- A medical model of the female reproductive system to aid demonstration (if funds available)
- Prepare flip chart with physical and emotional changes for “What is Puberty?”
- Print out copies for the participants to use as handouts during the session and revise resources: Resources 9.8 – 10.7
- Print out Resource 9.13 to distribute to all the participants
- Dignity/hygiene kits (to offer to girls after the session)
- Period tracker app—for example, Flo²⁰ (for settings where girls have access to phones and technology; may require demonstration)

20 <https://flo.health/>



WARM UP AND REVIEW (5 MINUTES)


1 RECAP

DO:

- ✔ Welcome girls back to the session.
- ✔ If there are any girls who were absent last week, ask the girls to give the absent girls an overview of what was discussed.
- ✔ Invite the girls responsible for the recap quiz to ask 3 questions related to last week's learning objectives. Thank the girls for their participation.

ASK:


- ❓ Did you talk to a trusted female adult about the information we discussed during the last session?
- ❓ If not, did you think about what might make you feel more comfortable to be able to discuss this at a later stage?
- ❓ Is there anything you'd like to share with us?

 **SAY:** Today we'll continue on the same topic of our reproductive health.




DISCUSSION (10 MINUTES)

2 STORY CIRCLE

 **SAY:** Now Nora knows why girls menstruate and not boys. She also knows the basics of menstruation. But there are still many things Nora doesn't know, such as how often her period comes, and how to stay clean during this time. Sometimes she will get her period when she is at school, and she might not be prepared to deal with this. She wants to learn more about managing menstruation and staying clean during this time.



 **ASK:** Is what Nora is experiencing common? Why yes/why no?

 **EXPLAIN:**

- Menstruation is a normal and healthy part of being a girl. But it can be challenging sometimes because we may not have enough information about what is happening to us, or it may be difficult to manage our symptoms or try to stay clean during menstruation; this could be related to how the community supports (or doesn't support) girls who are menstruating. For example, maybe schools don't have facilities in place that support girls when they are menstruating, or maybe girls are not allowed to do certain things during menstruation due to community beliefs around menstruation.
- We should try to remember that even if it is not common to discuss these issues, it is a natural part of being female. Today we will discuss this in more detail so we can feel more comfortable and familiar with our bodily processes.


 **DO:** Check that girls are feeling comfortable and are ready to proceed with the activities.


POSITIVE STRATEGIES (1 HOUR 55 MINUTES)



3 MENSTRUAL CYCLE

 **SAY:** Now that we know about menstruation, let's learn about how often we menstruate.

 **ASK:** How often do you think girls get their periods?

 **EXPLAIN:** When a girl first gets her period, it may be irregular, but after a few months, girls will start to get their period approximately once a month, depending on how long their menstrual cycle is.

 **DO:** Show the girls Resource 9.12: Ovulation Cycle



EXPLAIN:

- This is a diagram about the menstrual cycle.
- The blood coming out of the vagina is called the menstrual blood. The blood coming out might not always be bright red. It can start off bright red but may become brown in colour towards the end of menstruation.
- If a girl's menstrual cycle is short, her menstruation will come again more quickly than if her cycle is long.
- This whole process repeats itself roughly once a month and is called the menstrual cycle. The cycle is usually between 28–30 days. It could be a little bit shorter, or a little bit longer. The menstrual blood is just a small part of the cycle, the part that we see.
- Menstruation does not last your whole life. It generally stops somewhere between your mid-40's and early 50's and may vary depending on each female body.
- Once girls start menstruating, they are capable of getting pregnant, but this does not mean their body is ready to. Girls' bodies will continue to grow well into adult years, so it is recommended that girls don't get pregnant until after they are 18; if they already have children, they might consider waiting until after 18 before having more, just to lessen the risks that girls face during pregnancy.

DO: Stop to check if girls have any questions and if they are feeling comfortable before moving on to the next part.

EXPLAIN:

- The length of a girl's cycle is the number of days counted from the first day of the last period up until the day before the next period.
- On average, girls get their periods approximately every 28 days. For example, if a girl's period started on January 10 and her next period started on February 7, then the length of her menstrual cycle is counted from 10 January (the first day of her last period) to 6 February (the first day of her next period), which is 28 days.
- Every girl's body is different. For some girls, their menstrual cycle can be as short as 21 days, while for some it can be as long as 35 days. This is normal.
- Girls can watch when their cycle comes, write down the dates on a calendar, learn how long their cycle is, and then know when to expect their next cycle.
- BUT if a girl's period suddenly stops for more than 3 months or 90 days after being regular, this could be because of certain body complications, and she should visit a health care provider as soon as possible.



EXPLAIN:


- Knowing our cycle will help us better prepare for when our period is coming; it might not be accurate sometimes, but it can help us to know when to start preparing for it—sourcing sanitary products and keeping them with us when we leave the house.
- When we are sexually active, it can also help us know to watch if our cycle is 2 weeks late or more to know if we should get a pregnancy test or go to the health facility.


 **NOTE:** For more sensitive contexts, change “when we are sexually active” to “once we are married”.



4 MENSTRUAL CALENDAR

 **OPTIONAL**

 **DO:** Show the girls Resource 9.13: Menstrual Calendar and hand out.

 **SAY:** Let’s practice counting the days in our menstrual cycles.

 **DO:**

- ✔ Split the girls into small groups and tell them that you will read some examples. Explain that the team that finds the answer first should say it out loud, and they will win!
- ✔ When the teams are ready, read the following examples and identify the team with the fastest correct answer:

Susan started her period on March 26 and her last period was on March 4.

ASK: How long is her cycle?

(21 days)

Roshna’s period started on September 30 and her next period is due on November 1.

ASK: How long is her cycle?

(31 days)


Noora’s period started on July 12 and her last period was on June 16.


ASK: How long is her cycle?


(26 days)



5 MANAGING MENSTRUATION

 **SAY:** Menstruating is a very natural and normal part of a girl's and woman's life. Sometimes it can cause us discomfort, but there are things we can do to try to manage this. Let's discuss how to manage some of the symptoms of menstruation that girls experience. Let's also think about how we can support each other during this time.

 **ASK:** What are some of the things that girls experience when they are menstruating? (For example, being tired, having cramps, having no symptoms, being isolated, not having privacy, not having adequate means to stay clean, etc.)


 **EXPLAIN:** It is normal for girls to feel pain in their stomach during periods. This pain comes because the uterus is tightening to squeeze and remove the menstrual fluid. Our stomach can feel heavy, breasts can feel sore, it is common to have headaches, tiredness, or feel moody or emotional. Some 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.** 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 some places, we may find that women and girls have to queue for long hours for food and non-food items. If this happens during their menstruation period, lack of 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.



 **SAY:** There may be other impacts on girls; we are all unique. The important thing is to be patient with your body and try to understand what the “new normal” is for your body as it goes through these changes.

 **DO:** Show Resource 10.1: Menstrual Management to the participants.

 **ASK:** What are some of the strategies you use to manage these things in this current environment?

 **DO:** Have the participants split into three groups, each group focusing on one point below.

GROUP 1:	GROUP 2:	GROUP 3:
What can they currently do to manage the situation when menstruating (individually and collectively)?	What can female and male caregivers do to improve the situation for girls when they are menstruating?	What can the community, local authorities, or NGOs do to improve the situation for women and girls when they are menstruating?
When girls feedback, also probe for each group how girls with disabilities and girls from other diverse groups are reflected in their plans.		

 **NOTE:**

- *Write down the participants' recommendations for community, local authorities and NGOs. These actors should be fed back through appropriate channels, WASH partners, allies in the community, and coordination groups.*
- *Inform the girls what you will do with this information they have provided. For example, share with your manager for advocacy, or keep it for them to raise with the GBV sub-cluster, etc.*
- *Be sure to follow through with the action you committed to.*

 **ADD the following to what the groups have suggested, if contextually relevant:**



FOR GIRLS WITH DISABILITIES

SAY: Menstruating girls 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.

If we have a disability or if there is a girl with a disability in our family, it is important to find a way to communicate effectively, to understand or express how her/our physical and emotional safety, comfort, and health is taken care of.

PAIN AND DISCOMFORT:

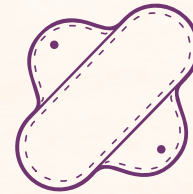
- Girls do not need to stay at home during menstruation unless they choose to. They may choose to do this, for example, if they are experiencing a lot of pain.
- To help ease the pain, you can use a warm water bottle or warm cloth and place it on the abdomen.
- Light exercise can also help. Take a long fast walk or do other exercises girls enjoy, this can help to relieve pain.
- Girls can take painkillers on the most painful days, but they should always get help from a parent or caregiver first and then get advice from a doctor or pharmacist.
- Girls know what they can or cannot manage during menstruation; if you have sisters, female relatives, or other girls in your life who are menstruating, you can check how they are feeling and whether they 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 their pain and discomfort.

SANITARY MATERIALS:

There are different materials girls can use during menstruation. Some things are easier to access than others.



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. 10.1: Menstrual management.*



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:

Show Resource 10.2: Menstrual hygiene.

- **During menstruation it is important to stay clean and healthy.** Poor hygiene management can lead to infections. These are some things you can **DO**:
- Girls should be prepared and keep track of when their periods are - this will help them be better prepared and help prevent accidental leakage in their underwear.
- Try to clean yourself with soap and water whenever it's safe and possible to do so. It's also important to dry yourself well to avoid infection.
- Wash your underpants with soap and water to avoid stains, again, whenever it's safe and possible to do so.
- Change the pad or cloth regularly to avoid soiling clothes and bad odor, ideally every 4 hours. Again, it may not always be possible to do this, but try to when you can. Wash hands after changing sanitary pads or cloth if possible.
- Do not use deodorants or perfumes on the genitals, as this will cause irritation and rashes.
- Again, girls with AND without disabilities, should identify a trusted person they can talk to, to let them know the type of support needed.

 **ASK:** Was any of this information new to you? Was it helpful and relevant to your situation?

 **SAY:** If you have any more questions on this topic, you can talk to someone at the safe space or to a health care provider or trusted adult.



6 MY PERIOD PLAN (30 MINUTES)²¹

 **OPTIONAL/ADDITIONAL**

NOTE:

A period plan will help girls prepare to successfully manage their cycles. Mentors/facilitators can give guidance on what to include but should allow the girls to create their own plan by writing, drawing, or just talking with each other. In future sessions, check in with each girl to see how the plan is working and whether they need any further assistance or updates. Girls may be hesitant to participate in the exercise if it is introduced too early in the programme. Continue to revisit the activity and provide additional opportunities to discuss in an unpressured way.

²¹ Adapted from IRC The Girl Shine Early Marriage Curriculum for Adolescent Girls



☑ **DO:** Handout the Resource 10.3: My Period Plan.

QUESTIONS TO CONSIDER FOR EACH PLAN:

- ❓ What is the best way to track the days that I'm having my period and the days in between?
- ❓ What activities do I want to keep doing while I have my period?
- ❓ What do I need to do to make sure I can still do those activities?
- ❓ Who can I talk to for help and support if needed?
- ❓ What type of supplies do I need to manage my period successfully?
- ❓ Where can I get these supplies?
- ❓ If I have pain or discomfort, what can I do to lessen it?
- ❓ Is there anything else needed to make my period plan successful?

IDEAS FOR CYCLE TRACKING COULD INCLUDE:

- Draw or hand out a monthly calendar that represents time passing in a culturally relevant format, either linear or cyclical.
- Use rocks or other objects found in the environment. Invite girls to find 30 or so rocks and use them to track the days in their cycle by moving them from one pile to another or putting them in a cup or container.
- Make basic marks on a wall or piece of paper to denote each day that goes by in your cycle.

⚠ **NOTE:** Be sure to remind the group that each girl will have a different plan, including the number of days, what you plan for, as well as the choice of Menstrual Hygiene Management (MHM) used. Normalise each girl's choice and discourage comparing and judging of each other's plans.



7 REPRODUCTIVE HEALTH MYTHS²²

Invite the girls to get in a circle or stand in a group. Ask them to “stand up” when they hear a statement that is true. Ask them to “sit down” when they hear a statement that is false.

22 Adapted from IRC Girl Shine Life Skills Curriculum



ADAPTATION:

If girls are not able/don't feel comfortable doing stand up/sit down, give girls two signs: a cross sign ✘ and a tick sign ✔. Ask them to hold up the sign that reflects their opinion.



STATEMENTS:

STATEMENT	TRUE OR FALSE
1 A girl cannot get pregnant the first time she has sex.	✘ FALSE One runs the risk of pregnancy each and every time one has unprotected sex, even the very first time.
2 A girl cannot get pregnant during her period.	✘ FALSE
3 A girl should never have to have sex if she doesn't want to.	✔ TRUE No one should do anything sexual in a relationship that they do not feel completely ready/comfortable to do. Girls and boys have the right to say "no" or stop sex before and even during sex. Girls and boys in relationships and even marriage have the right to say "no" to any sexual behaviour. Sometimes these rights are not respected, and if a girl finds herself in this situation, she can seek support from a caseworker. (See Activity 4: Consent, in Session 7 and Session 11: Sexual Decision Making, for additional information)
4 The only sure way to not get pregnant is to not have sex.	✔ TRUE Not having vaginal sex is the only 100% effective way to avoid pregnancy.




STATEMENT	TRUE OR FALSE
5 Sex/sexual intercourse is when two people kiss.	✗ FALSE Sex between a man and woman is primarily associated with the sexual intercourse, when the man's penis goes inside the woman's vagina. Kissing can be part of preparing for sex, together with touching, hugging and other emotional and physical acts, that make people want to have sex, or it can be a completely separate act not leading up to sex.
6 If you use a condom, there is no way you can get pregnant.	✗ FALSE Using a condom correctly can effectively prevent pregnancy but is not 100% effective.
7 I can talk to my safe person or mentor if I have any questions about sex or if someone has made me feel unsafe or uncomfortable.	✓ TRUE NOTE FOR THE FACILITATOR: <i>Be prepared with information on nearby services and point persons, to whom the girls could be referred to.</i>



NOTE: Add any other contextually relevant statements, local myths or misconceptions to this list.

DO:

- ✓ Allow the group to respond to the statements based on what they believe.
 - ✓ Take note of where girls stand up for statements that are not necessarily true or are built on myths or misconceptions. Invite the group to ask each other why girls thought a certain statement was true or false.
 - ✓ Allow them to have an interactive discussion and challenge each other in respectful dialogue.
 - ✓ At the end, clarify any remaining confusion or misinformation so that the group leaves with the facts.
- 

8 STIs—THINGS YOU CAN SEE AND FEEL

SAY: We are going to talk about infections that are passed from one person to another. It is important to have this information because it can have an effect on a person's health. We know this can be a sensitive topic as some of us will have experienced this or know someone who has. In this session, we do not expect anyone to share their personal experiences, and if you are worried or concerned about anything we have discussed, please come and talk to me after the session.

ASK:

- ? Have you heard of any infections that are passed from one person to another?
- ? Do you know how infections are passed from one person to another?




If not mentioned, share these examples:

COMMON COLD – The cold virus spreads in the air through a sick person sneezing, coughing, or blowing their nose near you.

FOOD POISONING – Someone handling your food without cleaning their hands is one way you can get food poisoning.

MEASLES/CHICKEN POX – These can be caught by touching someone’s blisters. They can also be spread through the air through a sick person sneezing, coughing, or blowing their nose near you.


WARTS – These can be caught by coming into contact with someone who has a wart, such as shaking hands or using the same clothing/towels over an extended period of time.


 **SAY:** These are the things (viruses/infections) that people can catch in general, but there are some things related to “intimate interactions” that can be passed from one person to another during these interactions or through coming into contact with someone’s blood.

 **ASK:** Do you know what these might be?

If not mentioned, share these examples: chlamydia, gonorrhea, syphilis, genital herpes, Hepatitis B, Hepatitis C, and HIV/AIDS.

 **SAY:** These infections are called Sexually transmitted infections (STIs).

 **EXPLAIN:** Sexually transmitted infections are a group of infections that are passed through sexual contact and the exchange of blood or other infected fluids. They are most often passed on during vaginal or anal sex. But they can also be passed on during oral sex and from an infected mother to her child during childbirth. For an infection to occur, one person must be infected and pass the infection to his or her partner. Sometimes a person with an infection might not see or feel anything different. But sometimes there are changes.

 **SAY:** So, let’s think about how we would know if we have a sexually transmitted infection. What are some of the things a person could see or feel in the reproductive body parts that will alert them to visit a doctor? Here are some examples of things that a boy or girl might see or feel if they have a sexually transmitted infection (*Write them on flipchart paper if the girls are able to read*).




Things You Can See and Feel

SEE:

- A sore on a penis, vagina, or opening of vagina
- Pus coming from the penis or end of penis being red
- Heavy and smelly discharge on a girl's underwear
- Small cauliflower-like growths on or near the genitals
- Small brown insects moving in pubic hair and small white eggs on pubic hair

FEEL:

- Itchiness inside the vagina or itchy pubic hair
- Burning pain when passing urine, feeling like you have to urinate frequently
- Pain in the uterus and fever
- Pain during intimate interaction


 **ASK:** How can someone reduce the risk of passing on these infections to someone else?





EXPLAIN:

- Getting treated is prevention! If you had unprotected sex, get tested and treated as soon as possible. Timely treatment helps prevent health complications and reduces transmission to others.
- If available, protect yourself against HPV and Hepatitis B by getting vaccinated at your nearest health clinic.
- Choose to abstain from intimate interactions or use a condom during intimate interactions. (Explain that condoms do not protect against all STIs, but that condoms are the most effective method after abstinence).
- Don't share needles with other people for example, for ear piercing.
- Make sure when you get any type of injection that the needle is new (in the packaging) and clean.
- Don't share razor blades with other people.
- When coming in contact with blood, don't touch it directly, but rather use rubber gloves or a plastic sheet to clean or deal with a wound or cut.
- For some girls, maybe they didn't have this information before and maybe didn't realise that they should see if they need treatment. **It is never too late to see a doctor even if a lot of time has passed since contracting something.**



 **SAY:** Even if a long time has passed and someone thinks they may have contracted HIV, it is still important to seek medical advice, as it is possible that there is treatment available to help with this virus.

 **ASK:** When should someone go to a health facility for treatment for an STI?


 **EXPLAIN:** As soon as they think they have an STI; if a partner tells them that they have an STI; or if they suspect the person, they were intimate with might have an STI, for example, because they notice the symptoms of the STIs discussed. They can also go at any time; for example, they may not have had this information before and with the new information may think they have a STI. Then, they should go.


ASK: Where can someone go if they think they might have an STI?


 **NOTE:** *Be prepared with information on nearby services.*

 **EXPLAIN:**


- If someone thinks they have an STI, they should first go to a health centre or hospital for treatment. It is not possible to treat themselves at home.
- It is also important to take all of the medication given by the healthcare provider. If they got the STI from their partner, they should try to encourage their partner to get treated also, so that they don't catch the same STI again later from their partner.
- They can talk to someone at the safe space for more information.

 **ASK:** What happens when an STI is not treated?

 **EXPLAIN:** It can have many consequences; for example, certain untreated STIs can lead to miscarriage during pregnancy, infertility, or the STI being transmitted to the baby during pregnancy, which is why it is important to get medical advice as soon as you realise you may be experiencing a STI.

 **SAY:** If girls have any trouble in accessing health care services, they can inform someone at the WGSS who can make sure this information is fed back through the health sector. All girls should be able to access information and access healthcare and service providers, and healthcare providers have a duty to treat girls, not turn them away.

HIV (human immunodeficiency virus) /AIDS (acquired immunodeficiency syndrome)

 **EXPLAIN:** Everyone has an immune system; it is our body's way to keep us healthy and strong. HIV is a virus found in humans that makes the immune system not work properly. With a weaker immune system, the body is more at risk to get infections and diseases. If you are infected with HIV, you become HIV-positive. There are now effective drug treatments available in the world. There are new developments, advancements and treatments being developed all the time by scientists. Sometimes HIV can develop into AIDS, but when it is caught early and treated, it may not develop into AIDS.

 **ASK:** Do you know what AIDS is? What have you heard about it?

 **EXPLAIN:**

- AIDS is passed from one person to another. It does not just develop on its own. It is passed from contact with an infected person's blood, sexual fluids, or breast milk. AIDS is a condition where the body's immune system deteriorates because of HIV. There is no cure for AIDS, which is why it's important for someone to get tested early if they suspect something; this way the HIV virus can be managed before it develops into AIDS.
- HIV is transmitted through sexual fluids and blood and transmitted from a mother to child through pregnancy/breast feeding.
- One way to prevent HIV is by using a condom, which is especially necessary when girls are unsure of a partner's HIV status. Another thing girls could do is abstain from sex with a partner until that person is tested. It's also important to not share needles with other people and always check that the needles used on you in healthcare settings are new. For women who are HIV-positive and pregnant or planning to get pregnant, they should discuss how to prevent transmission to the child with a healthcare provider, as there are options available for them.
- If a girl thinks she has recently been exposed to HIV during sex or through sharing needles, she should talk to a health provider right away about medication that can help her prevent becoming infected. This medication is most effective when taken within 72 hours of exposure.



9 HIV²³

OPTIONAL/ADDITIONAL

DO:

- Give the girls some paper, ask them to draw a tick on one side and a cross on the other.
- Explain that you are going to read some statements about HIV/AIDS. Participants should show the tick if they think it's correct and the if they think it is a false statement.
- Tell the girls that it is OK they don't know the answer. Ask them to stay in the middle if you're not sure. This game is about learning and getting the right information.

Alternative option: Tape two signs to two sides of the meeting space – one sign is a thumbs up, the other a thumbs down, or a locally relevant symbol for “yes” or “no.” Invite the girls to stand in the middle of the room. After each statement, ask to run to the wall with the thumbs up if the statement is true, and run to the thumbs down if it is false.

NOTE: *If girls are unable/uncomfortable in moving across the room, you can do the activity seated, having girls raise their hands or clap loudly for agree or disagree.*

STATEMENTS:

A person can get HIV through intimate interactions.

TRUE

A person can get HIV if they share the same cup or towel as an infected person.

FALSE

A person can get HIV through sharing a needle with someone who has HIV (e.g., an ear-piercing needle).

TRUE

A person can get HIV if they are in the same room as an infected person.

FALSE

23 IRC Girl Shine Life Skills Curriculum https://gbvresponders.org/wp-content/uploads/2022/07/Part-2-Assile_Final.pdf



A person can get HIV if they share a syringe with an infected person (e.g., a syringe from an injection).

✓ TRUE

A person can get HIV if they hug an infected person.

✗ FALSE

A person can get HIV if they shake hands with an infected person.

✗ FALSE

A mother can give her baby HIV through childbirth if she is infected.

✓ TRUE

A person can get HIV if they use the same knife or razor as an infected person.

✓ TRUE

A person can get HIV through touching an infected person.

✗ FALSE

An infected mother can pass on HIV to her baby through breastfeeding.

✓ TRUE

HIV/AIDS is a sickness that weakens the body, causes people to become ill over time, and eventually causes death.

✓ TRUE

Everyone dies of AIDS, so it is better not to know if you have it.

✗ FALSE

There are medicines that can help manage the AIDS disease and help people live longer.

✓ TRUE

AIDS is a disease that only bad people get, such as women who have many sexual partners or sell their body for sex.

✗ FALSE

Women and girls are more at risk of getting the HIV virus than men and boys.

✓ TRUE



Traditional healers from the community have cured people with AIDS and they no longer have the deadly disease.

✗ FALSE

You can tell if someone has HIV by looking at them.

✗ FALSE

HIV can be spread during sex.

✓ TRUE

HIV is spread by sharing plates and cups with someone who has HIV.

✗ FALSE

You can prevent HIV by using a condom.

✓ TRUE

☑ **DO:** Encourage the girls to ask each other questions about why they chose a certain answer. Facilitate respectful dialogue and guide the girls in coming to a mutual conclusion if there is disagreement. In the end, always clarify any lingering misconceptions with the facts.


 **EXPLAIN:**


- HIV is different from other diseases because it cannot be caught from being in the same room as an infected person or by hugging or touching a person (not like warts). We cannot catch it from an infected person coughing or sneezing on us or by drinking from the person's cup (not like the common cold).
- But a girl can try to prevent infection by not having intimate interactions. If she does have intimate interactions, then it's better to use a condom during intimate interactions and practice being safe. But when married, women and men may decide not to use condoms, they may choose to use other methods or they may be trying to have a baby. In this case, it's better to see a doctor and get tested to see if they have the virus before starting intimate interactions.
- If a girl thinks she has recently been exposed to HIV during sex or through sharing needles, she should talk to a health provider right away about medication that can help her prevent becoming infected. It is most effective when taken within 72 hours of exposure.

⚠ **NOTE:** Notice if any of the girls are triggered or affected by the activity. Ensure confidentiality and provide positive reinforcement for participation. Touch base with individual girls as needed.



10 DELAYING PREGNANCY

 **SAY:** We explained in the last session that once girls start menstruating, they are capable of getting pregnant, but this does not mean girls' bodies are ready to do so. Let's discuss how girls can delay pregnancy until after they are 18.

 **ASK:** If we enter an intimate relationship/marriage, what can we do to delay pregnancy until our bodies are fully developed and we are ready?

 **DO:**

- ✔ Split girls into two or three small groups to discuss.
- ✔ Ask them to think about their options, e.g., family planning methods, talking to their partner to explain why it is important to wait, identifying a trusted person who can advocate on their behalf, etc.
- ✔ Once finished, ask girls to share back to the wider group.

ADD if appropriate and if not mentioned by group:


NOTE: For some contexts, it may not be accepted to give unmarried girls this type of information, you can **CONTEXTUALISE** it by talking about girls in unions or married if it allows you to give this information.

- A person who intends to have sex but does not want a pregnancy can use a contraceptive; this helps to prevent a pregnancy from happening.
- This can also be used to plan when to have babies and how many (family planning).
- Most contraceptive methods are for use by women and girls, but there are also methods that can be used by men (e.g., condoms). There are many methods to choose from (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 intimacy with less worry about Sexually Transmitted Infections.
- 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.




- *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, unmarried, have a disability, etc.*
- *Girls have the right to decide if and when to get pregnant. However, the society in general and close family members in particular can put pressure on married women and girls to get pregnant and tend to blame them if they don't get pregnant straight after marriage.*
- *Girls have the right to feel frustrated by the pressures of their situations, and girls have the right to make their own decisions without pressure and interference from any external factor.*


 **ASK:** How do girls know if they are pregnant?


 **EXPLAIN:** The best way for a girl to know if she is pregnant is by doing a pregnancy test. (Insert most accessible pregnancy test methods in your context.) There may be other signs of pregnancy too, but without a test, it is difficult to know if these signs indicate pregnancy.

 **SAY: Signs of pregnancy include:**

- Menstrual blood is late/doesn't come
- Extreme tiredness
- Tender, bigger breasts
- Nipples might also grow bigger and darker
- Upset stomach with or without throwing up (morning sickness)
- Cravings or distaste for certain foods
- Change in mood
- Constipation (changes in bowel movements)
- Need to pass urine more often
- Headache
- Heartburn
- Weight gain or loss

 **ASK:** What can a girl do if she thinks she is pregnant?

 **SAY:** She can tell someone she trusts, talk to someone at the safe space, or talk to a caseworker or a health professional. They will be able to provide her with more options and make any necessary referrals.

 **SAY:** If girls want more information about family planning, they can come to discuss with me privately; or if there is enough interest, we can hold a dedicated session on this. (See the sessions on contraception in Our health part 2 for married girls and refer to Resource 10.7: Contraception).





REFLECTION (15 MINUTES)

11 CIRCLE ROUND

- DO:** Conduct a circle round by asking each participant what is one thing that they have enjoyed about today? Paraphrase and repeat any responses which are related to the session objectives.
-

12 CLOSING COMMENTS

-  **SAY:** Girls have the right to make decisions about their bodies, if they enter an intimate relationship with someone who tries to encourage or push them into being intimate or having babies, girls have the right to say “no.” If someone is forcing a girl to be intimate, or forcing her to get pregnant, girls can talk to someone at the safe space who will be able to work through this with them. That applies to all girls, including married girls.
- DO:**
 - Thank everyone for their participation
 - Encourage everyone to write/draw something in their learning journal about how they feel about their body changing, and who they would talk to if they needed more information.
 - Encourage girls to discuss with a female caregiver participating in **ENGAGE** or trusted female friend how you can support one another during menstruation.
-  **ASK:** the girls 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 action the changes suggested by girls or explain why it’s not possible.) Remind girls that they can leave feedback in the comments box.



 **REMIND** participants about:

the time and location of the next session; and the person/s responsible for the recap quiz questions for the next session.

your role as a facilitator is to be available should anyone wish to discuss anything after the session. Highlight that your role is to provide support, but that you are not a caseworker or counsellor; however, you are able to provide a referral to required services that exist in the area.

NOTE TO FACILITATORS, FOR THE NEXT SESSION:

- Familiarise yourself with the content in advance and read the preparation notes in advance.
- If you want to invite a health worker, ensure they are familiar with the GBV core concepts **and clinical care for sexual assault survivors**.
- Procure dignity/hygiene kits or obtain dignity/hygiene kits from existing stock as part of session preparation and then have dignity kits available to give to each girl in the session.
- If you have funds available, consider procuring/purchasing a medical model of the female

SESSION 10 • PART 2

OUR HEALTH²⁴

DURATION: This session may take 2.5 hours to implement. It is important to check in advance if girls will be available for an extended session. Alternatively, the content of this session can be divided into two sessions.



🎯 SESSION OBJECTIVES

By the end of the session, girls will:

- Gain information on menstruation and menstrual hygiene management
- Learn the facts about sexual health.

Optional:

- Learn about methods of contraception and about the concept of child spacing.
- Learn how to describe obstacles to condom use and how these can be addressed; they learn the correct use of a condom.

👉 FACILITATOR NOTE:

- As this is a sensitive topic, it is important to remind girls of the “**Group Agreements**” (from Session 1) and ask if they would like to have any additional agreements specifically for this session.
- The **more comfortable** you are with the content, the more comfortable the girls will feel as well.
- It is okay for the facilitator not to have all the answers. What is more important is **providing a non-judgmental space where girls can learn** important information and ask questions. If they ask a question the facilitator doesn't know the answer to, the facilitator should tell girls they will get back to them in the following session and follow up on that.
- Always use the **correct terminology** for body parts and functions.
- Use **positive body talk**. Now is the opportunity to model positive self-image to the girls.

²⁴ This module is taken from the International Rescue Committee's Girl Shine Early Marriage Curriculum, funded by the U.S. Bureau of Population, Refugee and Migration Services (PRM) : <https://gbvresponders.org/adolescent-girls/girl-shine/>



PREPARATION AND MATERIALS

PREPARATION:

- Get familiar with the information in advance. There are various resources, including the ones referenced in the Tool, that will help the facilitators to get well prepared for facilitating the sessions.
- It is important that the facilitator feels comfortable giving this session. If the facilitator is uncomfortable, girls will also be uncomfortable. Read through the Resources; if there is anything that is unclear, check in with your supervisor.
- Be familiar with the details of contraceptives from the resources provided, in case girls have questions specific to a contraceptive you discuss.
- Please refer to the Implementation Guide for tips to facilitating the sensitive topics and health related sessions.
- If there were questions asked by girls 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 to them in this session.
- If there are girls with disabilities, be prepared with information relevant for them; 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.
- Know what the most accessible types of pregnancy tests are.

MATERIALS:

- Flip chart papers and markers, sticky notes
- A medical model of the female reproductive system (genital and pelvic model) to aid demonstration (if funds available)
- Prepare flip chart with physical and emotional changes for “What is Puberty?”
- Print out copies for the participants to use as handouts during the session and revise resources: Resources 9.8 – 10.7
- Print out Resource 9.13 to distribute to all the participants
- Dignity/hygiene kits available to give to each girl in the session, if not already distributed
- Period tracker app—for example, Flo²⁵ (for settings where girls have access to phones and technology; may require demonstration)

25 <https://flo.health/>



WARM UP & REVIEW (15 MINUTES)

- ✓ **DO:** Facilitate a quick 5-minute icebreaker or energiser of your choice before the recap. Ensure the icebreaker or energiser is short and quick to allow for the longer session below.



1 RECAP

- ✓ **DO:**
 - ✓ Welcome girls back to the session.
 - ✓ If there are any girls who were absent last week, ask the girls to give the absent girls an overview of what was discussed.
 - ✓ Invite the girls responsible for the recap quiz to ask 3 questions related to last week's learning objectives. Thank the girls for their participation.

? ASK:

- ? Did you talk to someone you trust about the information we discussed during the last session?
- ? If not, did you think about what might make you feel more comfortable to be able to discuss this at a later stage?
- ? Is there anything you'd like to share with us?




SAY: Today we'll continue on the same topic.



DISCUSSION (10- MINUTES)


2 STORY CIRCLE

 **SAY:** In the last session, we met Nora, who recently got married. She is about to get her period for the first time since moving in with her husband. She is not sure who to talk to about where to get sanitary supplies, where to dispose of sanitary waste, and where to access more water to stay clean during this time. She is wondering who she can talk to. She is feeling embarrassed about talking to her mother-in-law or husband about this.

 **ASK:** Is what Nora is experiencing common? Why yes/why no?

 **EXPLAIN:**


- Menstruation is a normal and healthy part of being a girl. But it can be challenging sometimes because we may not have enough information about what is happening to us, or it may be difficult to manage our symptoms or try to stay clean during menstruation; this could be related to how the community supports (or doesn't support) girls who are menstruating. For girls who are married, adjusting to menstruating in a new environment can sometimes be challenging without the right support.
- We should try to remember that even if it is not common to discuss these issues, it is a natural part of being female. Today we will discuss this in more detail so we can feel more comfortable and familiar with our bodily processes.


 **DO:** Check that girls are feeling comfortable and are ready to continue with the activities.




POSITIVE STRATEGIES (1 HOUR 45 MINUTES)

3 MANAGING MENSTRUATION

 **SAY:** Let's discuss how to manage some of the symptoms of menstruation that girls experience. Let's also think about how we can support each other during this time.

 **ASK:** What are some of the things that girls experience when they are menstruating? (*For example, being tired, having cramps, having no symptoms, being isolated, not having privacy, not having adequate means to stay clean, etc.*)


 **EXPLAIN:** Some 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.** 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 some places, we may find that women and girls have to queue for long hours for food and non-food items. If this happens during their menstruation period, lack of access to sanitary materials can prevent them from queuing 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.



 **SAY:** There may be other impacts on girls; we are all unique. The important thing is to be patient with your body and try to understand what the “new normal” is for your body as it goes through these changes.

 **DO:** Show Resource 10.1: Menstrual Management to the participants.

 **ASK:** What are some of the strategies you use to manage these things in this current environment?

 **DO:** Have the participants split into three groups, each group focusing on one point below.

GROUP 1:	GROUP 2:	GROUP 3:
What can they currently do to manage the situation when menstruating (individually and collectively)?	What can female and male caregivers do to improve the situation for girls when they are menstruating?	What can the community, local authorities, or NGOs do to improve the situation for women and girls when they are menstruating?
When girls feedback, also probe for each group how girls with disabilities and girls from other diverse groups are reflected in their plans.		

 **NOTE:**

- Write down the participants' recommendations for community, local authorities and NGOs. These actors should be fed back through appropriate channels, WASH partners, allies in the community, and coordination groups.
- Inform the girls what you will do with this information they have provided. For example, share with your manager for advocacy, or keep it for them to raise with the GBV sub-cluster, etc.
- Be sure to follow through with the action you committed to.

ADD the following to what the groups have suggested, if contextually relevant:

PAIN AND DISCOMFORT:

- Girls do not need to stay at home during menstruation unless they choose to. They may choose to do this, for example, if they are experiencing a lot of pain.
- To help ease the pain, you can use a warm water bottle or warm cloth and place it on the abdomen.

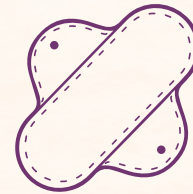


- Light exercise can also help. Take a long fast walk or do other exercises girls enjoy, this can help to relieve pain.
- Girls can take painkillers on the most painful days, but they should always get help from a parent or caregiver first and then get advice from a doctor or pharmacist.
- Girls know what they can or cannot manage during menstruation; if you have sisters, female relatives, or other girls in your life who are menstruating, you can check how they are feeling and whether they 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 their pain and discomfort.

SANITARY MATERIALS:

There are different materials girls can use during menstruation. Some things are easier to access than others.

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 underwear. 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 underwear. How to remove and where to dispose. See illustration in Resource 10.1: Menstrual management.*



GIRLS WITH DISABILITIES may need additional support with applying sanitary materials depending on the type of disability they have. If they do need support, it is important that the girl has a trusted person she can talk to (and communicate in her way) about the type of support she needs.



FOR GIRLS WITH DISABILITIES

SAY: Menstruating girls 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.

If we have a disability or if there is a girl with a disability in our family, it is important to find a way to communicate effectively, to understand or express how her/our physical and emotional safety, comfort, and health is taken care of.





STAYING CLEAN:

Show Resource 10.2: Menstrual hygiene.

During menstruation it is important to stay clean and healthy. Poor hygiene management can lead to infections. These are some things you can **DO**:

- ✔ Girls should be prepared and keep track of when their periods are - this will help them be better prepared and help prevent accidental leakage in their underwear.
- ✔ Try to clean yourself with soap and water whenever it's safe and possible to do so. It's also important to dry yourself well to avoid infection.
- ✔ Wash your underpants with soap and water to avoid stains, again, whenever it's safe and possible to do so.
- ✔ Change the pad or cloth regularly to avoid soiling clothes and bad odor, ideally every 4 hours. Again, it may not always be possible to do this, but try to when you can. Wash hands after changing sanitary pads or cloth if possible.
- ✔ Do not use deodorants or perfumes on the genitals, as this may cause irritation and rashes.
- ✔ Again, girls with AND without disabilities, should identify a trusted person they can talk to, to let them know the type of support needed.

 **ASK:** Was any of this information new to you? Was it helpful and relevant to your situation?

 **SAY:** If you have any more questions on this topic, you can talk to someone at the safe space or to a health care provider or trusted adult.



4 REPRODUCTIVE HEALTH MYTHS²⁶

Invite the girls to get in a circle or stand in a group. Ask them to “stand up” when they hear a statement that is true. Ask them to “sit down” when they hear a statement that is false.



ADAPTATION:

If girls are not able/don't feel comfortable doing stand up/sit down, give girls two signs: a cross sign ✘ and a tick sign ✔. Ask them to hold up the sign that reflects their opinion.



STATEMENTS:

	STATEMENT	TRUE OR FALSE
1	A girl cannot get pregnant the first time she has sex.	✘ FALSE One runs the risk of pregnancy each and every time one has unprotected sex, even the very first time.
2	A girl cannot get pregnant during her period.	✘ FALSE
3	A girl should never have to have sex if she doesn't want to.	✔ TRUE No one should do anything sexual in a relationship that they do not feel completely ready/comfortable to do. Girls and boys have the right to say “no” or stop sex before and even during sex. Girls and boys in relationships and even marriage have the right to say “no” to any sexual behaviour. Sometimes these rights are not respected, and if a girl finds herself in this situation, she can seek support from a caseworker. (See Activity 4: Consent, in Session 7 for additional information)

26 Adapted from IRC Girl Shine Life Skills Curriculum



	STATEMENT	TRUE OR FALSE
4	The only sure way to not get pregnant is to not have sex.	✓ TRUE Not having vaginal sex is the only 100% effective way to avoid pregnancy.
5	Sex is when two people kiss.	✗ FALSE Kissing can be part of preparing for sex, together with touching, hugging and other emotional and physical acts, that make people want to have sex, or it can be a completely separate act not leading up to sex.
6	If you use a condom, there is no way you can get pregnant.	✗ FALSE Using a condom correctly can effectively prevent pregnancy but is not 100% effective.
7	I can talk to my safe person or mentor if I have any questions about sex or if someone has made me feel unsafe or uncomfortable.	✓ TRUE (<i>Note for the facilitator:</i> Be prepared with information on nearby services and point persons, to whom the girls could be referred to.)


⚠ **NOTE:** Add any other contextually relevant statements, local myths or misconceptions to this list.


✓ **DO:**

- ✓ Allow the group to respond to the statements based on what they believe.
- ✓ Take note of where girls stand up for statements that are not necessarily true or are built on myths or misconceptions. Invite the group to ask each other why girls thought a certain statement was true or false.
- ✓ Allow them to have an interactive discussion and challenge each other in respectful dialogue.
- ✓ At the end, clarify any remaining confusion or misinformation so that the group leaves with the facts.



5 DELAYING PREGNANCY

 **SAY:** We explained in the first activity that once girls start menstruating, they are capable of getting pregnant, but this does not mean girls' bodies are ready to do so. Let's discuss how pregnancy happens and how girls can delay pregnancy until after they are 18.

 **DO:** Show the girls Resource 9.11: Fertilisation and Resource 10.6: Making Babies.

 **EXPLAIN:**

- As we mentioned before, pregnancy happens due to a union between the egg and the sperm. The union happens in the fallopian tubes, and the fertilised egg goes to the uterus to develop into a baby.



NOTE: Girls might ask about marriage from the same bloodline.

EXPLAIN: Marriages between blood relations might lead to health issues for the child, meaning there is an increased chance of heart, lung, and other issues that may arise.

- When the male reproductive organ enters in to the female reproductive organ—that is, a male's penis enters a female's vagina—this is usually called sexual intercourse.
- For pregnancy to happen, the girl needs to be in the ovulation phase, and the male needs to eject a fluid from his penis into the female's vagina—this is what we call ejaculation. This fluid is called the semen and it contains millions of tiny sperm. The sperm move at a very fast speed to reach the female egg. When a sperm or multiple sperm enter the egg, this is the first moment of pregnancy.
- Pregnancy continues for nine months. The monthly cycle (including menstrual blood) stops during this time, and then returns after childbirth.
- The child descends from the uterus of their mother through the vaginal entrance, which expands during childbirth to permit the child to come out. After the childbirth, it returns to its normal size.
- It's important to know that not every intimate meeting leads to pregnancy. For pregnancy to happen, the girl needs to be passing through the ovulation period—the time when an egg is released from her ovaries.



ASK: If we enter an intimate relationship/marriage, what can we do to delay pregnancy until our bodies are fully developed and we are ready?

DO:

- ✔ Split girls into two or three small groups to discuss.
- ✔ Ask them to think about their options, e.g., family planning methods, talking to their partner to explain why it is important to wait, identifying a trusted person who can advocate on their behalf, etc.
- ✔ Once finished, ask girls to share back to the wider group.

ADD if appropriate and if not mentioned by group:


- A person who intends to have sex but does not want a pregnancy can use a contraceptive; this helps prevent pregnancy from happening.
- This can also be used to plan if and when to have babies and how many (family planning).
- Most contraceptive methods are for use by women and girls, but there are also methods that can be used by men (e.g., condoms). There are many methods to choose from (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 intimacy with less worry about Sexually Transmitted Infections, or STIs.
- 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 mother²⁷.
- 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, unmarried, have a disability, etc.
- It is important for girls to wait until they are physically and emotionally ready before they get pregnant. A girl's body needs to be well-developed and healthy and she needs to feel like she can care for herself and someone else.

²⁷ <https://www.girlsnotbrides.org/themes/health/>




- Girls have the right to decide if and when to get pregnant. However, the society in general and close family members in particular can put pressure on married women and girls to get pregnant and tend to blame them if they don't get pregnant straight after marriage.
- Girls have the right to feel frustrated by the pressures of their situations, and girls have the right to make their own decisions without pressure and interference from any external factor.


 **ASK:** How do girls know if they are pregnant?


 **EXPLAIN:** The best way for a girl to know if she is pregnant is by doing a pregnancy test. (Insert most accessible pregnancy test methods in your context.) There may be other signs of pregnancy too, but without a test, it is difficult to know if these signs indicate pregnancy.

 **SAY: Signs of pregnancy include:**

- Menstrual blood is late/doesn't come
- Extreme tiredness
- Tender, bigger breasts
- Nipples might also grow bigger and darker
- Upset stomach with or without throwing up (morning sickness)
- Cravings or distaste for certain foods
- Change in mood
- Constipation (changes in bowel movements)
- Need to pass urine more often
- Headache
- Heartburn
- Weight gain or loss

 **ASK:** What can a girl do if she thinks she is pregnant?

 **SAY:** She can tell someone she trusts, talk to someone at the safe space, or talk to a caseworker or a health professional. They will be able to provide her with more options and make any necessary referrals.

 **SAY:** If girls want more information about family planning, they can come to discuss with me privately; or if there is enough interest we can hold a dedicated session on this.



DISCUSSION (10 MINUTES)²⁸

OPTIONAL

IRC GIRL SHINE

6 CONTRACEPTION

OPTIONAL/ADDITIONAL
MINI-SESSION

NOTE: *This optional/additional section with a discussion and 2-3 activities should be used with all girls where appropriate. However, context should be considered to assess whether implementing these activities could increase risk of backlash, resistance, repercussion, or risk for the girls attending. This section should be used if all girls are interested and agree to discuss family planning and contraception. Please review the Implementation Guide for tips to facilitating the sensitive topics before facilitating this session. Ensure caregivers have been engaged and informed – see INTRODUCTION TO THE PROGRAMME (for caregivers).*

SAY:

- Sometimes, even when people are married, they are still not ready to have babies.
- While having a baby can be a life-changing and wonderful experience, it can also be harmful to both the girl and the baby if the mother is below the age of 19. This is because a girl's body is not fully developed to be able to bear a child and it can lead to complications during pregnancy or childbirth.
- Other reasons people may choose to wait to have children is because they may want to finish their studies, not be fully aware of how to take care of a baby, or maybe a family already has so many children that they don't want to have any more because it is expensive.
- Every person has the right to choose how many children to have, when to have them, and what method of contraception they want to use.
- Abstinence, which means having no intimate interactions, is the best and only certain way to prevent unwanted pregnancies. But many people in loving relationships do have intimate interactions and do not want to get pregnant. For them, there are other ways to prevent pregnancy from happening.
- Sometimes women may decide to use some family planning methods for other reasons, for example to regulate their periods. They sometimes use this even if they are not in an intimate relationship.

²⁸ Adapted from IRC The Girl Shine Early Marriage Curriculum for Adolescent Girls




POSITIVE STRATEGIES



OPTIONAL

7 FAMILY PLANNING²⁹

OPTIONAL/ADDITIONAL

 **SAY:** Let's go through some scenarios and see if we think the couple should use family planning methods or not.

DO: Split the girls into groups and give each group a scenario. Ask them to discuss the scenario and answer these two questions:

-  Should the couple in your scenario have a baby?
-  When is the right time for them to have babies?

 **NOTE:** *Adapt the stories to your context*

 **Requires CONTEXTUALISATION:**

SCENARIO 1

Alan and Beatrice have been in a relationship for two months. She is 17 years old and Alan is 27. Alan wants to start having children. Should they have babies or should they use prevention methods? *(If a girl gets pregnant at 17, it can be very dangerous for the mother and the baby, as the mother is not fully developed.)*

SCENARIO 2

Sam and Chloe have been married for seven years. Sam recently lost his job and is unable to provide an income for the family. They already have four children. Should they use prevention methods to not get pregnant? *(If they get pregnant now, it will cause a lot of stress for the family, and the family will find it difficult to support another child with little financial income).*

²⁹ Adapted from IRC The Girl Shine Early Marriage Curriculum for Adolescent Girls



SCENARIO 3

Farah and Amir are living in a small house with many people. They are looking to move somewhere to live with fewer people so they can start a family, but they don't know when this is going to happen. *(If they get pregnant now, it could cause additional stress and pressure due to the living situation.)*

SCENARIO 4

Khalil (27) and Mira (15) have been married for six months. She is still at school and completing her education, they don't have any children yet, but in the future they plan to have a family. *(Mira should complete as much of her education as she is able to attain and wait until her body is fully developed before she gets pregnant.)*

ASK:

- ? What do you think are some of the barriers someone can face when trying to do family planning?
- ? If someone is married and wants to plan for a family, where can they go for more information?
(Safe space, health clinic)

 **NOTE:** *You can end the optional additional session on contraception here or continue if there is interest and if all of the girls feel safe and comfortable discussing contraception.*



CONTRACEPTION³⁰

 **OPTIONAL/ADDITIONAL**

 **ASK:** Have you heard of any methods of contraception? What have you heard about them?

SAY:

- A person who intends to have sex but does not want a pregnancy can use a contraceptive. Any contraceptive method is more effective than not using a method and is safer than pregnancy and childbirth.
- More information can be provided on this at the safe space. If you know a girl who needs this type of information, ask her to speak to a member of staff at the safe space.

30 Adapted from IRC The Girl Shine Early Marriage Curriculum for Adolescent Girls



NOTE: Make the explanation as interactive as possible by asking them what they already know and encouraging them to ask questions.

SAY:

- Most contraceptive methods are for use by women and girls; only a few methods are used by men.
- There are many methods to choose from, and all methods are safe and effective for adolescents.
- Using contraceptives allows many people to enjoy their intimacy without having to worry about unwanted pregnancy. Male and female condoms allow people to enjoy sex with less worry about STIs.
- 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; others require a visit to a health clinic.
- There are discreet methods (such as injectables or IUDs) that can be used without drawing attention and would require fewer visits to the health facility.
- Only male and female condoms offer protection from STIs and HIV. For extra protection, many couples use condoms in addition to another contraceptive method.
- Women/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.
- Provide girls with information about existing health services they can access to find out more about contraceptives.

NOTE: If facilitators or mentors are comfortable enough, or if health care providers are available to support, and at the request of girls, they can give more detailed information on different contraceptive methods using Resource 10.7: Contraception.



9 MYTHS AND FACTS ABOUT CONTRACEPTION³¹

OPTIONAL/ADDITIONAL

ASK: What are the different rumours or myths you heard about how to prevent pregnancy?

31 USAID (2008) Being a Mentor: A Guide to Supporting Young Married Adolescent Women https://pdf.usaid.gov/pdf_docs/Pnadt169.pdf



- ☑ **DO:** After each learner brings up one myth, they have heard for avoiding pregnancy, ask them if what they have heard is true or false, and why, and correct any misinformation with facts. (For example, some learners feel that using witchcraft, using pawpaw leaves in the vagina or using herbs from elders or from an herbalist can prevent pregnancy. Other myths about preventing pregnancy include use of prayer, not being able to get pregnant the first time you have sex, not getting pregnant if you have sex while standing up, or not even knowing that unprotected sexual intercourse is what causes pregnancy.)

- ☑ **DO:**
 - ✔ Ask learners to stand up from their seats.
 - ✔ Explain that you will read statements.
 - ✔ If they believe the statements are true ask them to continue standing. If they believe the statements are false ask them to sit down.
 - ✔ Read each statement one at a time and wait for the learners to move.
 - ✔ For each question, ask a couple learners to share why they think the statement is true or false. Go through each statement and respond with the correct answer after the learners have shared their reasons.
 - ✔ Feel free to pick and choose just a few statements or adapt with common myths and misconceptions about contraception in your context.



ADAPTATION:

If girls are not able/don't feel comfortable doing stand up/sit down, give girls two signs: a cross sign ✕ and a tick sign ✔. Ask them to hold up the sign that reflects their opinion.



? MYTH

Oral contraceptives can accumulate in a woman's body and make her sick.

✔ FACT

Oral contraceptives are a small daily dose and they do not accumulate in a woman's body over time. There can be some minor side effects for some women, including breast tenderness, nausea or headaches. These can be discussed with a health care provider and will not make a woman sick.



? **MYTH** A condom can get lost in a woman's body.

✓ **FACT** If it is not removed after sex, a condom can stay inside a woman's vagina. However, can be removed with a woman's fingers and will not travel anywhere else into her body. A woman's cervix is always closed, there is no passageway for a condom to go anywhere else besides her vagina.

? **MYTH** An IUCD can leave the uterus and travel through a woman's body.

✓ **FACT** An IUD can only leave the uterus through the cervix and then the vagina. The IUD cannot go through the walls of the uterus and travel through a woman's body.

? **MYTH** Use of contraceptives makes a woman promiscuous.

✓ **FACT** Using contraceptives does not increase sexual activity.

? **MYTH** Learning about contraceptive methods makes young people want to have sex.

✓ **FACT** Learning about contraceptives does not cause young people to become sexually active, it just prepares them for when they do start to have sex to access contraceptive if they want to and to reduce the risk of unwanted pregnancy.

? **MYTH** Using a condom makes a man less of a man.

✓ **FACT** There are often ideas or myths about masculinity, strength and power in each of our communities, and these ideas even impact how we think about sex and condoms. However, in reality condom use does not impact a man's ability to have sex.

? **MYTH** The first time you have sex you cannot get pregnant.

✓ **FACT** One runs the risk of pregnancy each and every time one has unprotected sex, even the very first time.

? **MYTH** You cannot get pregnant if you have sex in water.

✓ **FACT** False.

? **MYTH** If you pray before and after you have sex you can't get pregnant.

✓ **FACT** False.



? **MYTH** Contraceptive methods are harmful to your health.

✓ **FACT** Contraceptive methods can improve the family's health and women's reproductive health.

? **MYTH** Contraceptive pills make women barren. Women shouldn't use birth control because they won't be able to have kids later on in life.

✓ **FACT** The use of pills does not make a woman barren. Most women find that on stopping the pill, they become pregnant within three months. Women who use birth control can still have children when they are ready.

? **MYTH** Only women who are having sex use birth control.

✓ **FACT** This is not true. Women use birth control for a variety of reasons, including preparing for when they have sex, acne, infections in the ovaries, iron deficiency, and other reasons.

? **MYTH** Only women can use birth control.

✓ **FACT** This is not true. Male condoms are a form of birth control.

? **MYTH** If a woman is on birth control, then her partner does not need to wear a condom.

✓ **FACT** This is not true. With the exceptions of condoms, most forms of birth control do not protect against the transmission of HIV and other STIs. Even if a young woman is on a hormonal or intrauterine form of birth control, it is best to also use a condom (known as the "dual method") to make sure you and your partner are fully protected.

? **MYTH** A man should have a say in whether a woman uses birth control.

✓ **FACT** Open communication about what method of birth control to use is a characteristic of a good relationship. Men should be aware of the different forms of birth control and should feel comfortable asking their partner about what type of female-controlled method of birth control they are using and discussing options. However, men should respect women's choices about what method they use.



NOTE: The following Discussion and Positive Strategy sections on condoms are all optional and should be used with girls where appropriate only. However, context should be considered to assess whether implementing this session could increase risk of backlash, resistance, repercussion, or risk for the girls attending. These activities should be used if all girls are interested and agree to discuss condoms. Please review the Implementation Guide for tips to facilitating the sensitive topics before facilitating this session. Ensure caregivers have been engaged and informed – see INTRODUCTION TO THE PROGRAMME (for caregivers).

DISCUSSION³² (15 MINUTES)

OPTIONAL



10 SARA'S STORY

OPTIONAL

SAY: Sara visits the health centre with her aunt. While she is there, the health professional gives her aunt some condoms. Sara has never seen a condom before and is curious about what it is used for.

ASK:

What do we know about condoms?

They protect against STIs/HIV and unwanted pregnancy; they are used by males.

What is a condom?

Condoms are small, thin pouches made of rubber that cover the penis during sex and collect semen. Condoms stop sperm from getting into the vagina, so sperm can't meet up with an egg and cause pregnancy.

Who can use condoms? Is there a condom for women, or just for men?

There is also a female condom. Offer basic information about this method.

32 Adapted from IRC The Girl Shine Early Marriage Curriculum for Adolescent Girls



Why is it important to know about condoms?

Everyday, people die from AIDS or from complications of unsafe abortion; these are deaths that could have been prevented if the person had used condoms. Condoms offer protection against pregnancy, HIV, and other infections.

If people know about condoms, does that mean they will use them?

Not always, they may not know how to use them correctly, don't know where to get them, don't fully understand the risk of pregnancy or STIs, girls might not feel comfortable requesting their partner to use a condom, due to unequal power between the girl and the boy.

POSITIVE STRATEGIES (35-40 MINS)

 **OPTIONAL**

11 CONDOM USE SCENARIOS³³

 **OPTIONAL**

 **DO:**

- ✔ Tell the girls that you will be reading out a few scenarios of couples who did not use condoms correctly.
- ✔ For each story, the girls must think about what could have helped the person or couple.
- ✔ Put numbers 1-3 on the walls.
- ✔ Explain that for all the stories, there are three possible solutions. And they must stand next to the number that they think reflects the right solution for the scenario.



ADAPTATION:

If participants are not able/do not want to move, they can stay sitting and hold up signs 1, 2 or 3.



33 Adapted from IRC The Girl Shine Early Marriage Curriculum for Adolescent Girls



NOTE: Display meaning for each of the solutions on a flipchart to be visible to all the participants.

SOLUTION 1	SOLUTION 2	SOLUTION 3
Information about correct condom use.	Greater equality and shared power between the girl and the man.	A more realistic idea of the risk of HIV /becoming pregnant.

DO: Read the following stories and ask the girls to stand next to the solution they feel is the correct one. Once they have all stood next to a solution, inform them of the correct one.

STORY A:

These two young people have intercourse, using condoms. After the male ejaculates, he lies still for five minutes. His penis becomes soft and smaller, and when he moves a little, he is shocked to realise that a little bit of his semen is dripping out of the condom at the opening of the female’s vagina.

(Solution 1)

STORY B:

These two people decide to have sex. The boy asks if they should use protection, but the girl says that she just had her period so she can’t get pregnant.

(Solution 3)

STORY C:

A 17-year-old girl is having sex with a 25-year-old man who gives her gifts and sometimes gives her money to help with her expenses. Sometimes he uses condoms, but this time he doesn’t have a condom with him. She thinks that they should wait and have sex another time, but he promises it will be okay without a condom. She already took money from him this week, so she feels she cannot refuse. They have sex without the condom.

(Solution 2)

STORY D:


Two people decide to have sex. They discuss whether to use condoms to protect against HIV but agree that they would know if they were sick. So, they go ahead and have sex without using condom.

(Solution 3)



 **ASK:**

- ① Who is responsible for condom use? *(Both people having sex.)*
- ① Why might girls or women need to have access to the female condom? *(To take protection into their own hands if their partners will not use a male condom.)*
- ① How can individuals ensure they are prepared to use condoms when they need them?
(See the suggestions below.)

 **SAY:** One of the reasons that people do not use a condom is that they do not know how to use one. So, we are now going to learn the proper way to use a male condom.

- Being old enough to learn how to use a condom does NOT mean that you are ready to have sex, but it is better to know how to use a condom BEFORE you need it, not after you have sex, when it's too late.
- In using condoms, you can take some steps well ahead of time, that is, before you are in an intimate situation.
- There are some steps you can take when you are already in an intimate situation, immediately before sex actually takes place.
- You should know what to do regarding condom use during sex, and you should know what to do with the condom after you use it.
- We will discuss this more in the next activity.



12 CONDOM USE: BEING PREPARED³⁴

 **OPTIONAL**

- DO:** Split participants into small groups. Explain that you will read some headings. For each heading, they will think about the steps that need to be taken to use condoms properly.

- ASK** the girls to think about the steps that need to be taken well **ahead of time** when it comes to using condoms properly. Give them a few minutes to discuss and then ask them to share their answers with the wider group. Clarify anything they may have missed. And then move on to the next stage.

- ASK** the girls to think about the steps that need to be taken immediately **before sex** when it comes to using condoms properly. Give them a few minutes to discuss and then ask them to share their answers with the wider group. Clarify anything they may have missed. And then move on to the next stage.

- ASK** the girls to think about the steps that need to be taken **during sex** when it comes to using condoms properly. Give them a few minutes to discuss and then ask them to share their answers with the wider group. Clarify anything they may have missed. And then move on to the next stage.

- ASK** the girls to think about the steps that need to be taken immediately **after sex** when it comes to using condoms properly. Give them a few minutes to discuss and then ask them to share their answers with the wider group.

- DO:** Clarify anything they may have missed. And then move on to the next stage.

WELL AHEAD OF TIME:

- Discuss safe sex with your partner.
- Buy condoms (and lubricant, if desired) or find a clinic or other community centre that gives them away for free.
- Keep your condoms in a dry, cool place (not a wallet).
- Check the expiration date of the condom and be sure the date has not passed.

³⁴ Adapted from IRC The Girl Shine Early Marriage Curriculum for Adolescent Girls



IMMEDIATELY BEFORE SEX:

- Engage in foreplay. Foreplay may help lubricate the vagina. Foreplay involves kissing, touching, hugging, and other emotional and physical acts that make people want to have sex.
- Open the condom gently, being careful not to tear it (don't use your teeth!).
- When the penis is erect (hard), squeeze the tip of condom and place condom on the head of the penis.
- Hold the tip of the condom and unroll it until the penis is completely covered.

NOTE: Use this opportunity to do the condom demonstration.

- If the vagina still seems dry, engage in more foreplay, or wet the outside of the condom with saliva. Never use oil-based products, for example, Vaseline®, because it can cause a condom to weaken and tear.

DURING SEX:

- If the condom breaks, the male should pull his penis out of the vagina immediately.

IMMEDIATELY AFTER SEX:

- After ejaculation, while penis is still erect the male should gently pull his penis out of the vagina while grasping the open end of the condom, at the base of the penis.
- Carefully remove the condom without spilling any semen by holding the rim of the condom.
- Tie up the condom or roll it in toilet paper and dispose of it properly.

DO: At check-in ask the girls to name two reasons why it is important to know about condoms.



13 MALE CONDOM NEGOTIATION (BETWEEN TWO CONSENTING INDIVIDUALS)³⁵

OPTIONAL

NOTE: This activity is intended to discuss condom negotiation between two consenting individuals who both want to have intimate relationships. Please be aware that a girl being forced or coerced to have sex does not have the option to safely negotiate condom use.

35 Path 2006 Tuko Pamoja Adolescent Reproductive Health and Life Skills Curriculum



ASK:

- ② Why people DO NOT wear condoms?
- ② Why do men not wear condoms?
- ② Why do women not wear condoms?

SAY:

Many men and women are afraid to use condoms because they do not know how to use them or because they are uncomfortable or worried about talking with their partner about using them. There are many excuses people use to not use a condom. For example, a man may tell a woman that she should trust him, and that she has nothing to worry about. He might try to make her feel guilty by asking her why she does not trust him, whether she thinks he has other girlfriends, or whether she thinks that she is infected with HIV. It is important to remember that either person could have an STI or be infected with HIV from a previous relationship without noticing any symptoms. Therefore, it is in everyone's best interest to use condoms. Condoms offer protection to both people involved. Using a condom is a sign of trust, respect, and caring for your partner.

- DO:** In pairs, ask participants to conduct a short role play on condom negotiation.

Person A will be assigned the role of a man who wants to use a condom. **Person B** will be a woman who does not want to use a condom. Participants will have 2 minutes to role play.


Following the first role play, participants will switch roles whereby Person A will play the role of a woman who wants to use a condom and Person B will assume the role of a man who does not want to use a condom. Give participants 2 minutes to prepare.

Optional addition:




Write the following statements on small pieces of paper:

- What's that?
- I don't like using them.
- It doesn't feel as good.
- But we've never used a condom before. Don't you trust me?
- I'll pull out in time.
- Only prostitutes use condoms.
- Condoms aren't romantic.
- It just isn't as sensitive.
- We're not using a condom, and that's it.







 **SAY:** In this activity we will explore condom negotiation skills using role-plays. In each role-play, one person will play the male, and the other a female part of a couple. The female's task is to persuade the male to use a condom. The male will be given a card containing a line that he must say when the female tries to introduce the condom into the conversation.

 **DO:**



-  Select two learners at random and ask them to choose a male role and a female role. Give one of the cards to the male (or read one of the responses).
-  Ask them to perform a skit lasting 3-4 minutes, showing a successful condom negotiation.
-  After the role-play, have a brief discussion with the learners about their reactions to the quality of the role-play, the realism, and the effectiveness of the negotiation strategy.


 **ASK:**

-  What did you see?
-  What did you hear the two characters say?
-  Does this happen here in our community? What else could she/he have said to strengthen the negotiation?

 **DO:** Invite the participants to suggest ways the negotiation could have been improved.

 **ASK:**

-  Is this realistic?
-  Do both boys and girls have equitable power in condom negotiation?

 **SAY:** This can be a difficult and sensitive conversation. Consider if it is safe to have this conversation with your husband. If your husband refuses to use a condom, or if you are afraid to negotiate condom use with your husband, and you are worried about HIV or STIs, it is important to remember that support is available.



14 STIs—THINGS YOU CAN SEE AND FEEL

OPTIONAL

NOTE: Use Resource 10.4: STIs as a reference.

SAY: We are going to talk about infections that are passed from one person to another. It is important to have this information because it can have an effect on a person's health. We know this can be a sensitive topic as some of us will have experienced this or know someone who has. In this session, we do not expect anyone to share their personal experiences, and if you are worried or concerned about anything we have discussed, please come and talk to me after the session.

ASK:

- Have you heard of any infections that are passed from one person to another?
- Do you know how infections are passed from one person to another?

If not mentioned, share these examples:

COMMON COLD – *The cold virus spreads in the air through a sick person sneezing, coughing, or blowing their nose near you.*

FOOD POISONING – *Someone handling your food without cleaning their hands is one way you can get food poisoning.*

MEASLES/CHICKEN POX – *These can be caught by touching someone's blisters. They can also be spread through the air through a sick person sneezing, coughing, or blowing their nose near you.*

WARTS – *These can be caught by coming into contact with someone who has a wart, such as shaking hands or using the same clothing/towels over an extended period of time.*

SAY: These are the things (viruses/infections) that people can catch in general, but there are some things related to “intimate interactions” that can be passed from one person to another during these interactions or through coming into contact with someone's blood.



ASK: Do you know what these might be?

If not mentioned, share these examples: chlamydia, gonorrhea, syphilis, genital herpes, Hepatitis B, Hepatitis C, and HIV/AIDS.



SAY: These infections are called Sexually transmitted infections (STIs).



EXPLAIN: Sexually transmitted infections are a group of infections that are passed through sexual contact and the exchange of blood or other infected fluids. They are most often passed on during vaginal or anal sex. But they can also be passed on during oral sex and from an infected mother to her child during childbirth. For an infection to occur, one person must be infected and pass the infection to his or her partner. Sometimes a person with an infection might not see or feel anything different. But sometimes there are changes.



SAY: So, let's think about how we would know if we have a sexually transmitted infection. What are some of the things a person could see or feel in the reproductive body parts that will alert them to visit a doctor? Here are some examples of things that a boy or girl might see or feel if they have a sexually transmitted infection³⁶ (*Write them on flipchart paper if the girls are able to read*).

Things You Can See and Feel

SEE:


- A sore on a penis, vagina, or opening of vagina
- Pus coming from the penis or end of penis being red
- Heavy and smelly discharge on a girl's underwear
- Small cauliflower-like growths on or near the genitals
- Small brown insects moving in pubic hair and small white eggs on pubic hair

FEEL:

- Itchiness inside the vagina or itchy pubic hair
- Burning pain when passing urine, feeling like you have to urinate frequently
- Pain in the uterus and fever
- Pain during intimate interaction


³⁶ IRC: Supporting Adolescents and their Families in Emergencies (SAFE) – National Institute of Health, Eunice Kennedy Shriver National Institute of Child Health and Human Development, "What are the symptoms of sexually transmitted diseases or sexually transmitted infections?" Accessed October 14, 2019. <https://www.nichd.nih.gov/health/topics/stds/conditioninfo/symptoms>.




 **ASK:** How can someone reduce the risk of passing on these infections to someone else?


 **EXPLAIN:**

- Getting treated is prevention! If you had unprotected sex, get tested and treated as soon as possible. Timely treatment helps prevent health complications and reduces transmission to others.
- If available, protect yourself against HPV and Hepatitis B by getting vaccinated at your nearest health clinic.
- Choose to abstain from intimate interactions or use a condom during intimate interactions. (Explain that condoms do not protect against all STIs, but that condoms are the most effective method after abstinence).
- Don't share needles with other people for example, for ear piercing.
- Make sure when you get any type of injection that the needle is new (in the packaging) and clean.
- Don't share razor blades with other people.
- When coming in contact with blood, don't touch it directly, but rather use rubber gloves or a plastic sheet to clean or deal with a wound or cut.
- For some girls, maybe they didn't have this information before and maybe didn't realise that they should see if they need treatment. **It is never too late to see a doctor even if a lot of time has passed since contracting something.**

 **SAY:** Even if a long time has passed and someone thinks they may have contracted HIV, it is still important to seek medical advice, as it is possible that there is treatment available to help with this virus.

 **ASK:** When should someone go to a health facility for treatment for an STI?

 **EXPLAIN:** As soon as they think they have an STI; if a partner tells them that they have an STI; or if they suspect the person, they were intimate with might have an STI, for example, because they notice the symptoms of the STIs discussed. They can also go at any time; for example, they may not have had this information before and with the new information may think they have a STI. Then, they should go.


 **ASK:** Where can someone go if they think they might have an STI?


 **NOTE:** *Be prepared with information on nearby services.*




 **EXPLAIN:**


- If someone thinks they have an STI, they should first go to a health centre or hospital for treatment. It is not possible to treat themselves at home.
- It is also important to take all of the medication given by the healthcare provider. If they got the STI from their partner, they should try to encourage their partner to get treated also, so that they don't catch the same STI again later from their partner.
- They can talk to someone at the safe space for more information.


 **ASK:** What happens when an STI is not treated?

 **EXPLAIN:** It can have many consequences; for example, certain untreated STIs can lead to miscarriage during pregnancy, infertility, or the STI being transmitted to the baby during pregnancy, which is why it is important to get medical advice as soon as you realise you may be experiencing a STI.

 **SAY:** If girls have any trouble in accessing health care services, they can inform someone at the WGSS who can make sure this information is fed back through the health sector. All girls should be able to access information and access healthcare and service providers, and healthcare providers have a duty to treat girls, not turn them away.

HIV (human immunodeficiency virus) /AIDS (acquired immunodeficiency syndrome)

 **EXPLAIN:** Everyone has an immune system; it is our body's way to keep us healthy and strong. HIV is a virus found in humans that makes the immune system not work properly. With a weaker immune system, the body is more at risk to get infections and diseases. If you are infected with HIV, you become HIV-positive. There are now effective drug treatments available in the world. There are new developments, advancements and treatments being developed all the time by scientists. Sometimes HIV can develop into AIDS, but when it is caught early and treated, it may not develop into AIDS.

 **ASK:** Do you know what AIDS is? What have you heard about it?

 **EXPLAIN:**

- AIDS is passed from one person to another. It does not just develop on its own. It is passed from contact with an infected person's blood, sexual fluids, or breast milk. AIDS is a condition where the body's immune system deteriorates because of HIV. There is no cure for AIDS, which is why it's important for someone to get tested early if they suspect something; this way the HIV virus can be managed before it develops into AIDS.



- HIV is transmitted through sexual fluids and blood and transmitted from a mother to child through pregnancy/breast feeding.
- One way to prevent HIV is by using a condom, which is especially necessary when girls are unsure of a partner's HIV status. Another thing girls could do is abstain from sex with a partner until that person is tested. It's also important to not share needles with other people and always check that the needles used on you in healthcare settings are new. For women who are HIV-positive and pregnant or planning to get pregnant, they should discuss how to prevent transmission to the child with a healthcare provider, as there are options available for them.
- If a girl thinks she has recently been exposed to HIV during sex or through sharing needles, she should talk to a health provider right away about medication that can help her prevent becoming infected. This medication is most effective when taken within 72 hours of exposure.

15 HIV³⁷

 **OPTIONAL/ADDITIONAL**

DO:

- Give the girls some paper, ask them to draw a tick ✓ on one side and a cross ✗ on the other.
- Explain that you are going to read some statements about HIV/AIDs. Participants should show the tick ✓ if they think it's correct and the ✗ if they think it is a false statement.
- Tell the girls that it is OK they don't know the answer. Ask them to stay in the middle if you're not sure. This game is about learning and getting the right information.

Alternative option: Tape two signs to two sides of the meeting space – one sign is a thumbs up, the other a thumbs down, or a locally relevant symbol for “yes” or “no.” Invite the girls to stand in the middle of the room. After each statement, ask to run to the wall with the thumbs up if the statement is true, and run to the thumbs down if it is false.

 **NOTE:** *If girls are unable/uncomfortable in moving across the room, you can do the activity seated, having girls raise their hands or clap loudly for agree or disagree.*

37 IRC Girl Shine Life Skills Curriculum https://gbvresponders.org/wp-content/uploads/2022/07/Part-2-Assile_Final.pdf



STATEMENTS:

A person can get HIV through intimate interactions.

✓ TRUE

A person can get HIV if they share the same cup or towel as an infected person.

✗ FALSE

A person can get HIV through sharing a needle with someone who has HIV (e.g., an ear-piercing needle).

✓ TRUE

A person can get HIV if they are in the same room as an infected person.

✗ FALSE

A person can get HIV if they share a syringe with an infected person (e.g., a syringe from an injection).

✓ TRUE

A person can get HIV if they hug an infected person.

✗ FALSE

A person can get HIV if they shake hands with an infected person.

✗ FALSE

A mother can give her baby HIV through childbirth if she is infected.

✓ TRUE

A person can get HIV if they use the same knife or razor as an infected person.

✓ TRUE

A person can get HIV through touching an infected person.

✗ FALSE

An infected mother can pass on HIV to her baby through breastfeeding.

✓ TRUE

HIV/AIDS is a sickness that weakens the body, causes people to become ill over time, and eventually causes death.

✓ TRUE



Everyone dies of AIDS, so it is better not to know if you have it.

✗ FALSE

There are medicines that can help manage the AIDS disease and help people live longer.

✓ TRUE

AIDS is a disease that only bad people get, such as women who have many sexual partners or sell their body for sex.

✗ FALSE

Women and girls are more at risk of getting the HIV virus than men and boys.

✓ TRUE

Traditional healers from the community have cured people with AIDS and they no longer have the deadly disease.

✗ FALSE

You can tell if someone has HIV by looking at them.

✗ FALSE

HIV can be spread during sex.

✓ TRUE

HIV is spread by sharing plates and cups with someone who has HIV.

✗ FALSE

You can prevent HIV by using a condom.

✓ TRUE

✓ **DO:** Encourage the girls to ask each other questions about why they chose a certain answer. Facilitate respectful dialogue and guide the girls in coming to a mutual conclusion if there is disagreement. In the end, always clarify any lingering misconceptions with the facts.

 **EXPLAIN:**

- HIV is different from other diseases because it cannot be caught from being in the same room as an infected person or by hugging or touching a person (not like warts). We cannot catch it from an infected person coughing or sneezing on us or by drinking from the person's cup (not like the common cold).
- But a girl can try to prevent infection by not having intimate interactions. If she does have



intimate interactions, then it's better to use a condom during intimate interactions and practice being safe. But when married, women and men may decide not to use condoms, they may choose to use other methods or they may be trying to have a baby. In this case, it's better to see a doctor and get tested to see if they have the virus before starting intimate interactions.

- If a girl thinks she has recently been exposed to HIV during sex or through sharing needles, she should talk to a health provider right away about medication that can help her prevent becoming infected. It is most effective when taken within 72 hours of exposure.


 **NOTE:** Notice if any of the girls are triggered or affected by the activity. Ensure confidentiality and provide positive reinforcement for participation. Touch base with individual girls as needed.

REFLECTION (15 MINUTES)

16 CIRCLE ROUND

- DO:** Conduct a circle round by asking each participant what is one thing that they have enjoyed about today? Paraphrase and repeat any responses which are related to the session objectives.


17 CLOSING COMMENTS

-  **SAY:** All girls (including married girls, unmarried girls, divorced girls, and girls with disabilities, etc.) have the right to make decisions about their bodies; if they enter an intimate relationship with someone who tries to encourage or push them into being intimate or having babies, girls have the right to say “no.” They also have the right to access treatment if they suspect they have an STI and have the right to be safe from receiving an STI from someone else. If girls face any of these issues, they can talk to someone at the safe space who will be able to work through this with them.



 **DO:**

- ✔ Thank everyone for their participation
- ✔ Encourage everyone to write/draw something in their learning journal about how they feel about their body changing, and who they would talk to if they needed more information.
- ✔ Encourage girls to talk to a female caregiver who is participating in **ENGAGE** or a trusted female adult, about the information we discussed today. If you don't feel comfortable, that's okay; there is no need to talk to anyone. Just think about what might make you feel more comfortable discussing this or think about who you might be able to discuss this with in the future.

 **ASK:** the girls 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 action the changes suggested by girls or explain why it's not possible.) Remind girls that they can leave feedback in the comments box.



REMIND participants about:

the time and location of the next session; and the person/s responsible for the recap quiz questions for the next session.

your role as a facilitator is to be available should anyone wish to discuss anything after the session. Highlight that your role is to provide support, but that you are not a caseworker or counsellor; however, you are able to provide a referral to required services that exist in the area.

NOTE TO FACILITATORS, FOR THE NEXT SESSION:

- Familiarise yourself with the content in advance and read the preparation notes in advance. You may need to prepare some illustrations ahead of the session.
- If you want to invite a health/case worker, ensure they are familiar with the GBV core concepts and ready to answer any questions related to safety that may be raised by the girls.

SESSION 11

SEXUAL DECISION MAKING³⁸

DURATION: 2 hours



FOR UNMARRIED GIRLS

🎯 SESSION OBJECTIVES

By the end of the session, girls will:

- Understand that they have the right to make decisions related to sex and pregnancy
- Practice decision making skills related to sex

👉 FACILITATOR NOTE:

- This session will cover forced, unwanted and non-consensual sexual interactions. It is advisable to inform girls that this will be discussed, as it could be a trauma trigger for girls who have or are having distressing experiences. You could outline for the girls, which activities you will be discussing this content in, so that they can decide if they want to participate or not.
- This session covers topics of sex and relationships. In some contexts, it may be uncommon or unacceptable for girls who are unmarried to talk about these issues. It is important to frame this information in a way that highlights its usefulness in the future when girls are ready to enter into sexual relationships.
- Where possible, you may **CONTEXTUALISE** the content by talking about “when married,” if that is helpful to safely delivering this information; it is essential that girls receive this information. Oftentimes, caregivers may be uncomfortable with information on sexuality being discussed with young girls, but girls have often already been exposed to this information (usually misinformation) and these experiences. The information you provide is vital in ensuring that girls can access accurate information.

³⁸ This module is taken from the International Rescue Committee’s Girl Shine Early Marriage Curriculum, funded by the U.S. Bureau of Population, Refugee and Migration Services (PRM) : <https://gbvresponders.org/adolescent-girls/girl-shine/>



- As this is a sensitive topic, it is important to remind girls of the “Group Agreements” (from Session 1) and ask if they would like to have any additional agreements specifically for this session.
- It is okay for the facilitator not to have all the answers; what’s more important is providing a non-judgmental space where girls can learn important information and ask questions. If they ask a question the facilitator doesn’t know the answer to, the facilitator should tell girls they will get back to them in the following session.



PREPARATION:

- Get familiar with the information in advance. It is important that the facilitator feels comfortable giving this session. If the facilitator is uncomfortable, girls will also be uncomfortable.
- Please review the Implementation Guide for tips to facilitating the sensitive topics.
- If there were questions asked by girls during the last session that you were not able to answer, do some follow up with your Manager/relevant colleagues, so that you are ready to provide a response to them in this session.
- Read through the session in advance, if there is anything that is unclear, check in with your supervisor.
- Have the most up-to-date information about services that are available in the community, so that girls could refer to those for Sexual and Reproductive Health (SRH) information and other services and care.



WARM UP & REVIEW (10 MINUTES)

- DO:** Facilitate a quick 5-minute icebreaker or energiser of your choice before the recap. Ensure the icebreaker or energiser is short and quick to allow for the longer session below.



1 RECAP



DO:

- ✔ Welcome girls back to the session.
- ✔ If there are any girls who were absent last week, ask the girls to give the absent girls an overview of what was discussed.
- ✔ Invite the girls responsible for the recap quiz to ask 3 questions related to last week's learning objectives. Thank the girls for their participation.



SAY: Today we are going to discuss decision making and what this means when taking very personal decisions related to our bodies.



DISCUSSION (25 MINUTES)

2 STORY CIRCLE



Requires CONTEXTUALISATION:



DO: Please choose the story that works best in your context:

OPTION A

Nora has a friend, called Anna, who is in a relationship with someone she really likes. Anna is wondering whether it is the right time to have sex with this person. He really wants to and asks Anna about it all the time. Anna is not sure if she is ready and feels under pressure. She feels like it's a very difficult decision and she wants Nora's advice.

OPTION B

(FOR SENSITIVE CONTEXTS)

Sahar is married but lately, she hasn't been feeling like having sex with her husband. She told her friend, who said that it is her duty to have sex with her husband. Sahar's husband also comments on her lack of interest in sex, telling Sahar that a wife shouldn't refuse sex to her husband. But Sahar doesn't want to have sex at the moment.



 **ASK:**

- ① Do we hear stories like Anna's/Sahar's?
- ① What can girls do if they don't feel ready to have sex with their partner/husband?

 **SAY:**

The topic we will cover today is sexual decision making. There will be some sensitive topics discussed, such as violence in an intimate relationship, including sexual violence. We understand that it is a sensitive topic and some of you may feel uncomfortable discussing it. If you find this content uncomfortable, you can take a break any time you want to; we can also stop at any time if girls prefer.

This is a safe and supportive space for learning and discussion, and no one should feel that they must speak if they are not comfortable. It is your choice.



EXPLAIN: Many different circumstances and feelings influence people's decisions about whether to have sex or be physically intimate with someone. Sometimes people can have mixed feelings. They may feel pressure from others to have sex (i.e., from a partner, peer pressure or family pressure in situations when girls are married). Today we will discuss how to navigate these pressures and how we can make decisions that we are comfortable with about sex and other physical contact.

 **ASK:**

- ① Which of our "Group Agreements" should we remember for this type of session to help us feel comfortable and safe participating?
- ① Are there any new agreements that you would like to add to our list for this session?



DO: Remind the girls that if they want to talk to someone about any of the issues they are facing, there are trained female staff available who can listen to them and offer support.





EXPLAIN:


- When we talk about dating or courtship, we mean social interactions with others who become romantic or sexual partners.
- Sometimes people, who are in a relationship, union or marriage find that they are physically attracted to each other and both may desire sexual contact, which may include holding hands, kissing, caressing, or other intimate activity. When there is trust, respect, and care between two people, these experiences can be wonderful and exciting.





- Sometimes girls may be in a romantic relationship but not in a sexual relationship. That is normal. Or girls might not feel ready or interested to be involved in romantic or sexual relationships. That's completely natural too. Relationships take many different forms. This is important information for girls to have, even when they are not currently in a relationship as it can be helpful information for the future if and when they are ready.


 **ASK:** Can anyone tell me what sexual intercourse is?


 **SAY:** As we mentioned in a previous session, pregnancy happens when an egg from a woman, and a sperm from a man, meet together inside a woman's body. This can happen when a man and woman have sexual intercourse and the man's penis goes inside the woman's vagina.

 **ASK:** When there is no consent, what do we call this?

 **EXPLAIN:** When there is no consent to participate in sexual intercourse, we call this rape. Any other unconsented sexual contact—e.g., kissing, touching, groping, rubbing, etc.—is sexual assault.

 **NOTE:** *Girls may not realise that this is a form of violence or may be uncomfortable describing it using these terms. That's okay. Let them use the terms they feel most comfortable with as long as they understand that sexual interactions do require consent and that without consent, a sexual interaction is a form of violence.*


 **EXPLAIN:** Today, we will discuss ways for couples to communicate about sex, how girls can exercise their right to say “no” to sex, and where to access more information or support on issues related to sex and pregnancy.

 **NOTE:** *In some contexts, you may need to adjust the language of the following activities to make this information more acceptable, for example adding “sex within a marriage/partnership”, etc.*



POSITIVE STRATEGIES (85 MINUTES)

3 WHY WE DO OR DON'T HAVE SEX/INTIMATE CONTACT

 **SAY:** To explore this topic, I will read a few statements. For each statement, if you agree, go stand by the side that says “Agree.” If you disagree, go to the side that says “Disagree.” Make yourself choose one side or the other, even if your view is somewhere in between the two sides.




ADAPTATION


If girls are unable/uncomfortable in moving across the room, you can do the activity seated, having girls raise their hands or clap loudly for agree or disagree.

DO: Read each statement. After each statement, allow time for girls to move to their “side.” Allow two comments from each side. Then go on to the next statement, even if the conversation has not come to an end.

STATEMENTS:

- If a girl loves her boyfriend/husband, she should show it by having sex with him.
- If a girl is married, she cannot refuse to have sex with her husband.
- Pressuring someone to have sex against her will, either through words or physical force, is rape.
- A lot of girls have sex because they are expected to do so.
- Most girls talk thoroughly with their partner about whether they both feel comfortable and want to have sex.


 **ASK:** Why is it important for a young person to think clearly about the reasons for their choice to have or not have sex?


 **EXPLAIN:** There are many different reasons for people to choose to have or not to have sex, including a sense of comfort, safety, for pleasure, and to protect one’s health. Here are some questions girls should think about when deciding whether to or not to have sex:



- ② How does she feel about sex? When does she think it would be right for her?
- ② Does she trust her partner completely?
- ② Is she comfortable with her partner?
- ② What extra pressure might she feel once she has had sex?
- ② What will she do to prevent STIs and/or pregnancy?
- ② What would she do if a pregnancy resulted from having sex?


 **ASK:** What kind of problems or misunderstandings can result from these differences in reasons?

 **EXPLAIN:** Sometimes people are not aware of all their motivations and feelings or have not taken time to think about their situation and what they want to happen.

 **ASK:** What are some ways that we can become more aware of what is going on, how we feel, and what we want and do not want?

ADD if not mentioned:

- Talk privately to someone trusted.
- Think honestly about what we want and why.

 **ASK:** What can we do if we don't feel ready or don't want to have sex with our partner but are feeling pressured into it?

ADD if not mentioned:

- Communicate our choice to our partner and ask them to respect our wishes.
- Communicate our choice to other people putting pressure on us.
- Talk to a trusted person.
- Speak to someone at the women and girls' safe space to seek advice.

 **EXPLAIN:**

- It is important to remember that a girl can say “no” to sex whenever she does not feel like it. Even if she has begun with foreplay (activities done before sex, such as kissing and touching)




or sex and then changes her mind, it is her right to stop. All girls, including girls in relationships, girls who are married and girls with disabilities, also have the same right to say “no” to sex. No one should make a girl have sex against her will.

- As we have discussed, it is always a good idea to get advice from a trusted adult or trusted organisation when you have questions or concerns.
- Friends and peers may have some information because they are often experiencing similar challenges, but sometimes it may not be accurate, or it may be based on rumors or individual experiences.
- There are a lot of myths and misinformation about sex. If you are unsure about information you have heard, seek out more information from a trusted source.



4 HOW WE COMMUNICATE OUR CHOICES

 **SAY:** It is important to remember that people can say “no” to sex or any other sexual behaviour whenever they do not feel like it.

 **EXPLAIN:**


- Sexual consent means agreeing to participate in a particular sexual behaviour. This could be anything from touching, hugging, and kissing to sex.
- Both individuals must agree to do something, and if one person does not want to, they are not giving their consent. This is extremely important because any sexual act without consent is considered sexual violence and may be against the law.
- Girls and boys in relationships and even in marriage have the right to say “no” to any sexual behaviour. No one should make a person do any sexual behaviour against their will.
- Being comfortable communicating what you want or do not want during sex is important to creating a mutually respectful and responsible sexual relationship.




 **ASK:** What can sometimes make communicating/talking about sex difficult?

If not mentioned, EXPLAIN that many of these reasons might apply:

- It can be embarrassing
- They don't want to upset the other person by talking about any issues
- They are nervous that their partner will break up with them if they say something
- Their partner may not be open to talking about it
- They are afraid to talk about it
- It might be because of worry that others might think she is not a good/well-behaved girl

 **SAY:** When girls are in a relationship where the communication is good and girls have some power to influence decisions, girls can develop their confidence and comfort levels in order to talk about sex with their partners. Where girls are in relationships where this is not possible, they may need to develop other strategies that can help them to assert their rights over their body.

 **ASK:** If a girl does not want to have sex with her partner, what are some of the ways she might respond?

 **Take a few answers and EXPLAIN:**

There are three communication techniques that people often use:

ASSERTIVE:


When we say what we want or what we mean without being hurtful to the other person.


PASSIVE:

When we do not express what we want, think, or feel.


AGGRESSIVE:


When we do not take into consideration other people's feelings. Sometimes this is necessary if a person is not respecting a girl's choice to say "no."


 **SAY:** Let's talk about ways a girl could say "no" to sex.


 **ASK:** What are some examples of how she could express this **assertively**?
(Take answers.)





 **SAY:** She could say “I don’t feel like it right now.”

 **ASK:** What would it look like if a girl responded in a **passive way**?
(Take answers.)


 **SAY:** She might say, “I don’t mind,” or “If you want.”

 **ASK:** What could happen if a girl responds **passively**?

 **SAY:** It may be difficult for her to express her needs and wants if she responds in a passive way.


 **ASK:** What are some examples of how she might express this **aggressively**?
(Take answers.)

 **SAY:** She might say, “No way!” or “Get away from me!”

 **EXPLAIN:** Girls may also use a number of these techniques if someone doesn’t respond to one communication style.



5 SEXUAL DECISION MAKING

 **ASK:** Can you remember the steps to making a smart decision (that we covered in Session 4)?


 **SAY:**

- **STEP 1:** Consider all of the options.
- **STEP 2:** Identify the benefits & disadvantages of each option carefully.
- **STEP 3:** Where appropriate, seek information or advice from people you trust.
- **STEP 4:** Make a tentative decision.
- **STEP 5:** Reconsider the decision if necessary.



 **SAY:**

- Now we are going to think about a few scenarios that might arise between a couple when talking about sex.
- We are going to try to help the girls in the scenarios to think of assertive ways to address the issues that arise. This means that we want them to say what they want or mean in a way that is safe and comfortable for them.
- Please note that while the communication strategies we practice focus on assertive techniques, there may be times when girls have to use aggressive styles (when safe to do so), if they are being forced into something they are not comfortable with.

 **EXPLAIN:** In all these scenarios, Person 1 (the husband/boyfriend) wants something from Person 2 (the girl), but Person 2 does not want the same thing.

 **DO:**

- ✓ Ask the girls to work with the person sitting next to them for this activity.
- ✓ Read the statements aloud one at a time. Each time, give the pairs a couple of minutes to discuss the scenario.
- ✓ After each discussion, ask 2 or 3 pairs to share their responses.



For some scenarios there is an **Option A or B** which you can select depending on how sensitive the context is where you are working.

- ✓ Share the examples of assertive responses listed below each scenario, if you feel they have not been covered by the girls.



 **NOTE:** Choose the scenarios that are most relevant to your context:

 **Requires CONTEXTUALISATION:**

SCENARIO 1

Option A

Person 1 says, “I want to have sex/kiss with you because I love you so much. If you refuse, you don’t really love me, and we should break up.”

Option B

Person 1 says, “I know we said that we would wait to kiss, but my friends are asking if we have kissed yet. We are engaged now, and I think it is ok for us to.”

Possible assertive responses:

“I don’t feel ready yet. I hope that is okay, because I really enjoy what we have, but I need more time.”

“I still feel the same. And I think for this relationship to work, my feelings need to matter more to you than what other people are doing.”

SCENARIO 2

Option A:

Person 1 says, “If you’re not willing to have sex with me, then I’ll just go find someone else who will.”

Option B:

Person 1 says, “If you’re not willing to have sex with me, then I’ll just go find another wife.”

Possible assertive responses:

“I really like you, so this is hard for me to say, but I am not ready for our relationship to become more physical just yet.”

“Please do not pressure me to do something that you know I do not want to do. That is not fair, and it will not change my mind.”



SCENARIO 3

Person 1 says, “I don’t want to use condoms when we have sex. It’s like you’re saying I’m dirty or something!”

Possible assertive responses:

“Using condoms is very important to me. I don’t think you are dirty. I just want to protect myself from getting pregnant and getting a sexually transmitted infection.”

“I want to have sex with you, but I won’t do it without a condom.”

“I prefer we don’t have sex.”

ASK:

- ① Are these scenarios realistic?
- ① What are some other challenging conversations related to sex that girls face? (Take some examples and write them down.)
- ① How can we respond to these assertively?



EXPLAIN:

- Being in a relationship does not mean that a girl must give up who they are or their own needs.
- Girls and women have the right to say “no” to sex.
- In a healthy situation, people should be able to express themselves openly and be able to listen to, appreciate and accept the other person’s needs.
- It is important to stick to what you believe in and the decisions you make, even if they’re different from what people around you are saying.




REFLECTION (15 MINUTES)

6 CIRCLE ROUND

- DO:** Conduct a circle round by asking each participant what is one thing that they have enjoyed about today? Paraphrase and repeat any responses which are related to the session objectives.
-


7 CLOSING COMMENTS

-  **SAY:** Girls shouldn't be forced to do anything sexual in a relationship that they do not feel completely ready to do. Girls can take their time to decide when they are ready, and if someone tries to pressure a girl into sex, this could be a sign of an unhealthy relationship. If girls do decide to have sex, they can still change their mind at any time—before and even during sex. There are trained staff at the WGSS, who can help girls if they need to talk about this in more detail.


- DO:** Share information with girls on services and support they can access.

- DO:**

- Thank everyone for their participation
- Encourage everyone to write/draw something in their learning journal about how they can support girls in their community as a friend.

-  **SAY:** There is no practice this week apart from writing in your journal; just think about any questions you might have about this topic. You can share those questions with us next week (or put them in the comments box). Remember, we are a girls' group, so let's support each other and other girls, if they have questions about this topic. We can support them by giving them the information we learnt and by being a friend they can practice with, if they need to talk about these things with their partner.



 **ASK** the girls 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 action the changes suggested by girls or explain why it's not possible.) Remind girls that they can leave feedback in the comments box.



REMIND participants about:

the time and location of the next session; and the person/s responsible for the recap quiz questions for the next session.

your role as a facilitator is to be available should anyone wish to discuss anything after the session. Highlight that your role is to provide support, but that you are not a caseworker or counsellor; however, you are able to provide a referral to required services that exist in the area.

NOTE TO FACILITATORS, FOR THE NEXT SESSION:

- Familiarise yourself with the content in advance and read the preparation notes. You may need to prepare some illustrations ahead of the session.
- Invite a health/caseworker to join part of the session to answer any questions related to safety that may be raised by the girls.

SESSION 11

THE CHANGING NATURE OF OUR SEXUAL LIVES³⁹

DURATION: 2 hours



🎯 SESSION OBJECTIVES

By the end of the session, girls will:

- Have the opportunity to discuss issues related to their sexual wellbeing
- Learn how to assess risk when faced with a challenging situation related to sexual wellbeing

👉 FACILITATOR NOTE:

- This session will cover forced, unwanted, and non-consensual sexual interactions and some girls may be experiencing intimate partner violence at home. It is important to inform girls that this will be discussed as it could be a trauma trigger for girls who have or are having distressing experiences. You should outline which activities you will be discussing this content in so that they can decide if they want to participate or not. You could say, “In the next activity, we will be discussing forced sexual interactions, are you comfortable to move forward with the activity?” If they are not, do not force them.
- The format of this session is different to other sessions, given the nature of the topic. It’s important to be flexible during the session and assess comfort level of girls.
- Give space to the conversations and topics that girls come up with. You may not have all the answers, but there is a list of key messages in the resource you can refer to and use in case it is helpful for the discussion.
- As this is a sensitive topic, it is important to remind girls of the “Group Agreements” (from Session 1) and ask if they would like to have any additional agreements specifically for this session.

³⁹ This module is taken from the International Rescue Committee’s Girl Shine Early Marriage Curriculum, funded by the U.S. Bureau of Population, Refugee and Migration Services (PRM) : <https://gbvresponders.org/adolescent-girls/girl-shine/>



- It is also important to refer to the Implementation Guide to get prepared for facilitating sensitive topics.
- It is okay for the facilitator not to have all the answers; what is more important is providing a non-judgmental space, where girls can learn important information and ask questions. If they ask a question the facilitator doesn't know the answer to, the facilitator should tell girls they will get back to them in the following session.



PREPARATION AND MATERIALS

PREPARATION:

- Get familiar with the information in advance. It is important that the facilitator feels comfortable giving this session.
- Use the Resource 11.1: Key Messages to help guiding the conversation with girls.
- If you feel uncomfortable facilitating this session, speak to your supervisor so you can discuss options for ensuring girls receive this information in alternative ways.
- If you feel uncomfortable facilitating this session in a group or feel it may be too sensitive to give to girls in a group setting (e.g., they are not ready to receive this information), you can also do this group on a 1:1 basis for girls who need it most.
- Have a caseworker present for the full session. It's preferable that the caseworker is already familiar with the girls, i.e., she has attended a previous session.
- Please review the Implementation Guide for tips to facilitating the sensitive topics.
- Have the most up-to-date information about services that are available in the community, so that girls could refer to those for Sexual and Reproductive Health (SRH) information and other services and care.
- If there were questions asked by girls 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 to them in this session.

MATERIALS:

- Pens
- Post-it notes
- Bag/box
- Welcome & review (5 minutes)



1 RECAP



DO:

- ✔ Welcome girls back to the session.
- ✔ If there are any girls who were absent last week, ask the girls to give the absent girls an overview of what was discussed.



DO: Introduce the caseworker—her role, why she is attending the session, and if she is participating in the full session.



SAY: The session today is a little different from our usual sessions; we won't be starting with a story today but will end with one instead.



DISCUSSION (60 MINUTES)

2 GROUP DISCUSSION



NOTE: Approach this section like a focus group discussion. Use it as an opportunity to let girls express themselves by asking them open ended questions. You can probe if girls are quiet, but do not force them to engage in the conversation. You can also introduce an energiser (e.g., a song) to help the group feel relaxed.



DO: Ask the girls to sit in a circle.




SAY: We have already discussed our health and also issues related to sexual health in previous sessions. Today we are going to talk about our sexual wellbeing.






ASK: What do you think we mean by “sexual wellbeing”? (Take a few answers.)




 **SAY:** When we talk about “sexual wellbeing,” we are talking about how comfortable, healthy, or happy we are with our sexual experiences.



 **ASK:**

-  Which of our “Group Agreements” should we remember for this type of session to help us feel comfortable and safe participating?
-  Are there any new agreements that you would like to add to our list for this session?






 **DO:** Remind the girls that if they want to talk to someone about any of the issues they are facing, there are trained female staff available who can listen to them and offer support. If the caseworker is present for the full session, she can also be available to the girls during the session.

 **SAY:** We are going to go deeper into this topic by using some guiding questions. These questions are only a guide; we can answer them, or there may be other things we want to discuss and explore instead. We are flexible. This is a safe and supportive space for learning and discussion, and no one should feel that they must speak if they are not comfortable. It is your choice. You also have the option of writing down your answers if you prefer, or just thinking about your answers on your own. There is no pressure to discuss if you don’t want to.

 **QUESTIONS:**

-  What is and isn’t acceptable to talk about in terms of sex in our community for girls who are married/in a union?
-  What are some of the things that we would like to talk about but are considered taboo or unacceptable?

 **NOTE:** *Girls can write these down anonymously if they feel more comfortable.*

-  *What happens if girls have different sexual needs than their partner has?*
-  *What happens if girls don’t want to have sex when their partner wants to?*
-  *What are the risks of girls refusing sex when married (e.g. paying back bride price)*
-  *Can girls say “no” to their partners in these instances?*
-  *If yes, how can they do that?*



☑ **DO:** Stop here to see the kind of responses girls suggest; give them a moment to write down or think about their answers.

💬 **ASK:**

- ❓ **If verbally shared, ASK:** What do we think about this approach?
- ❓ For girls who didn't share, Ask: What do think about the approach you thought of?
- ❓ Could it create any safety issues? If yes, what would those safety issues look like?
- ❓ What can girls do if they are facing this safety issue?



EXPLAIN:

- Talking about sexual wellbeing is a taboo subject in many places around the world, especially if you are a woman or a girl. By opening the conversation, sharing challenges, experiences, or questions, we will be able to learn more about how sexual wellbeing impacts us and how we can take steps to change the things that impact our wellbeing.
- Despite the pressures and expectations placed on sexual relationships within marriage, girls may not feel interested in sexual relations at all or at specific times or could even have a stronger desire for sexual relations than their partners. All of this is completely natural, and there is no right or wrong answer.
- Sex requires consent from the people who are engaging in it. Remember when we discussed "Our Rights" a few sessions ago? Similarly, we know it is our right to refuse sex, but sometimes others may limit us from being able to access our rights.



POSITIVE STRATEGIES (45 MINUTES)



3 SEXUAL WELLBEING STRATEGIES



SAY: Now we are going to go through a few scenarios and discuss which option the girl in the story could take, what safety risks there might be, and what we would change or keep the same about the different options.



! Requires **CONTEXTUALISATION**:

SCENARIO 1

Rozana got married a week ago to Rahul. They haven't had sex yet, as Rozana has been feeling nervous. Rahul's mother keeps asking Rozana if they have had sex. When Rozana says, "No," Rahul's mother tells her that it is her duty to have sex, and that she should just get it over and done with. That evening Rahul asks Rozana what is wrong and why she doesn't want to have sex.

? **ASK:** What could Rozana do? Raise your hand for your preferred option.

✓ **DO:** Ask the girls to choose only one option. They can also decide not to choose any option and give their own option for Option E.

OPTION A: Take her mother-in-law's advice and have sex with Rahul.

OPTION B: Explain to Rahul that she is feeling nervous and is not ready yet and ask him to be more patient.

OPTION C: Make up an excuse to get out of having sex.

OPTION D: Speak to a caseworker.

OPTION E: See what other options the girls suggest.

Once the girls have decided on their preferred option, ASK: What could be some of the safety risks for selecting Option A? Option B, Option C, Option D, Option E?

If not mentioned, you can ADD:

OPTION A: This could make Rozana feel scared and uncomfortable, and it could have emotional and physical consequences.

OPTION B: This is an ideal option, but maybe Rahul would not react well to Rozana saying this; Rozana can decide if this is the best option for her based on how Rahul has behaved towards her so far.

OPTION C: This may work in some situations for a certain amount of time, but in the long term, it may raise other risks, such as Rahul insisting on sex.

OPTION D: This is a great option as a caseworker can help you think through the risks and benefits related to handling this situation.

OPTION E: If girls suggest other options, ask what the pros and cons are.



ASK: Based on the safety risks we identified, would we like to change our option or suggest a new one?

Remember—What are the associated safety risks, are these risks manageable, where can girls get support?

- DO:** Ask the caseworker to explain how girls can seek support/counselling if they experience a similar situation.

SCENARIO 2

Verity got married when she was still young, but she didn't want to stop going to school. Her husband Billy agreed that she can stay in school. Verity explained to Billy that she would like them to look into birth control so she doesn't get pregnant while at school. Billy is against the idea of birth control.

- ASK:** What could Verity do? Raise your hand for your preferred option.

- DO:** Ask the girls to choose only one option. They can also decide not to choose any option and give their own option for Option D.

OPTION A: Accept her husband's opinion and just hope she doesn't get pregnant.

OPTION B: Explain to Billy that she really doesn't want to take the risk and ask that he explore some options with her that they are both comfortable with.

OPTION C: Take birth control and keep it a secret from Billy.

OPTION D: See what other options the girls suggest.

Once the girls have decided on their preferred option, ASK: What could be some of the safety risks for selecting Option A? Option B, Option C and Option D?

If not mentioned, you can ADD:

OPTION A: There is a risk she may get pregnant and might have to drop out of school, which could have long-term consequences on her wellbeing.

OPTION B: This is an ideal option. But maybe Billy would not react well to Verity saying this; Verity can decide if this is the best option for her based on how Billy has behaved towards her so far.

OPTION C: This may work in some situations for a certain amount of time, but in the long term, it may raise other risks, such as Billy finding out and being angry at Verity.

OPTION D: If girls suggest other options, ask what the pros and cons are.



ASK: Based on the safety risks we identified, would we like to change our option or suggest a new one?

Remember—What are the associated safety risks, are these risks manageable, where can girls get support?

NOTE: *There may be girls in the session who experienced Option A in this scenario: getting pregnant and dropping out of school. It is important to tell them that if they found themselves in this situation, it does not mean they cannot have the right to other opportunities. While staying in school would be the best outcome, the reality is sometimes girls do get pregnant without planning to. They still have options and alternatives to school. They could consider vocational training or negotiate with their husband to continue with their studies. Getting pregnant doesn't have to mean an end to learning and skills building.*

DO: Ask the caseworker to build upon what you have already said.

SCENARIO 3

Sandrine married a boy she was dating, Alfred. They are generally happy together and have some tough times and good times, just like most couples. When they are intimate, there are some things that Sandrine doesn't feel comfortable with. She feels embarrassed to tell her partner, but also wants what is making her feel uncomfortable to stop.

ASK: What could Sandrine do? Raise your hand for your preferred option.

DO: Ask the girls to choose only one option. They can also decide not to choose any option and give their own option for Option D.

OPTION A: Not say anything and hope he will stop doing the thing that makes her uncomfortable eventually.

OPTION B: Explain to Alfred that it makes her feel uncomfortable and ask that they stop doing it.

OPTION C: Try to get out of the uncomfortable situation but without bringing Alfred's attention to it.

OPTION D: See what other options the girls suggest.

Once the girls have decided on their preferred option, ASK: What could be some of the safety risks for selecting Option A? Option B, Option C and Option D?




If not mentioned, you can ADD:

OPTION A: Alfred may continue to do this, and this could continue to cause Sandrine physical or emotional harm or discomfort.

OPTION B: This is an ideal option, but maybe Alfred would not react well to Sandrine saying this; Sandrine can decide if this is the best option for her based on how Alfred has behaved towards her so far.


OPTION C: This could be a good option if Sandrine is worried about how Alfred may react. She can also use that opportunity to talk to a trusted person like a caseworker to see how to respond to this moving forward.

OPTION D: If girls suggest other options, ask what the pros and cons are.

 **ASK:** Based on the safety risks we identified, would we like to change our option or suggest a new one?


Remember—What are the associated safety risks, are these risks manageable, where can girls get support?


 **DO:** Ask the caseworker to build upon what you have already said.


 **DO:** Debrief the activity as follows.


 **ASK:**

 What would happen if girls responded using some of the options in real life?

 Do you have other suggestions or strategies girls can use to deal with common challenges faced in relation to sexual wellbeing that we haven't already discussed?

 **DO:** See if the caseworker wants to add anything here based on what girls have shared.

 **EXPLAIN:** This activity taught us how to think about options and identify the risks associated with these options; we practiced how to choose the best option for a specific situation. You can apply this to other situations in your life.

 **SAY:** Each situation is different, and the same strategy may not work for all girls. But one thing we can do in each situation is assess risk. Before we act, we can try to answer the following questions, which can help us assess risk and choose the best option for us.



QUESTIONS FOR ASSESSING SAFETY:

? What are the possible safety risks associated with a certain action?

For example, if I respond firmly to the person, will this make them stop what they are doing, or will it make them aggressive?

? Am I able to manage the risk I am being placed in or will I be placed at more risk?

For example, if there is a possibility for a conflict between me and another person, I know that there is someone present who will protect me from the person behaving violently. Or I know there is a friend or neighbour I can stay with.

? Am I able to safely get out of the situation that is threatening my safety without increasing the risk to me?

Sometimes it may not be possible for girls to voice their opinion or negotiate for a safer situation. Sometimes getting away may be the only solution but trying to get away can also come with risks, so it is important to think through the pros/cons of getting away.

? Is there a temporary solution to keep me out of immediate harm?

Sometimes saying “no” could create additional safety risks, such as the person receiving the ‘no’ behaving violently or feeling like they are being disrespected. In these cases, girls may decide to use less direct communication to help them get out of the situation and to give them time to develop a safer longer-term response. For example, they may say, “Please give me time to think about this.”

? Do I know where to get support?

Is there someone in my family/community I can ask for support? Having a trusted person such as a caseworker can help you talk through your specific situation and develop a safety plan.



EXPLAIN: If girls experience violence or harm due to the strategies they use, they should know they are never to blame. The person who is being violent is always responsible for their violent actions and can choose to respond in a non-violent way. But when we cannot guarantee that they will honour that, in those situations, we may need to think through the safety risks for ourselves.




DO: Have the caseworker add additional information about assessing risk that girls may find helpful.



4 STORY CIRCLE

Tasnim goes to visit her friend Nelly, who recently got married. Nelly tells Tasnim that she was nervous about sex and didn't know how to talk about it with her husband. So, Nelly spoke to her aunt who she trusts a lot and asked how she can approach the topic with her husband. Her aunt walked Nelly through some options about what she could do. She asked Nelly which options she felt most comfortable with, which she could do while also feeling safe. Since taking her aunt's advice, Nelly tells Tasnim that she is feeling more comfortable in expressing her comfort levels with her husband. Nelly tells Tasnim, "It can be helpful to speak to someone you trust about an issue you're facing, especially if you are unsure of how to handle it yourself."


★ KEY MESSAGE

 **SAY:** Our sexual wellbeing can change over time. While we would hope that our sexual wellbeing is always comfortable, healthy, and happy, this is not always what happens in reality. And where we are now in terms of sexual wellbeing may be different to where we were a few months ago or where we will be a few years from now. If you ever want to discuss questions or concerns related to this, there is always a caseworker available to talk to you who can help you think through strategies that are safe and realistic to your situation.

DO: The caseworker can add any additional information here.

5 CONTRACEPTION NEGOTIATION WITH PARTNERS⁴⁰

 **OPTIONAL/ADDITIONAL**

 **ASK:** What can make it difficult to talk about contraception with your husband?

ADD, if not mentioned by the participants:

It could be that it is a sensitive taboo topic; he wants children; family is pressuring or expecting you to have children.

⁴⁰ Adapted from USAID Adolescent Age and Life-Stage Assessment and Counselling Tools



ASK: How can a girl start a conversation with her husband about contraception?

DO:

- ✔ Divide the girls up into different groups and ask them to brainstorm ways to start the discussion.
- ✔ Encourage girls to think and reflect along about her hopes, dreams, goals and plans for the future.
- ✔ Encourage girls to discuss with their husband together what are their hopes, dreams, options, goals and plans are for the future? For their education, work, finances? For when they have children and for their family?
- ✔ Discuss the possibility of her sharing her future dreams and goals with her husband and asking him about his future dreams and goals. Consider how delaying pregnancy can give her and her husband the opportunity to complete your education and pursue job opportunities without the pressure of caring for children.
- ✔ Discuss together how having a baby will change their lives.

DO: Ask the girls to share.

If not mentioned you can add that some girls may want to discuss:

- ❓ Are you both emotionally ready to care for a baby? Are you able to emotionally sacrifice some time and activities to care for your baby?
- ❓ Are you financially ready to support the needs of a baby? Do you have the money to support your baby?
- ❓ Do you have a family and friends who will be supportive? Will your family or friends support you and your baby emotionally, financially and by providing childcare?



Discuss what being pregnant could mean for her and the reasons she wants to delay pregnancy.

- She could learn more about contraceptives to delay pregnancy, and to discuss the options with her husband. She could ask her husband what concerns or worries he has about different methods of contraception. She could provide him written information or pamphlets about contraception methods.
- She could suggest that she and her husband go together to the clinic to speak with a health care provider about the options for delaying pregnancy.



Discuss that she may be too young to become pregnant, and there are risks to her health of becoming pregnant, her body is not yet ready or developed, and she may experience complications in childbirth. Discuss the risks of early pregnancy with her husband. Discuss the advantages of delaying pregnancy until she is over 18 years old and her body is better able to handle pregnancy and childbirth, and healthy timing and spacing of pregnancy. Encourage her to consider discussing these risks and advantages of delaying pregnancy with her husband.

- Identify an adult in her family, close to her family or another adult whom she trusts and with whom she could safely share her feelings about delaying pregnancy.
- Consider approaching 1-2 trusted, supportive people who can advocate to her husband and husband's family that she delays pregnancy. Consider how her husband and family would react if she spoke to others about this, and if it is safe to do so.



Discuss that she may want to finish school.

- She could consider talking with her husband about the possibility of continuing with school either before pregnancy or even after having a child, about the effect this will have on your and your family's future.
- If she is at risk of dropping out of school or she is out of school, she could think about 2-3 ideas or reasons that may help to stay in or return her to school, the benefits for her and her family's future of her staying in school. Consider approaching 1-2 trusted, supportive people who can make decisions and influence her husband, so she can explain your desire to go back to school to help build your future, and her hopes and dreams for the future.
- Consider how others can help advocate to her husband and husband's family about the importance and benefits of finishing school and delaying pregnancy.



DO: Ask the girls to get into pairs of two and role play starting a conversation with their husbands about delaying pregnancy, why they want to delay pregnancy and the option of using contraception.



SAY: This can be a difficult and sensitive conversations. Consider if it is safe to have this conversation with your husband and know that support is available.



REFLECTION (10 MINUTES)


6 CIRCLE ROUND

- DO:** Conduct a circle round by asking each participant what is one thing that they have enjoyed about today? Paraphrase and repeat any responses which are related to the session objectives.

7 CLOSING COMMENTS

- DO:** Share information with girls on services and support they can access.
- DO:**
 - Thank everyone for their participation.
 - Encourage everyone to write/draw something in their learning journal about how they can support girls in their community as a friend.
- SAY:** There is no practice this week; just think about any questions you might have about this topic. You can share those questions with us next week (or put them in the comments box). Remember, we are a girls' group, so let's support each other and other girls if they have questions about this topic. We can support them by giving them the information we learnt and being a friend they can practice with if they need to talk about these things with their partner.



 **ASK:** the girls 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 action the changes suggested by girls or explain why it's not possible.) Remind girls that they can leave feedback in the comments box.

 **REMIND** participants about:

the time and location of the next session; and the person/s responsible for the recap quiz questions for the next session.

your role as a facilitator is to be available should anyone wish to discuss anything after the session. Highlight that your role is to provide support, but that you are not a caseworker or counsellor; however, you are able to provide a referral to required services that exist in the area.

SESSION 12

COMMITTING TO HEALTHY LIVES

SESSION OBJECTIVES

By the end of the session, girls will:

- Reflect on the various positive coping strategies they have learnt
- Make a personal wellbeing plan for the future
- Start to consider areas of interest for the group action plans

FACILITATORS NOTES

- Asking young people their opinion is a valuable activity to empower them and give them a voice. They are also the best people to help shape future programmes as they understand their needs better than anyone else. You may also want to think about how to engage the participants to recruit or even help facilitate.

PREPARATION AND MATERIALS

- Flipchart papers, markers, pens, ball of string.
- Print out Resource 12.1 – Integrating Adolescent Voices, for the facilitator’s use.
- Print and cut scenarios from Resource 12.2 – Adjustment to Life Scenarios, for each of the participants to have a scenario.
- Print out Resource 12.3 – Form for Setting Goals and Resource 12.4: Suggested Issues for action planning, to give each participant as a handout.

- Prepare a flipchart with the following questions:

SETTING GOALS:

- Something I want to accomplish in the next week: _____
- In the next month: _____
- In the next year: _____
- In the next five years: _____

OBSTACLES AND STRATEGIES

- Obstacles to reaching my goals: _____
- Things I will need to do to achieve my goals: _____
- What can I begin to do now to work toward my goals? _____



WARM UP (20 MINS)



1 HEARING FROM YOU

- DO:** Ask the following questions from the girls which will be summarised and used as part of an activity with caregivers and other community members to incorporate adolescent girls' voices.

NOTE: Make sure that the adolescent girls feel comfortable sharing this general feedback to the caregivers and community members' groups. Reassure the participants that this will be shared as part of a group feedback and that no names or individual information about the group will be shared. **Take notes** of the following feedback on Resource 12.1: Integrating adolescent voices, and **share** the results with the facilitators of the caregivers and community members' groups.

ASK:

- ? What do you like about being an adolescent girl?
- ? What do you like about your community?
- ? What do you want to change about your community?
- ? What are your dreams or goals for the future?

NOTE: The feedback should be collected and shared with community outreach facilitators. This will be used in **Meeting 3 of the Community Dialogues**.



2 RECAP

REVIEW last session objectives (below) and review the aims of this session (above).

Last session objectives:

- ✔ Discussed the issues related to sexual wellbeing.
- ✔ Learnt how to assess risk when faced with a challenging situation related to sexual wellbeing.

- ✔ **DO:** support the girls responsible for the recap quiz to ask 3 questions related to last week's learning objectives. Thank the girls for their participation.




DISCUSSION (30-45 MINS)

3 WHO AM I?

- ✔ **DO:**
 - ✔ Tell the participants they will have 20 minutes to draw, paint, or create something that represents who they are.
 - ✔ Next, tell them to now draw a picture of themselves 10 years from now. Ask to consider where they want to be in terms of education, friends, family, physical and mental health and economy.
 - ✔ Ask the participants to think about any barriers or challenges to achieving those goals. What are some things that may prevent them from reaching these goals?
- ✔ **DO:** Begin to distribute the Resource 12.2: "Adjustments to Life Scenarios" cards; one per participant. Remind them that this is just a game and not real life.

 **NOTE:** Contextualise and add scenarios in the blank spaces on the template of the Resource 12.2.

 **EXPLAIN:** that each participant should read their card to themselves.

 **DO:**

- ✔ After a minute, give yourself a card and read it aloud as an example.
- ✔ Discuss with the group why this would make it very difficult for you to accomplish your goal.
- ✔ Go around to each participant and discuss how their “adjustment to life scenario” would affect their ability to accomplish their goals.

 **ASK:**

- ❓ What are some ways you can prevent this possibility from happening?
- ❓ If one of these things were to happen, how could you continue to work towards your goals?
- ❓ What are some of your options?

 **DO:**

- ✔ Divide the participants into groups based on their “adjustment card”. As groups, tell them to discuss some of the options they presented and the following questions:
- ✔ Why might someone choose this option?
- ✔ Why might someone not choose this option?
- ✔ Allow them to discuss for about five to 10 minutes, and then bring them back into a large circle.
- ✔ One by one, ask each group which ‘adjustment to life’ scenario they received.

 **ASK** them:



What are some ways you can prevent this possibility from happening?



If one of these things were to happen, how could you continue to work towards your goals?




What are some of your options?

 **NOTE:** Skip the group discussion and feedback section of this activity if time is not sufficient.

POSITIVE STRATEGIES (30-45 MINS)

4 SETTING GOALS

 **SAY:** We will now focus more closely on setting our own personal goals. Encourage girls to reflect on previous sessions and consider what challenges they face in their life and what are their own strengths and resources. For example, a girl may not be treated equally at home, but has a good relationship with her mother and confidence to express her feelings or a girl may have a psychological health issue but knows how to access health services.

 **DO:**

- ✓ Distribute to the participants the form for setting goals – Resource 12.3.
- ✓ Ask the participants to complete the handout individually.
- ✓ Ask participants to choose 1-2 categories from the handout and answer the following questions in their journals (display the questions on a flipchart):

SETTING GOALS:


- Something I want to accomplish in the next week: _____
- In the next month: _____
- In the next year: _____
- In the next five years: _____


OBSTACLES AND STRATEGIES

- Obstacles to reaching my goals: _____
- Things I will need to do to achieve my goals: _____
- What can I begin to do now to work toward my goals? _____







5 CONTINUING OUR SUPPORT

 **EXPLAIN:** to the girls that it is important to understand other's hopes and dreams, so they can support each other in working towards these goals. Explain that everyone has different skills and leadership qualities. We are all members of our community as students, as sisters, as partners and leaders, and we all have the opportunity to influence and make positive change.

 **DO:** Ask the girls to brainstorm about shared goals, by suggesting dreams which they may have in common. Explain to the girls that it is important to recognise strengths in each other, in order to continue to support each other to work towards shared goals.




 **DO:**

-  Ask the girls to stand in a circle.
-  Give one girl the ball of string. Tell the girl something positive like "I like that you always participate in group discussions". Ask the girl to throw the ball to another girl, while holding on to the string. She will then repeat by providing a positive quality of the person she passed the string to.
-  Ensure that the group recognises the positive qualities as identified and each person has a turn.

 **EXPLAIN:** that we are all part of the same group, and we can continue our support for each other both within the **ENGAGE** life skills group, and also after we finish our programme.

6 APPRECIATION ACTIVITY

 **DO:**

-  Ask everyone to tape a blank piece of paper to their back (or as an alternative, everybody puts on a blank t-shirt).
-  Invite participants to walk around the room and everyone takes turns writing one thing they appreciate about that person on their back and signs their name.
-  Take a moment to read out some of the messages.

 **ASK:**

- ② How did that activity make you feel, both in terms of seeing what other girls wrote about you and also in terms of the things the girls in the group offer you?
- ② How does it feel to hear about all of the amazing skills and abilities that exist within this wonderful girl group?

 **REFLECTION (15 MINS)**



7 **CIRCLE ROUND**


DO: Conduct one circle round by asking each participant:

- ② Something I have really appreciated about the programme so far is...




8 **CLOSING COMMENTS**

DO: Explain that we are nearing the end of the **ENGAGE Life Skills Programme**. Tell the girls that the next two sessions will focus on how they can use their skills and strengths to collectively make positive change in their community for themselves and other girls.

 **SAY:** In the next session we will start to develop joint projects that we want to work on together. Think about the topics related to adolescent girls that you would most like to focus on/ bring a change. Think about who you want to be in your group. We will discuss these in the next session. The topics you choose to focus on should be related to fighting gender inequality and/or preventing CEFM in your community.

 **DO:**

- ✔ Distribute Resource 12.4: Suggested Issues for action planning, and read through the suggested list of items that girls may want to choose to focus on.
- ✔ Ask girls to consider the top 3 issues which they would like to tackle as part of their joint action plan.
- ✔ Explain that the approach could involve creating some informational materials for other girls their age, doing a drama performance, conducting a letter writing campaign, facilitating a session for girls their age on something they learnt in the sessions, or any other ideas they may have.
- ✔ Encourage girls to consider both the topic and approach that they would like to focus on for their joint action plans. Explain that we will begin to explore and define these during the last two sessions.

 **DO:** Thank everyone for their participation.

 **REMIND** participants about:

the time and location of the next session.

your role as a facilitator is to be available should anyone wish to discuss anything after the session. Highlight that your role is to provide support, but that you are not a caseworker or counsellor; however, you are able to provide a referral to required services that exist in the area.

SESSION 13

OUR COMMUNITY SUPPORT

 **NOTE:** *Session 13 and 14 have been informed by IRC Girl Shine Early Marriage Curriculum for Adolescent Girls. For further guidance, please refer to Girl Shine: Practitioner Guidance. Designing Girl-Driven Gender Based Violence Programming in Humanitarian Settings⁴¹*

SESSION OBJECTIVES

By the end of the session, girls will:

- Develop basic skills in project planning
- Develop focused projects to be implemented in the Adolescent Girls Safe Space or wider community
- Gain a sense of responsibility and purpose through action planning, increasing their confidence and self worth
- Feel confident to safely address issues that matter to them
- Feel part of a group that can work together to make a change
- Prepare for the closing ceremony

FACILITATORS NOTES

- This is the second to last session – we should start preparing girls for the closure of the group and help them plan how they can continue to meet.
- Girls should feel equipped to start tackling issues they identify, if safe to do so. Through the Action Plan process, they can start determining what is possible within their control and comfort levels.
- The facilitator's role is to assist the adolescents to develop a good plan and to provide the support necessary to carry it out. If the activity is too hard, or not safe, help the participants decide on another activity. The adolescents should make this decision, NOT the facilitator. The adolescents should feel good about their activity and not get upset because it is too hard to do. It may be best to start with smaller, easier activities. If girls reach the end of Session 14 and still need to continue planning, provide extra sessions for them to do this.

⁴¹ <https://gbvresponders.org/adolescent-girls/girl-shine/#GirlShine:PractitionerGuidance.DesigningGirl-DrivenGenderBasedViolenceProgramminginHumanitarianSettings>

FOR THE CLOSING CEREMONY:

- Girls should have the opportunity to celebrate their participation and completion of the sessions, and to show others what they have learnt and how they intend to use the knowledge gained. Together with the girls, prepare for the closing ceremony.

THE FOLLOWING KEY CONSIDERATIONS CAN HELP TO PLAN THE CEREMONY:

- Will the graduation take place during the last session or at a separate date? Will it be in the same place, where the sessions were conducted, or in a different place?
- Will anyone else be invited to the graduation? Boys and caregivers from the other groups, community members? If yes, have safety risks been identified and managed?
- Will the refreshments and snacks be provided?
- Will the T-shirts with messaging be procured for the girls? (if budget allows)
- Will girls 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? **NOTE:** For girls with low literacy and others who won't understand what the certificate say, try to be creative by making a certificate with illustrations so that they understand what it is.
- Has accessibility been considered, and have accommodations for access been made?



PREPARATION AND MATERIALS

- Coloured pens
- Flip chart paper
- Markers
- Learning journals
- Pens
- Post-it notes
- Draw circles of influence on a flipchart (as per resource 13.1: Circle of influence)
- You may want to invite a female community activist to this session, to help girls with their plans and to provide tips and ideas to girls on how to action their plans



WARM UP (10 MINS)



EXPLAIN: to the girls that the next two sessions will focus on creating action plans to make positive change in their community. Remind the girls that they are the best people to help shape future programmes as they understand their needs better than anyone else. You may also want to think about how to engage the participants to recruit or even help facilitate.



1 ACTIVITY 1: ACT HOW YOU FEEL TODAY



SAY: Today we will start by thinking about how we feel.



DO:

- ✔ Ask the girls to stand in a circle and explain that each girl will take a turn to act out how they are feeling today. For example, if they are feeling tired, they can do a big yawn; if they are excited, they can jump up and down; if they are happy, they can laugh.
- ✔ Explain that the only rule is that they cannot use words to say how they feel.
- ✔ Start first so that the girls can see how the game works.



2 RECAP

REVIEW last session objectives (below) and review the aims of this session (above).

Last session objectives:






- ✔ Reflected on the various positive coping strategies they have learnt
- ✔ Made a personal wellbeing plan for the future
- ✔ Started to consider areas of interest for the group action plans

- ✓ **DO:** support the girls responsible for the recap quiz to ask 3 questions related to last week's learning objectives. Thank the girls for their participation.

DISCUSSION (30 MINS)⁴²



3 FORMING OUR ACTION PLAN GROUPS

-  **ASK:** Did you think about the suggested list of items that you could potentially tackle as part of your joint action plan? Were you able to consider the top 3 issues which you would most like to address?
-  **SAY:** It is ok if you haven't decided yet, we will spend the next two sessions supporting each other through the action plan development process.
- ✓ **DO:** If you have invited a female community activist to the session, introduce her and explain to the girls that she will be here to support them with tips and ideas on how to develop and implement their ideas and plans.
-  **EXPLAIN:** We have almost completed all our sessions together, and while the sessions may be coming to an end, we really encourage you to keep meeting with your girl group.
-  **SAY:** Let's explore how to make this happen.
-  **ASK:** Does anyone have ideas on how we can keep the group 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:** Write down the ideas the group comes up with.


ADD the following if not mentioned:


42 Adapted from IRC The Girl Shine Early Marriage Curriculum for Adolescent Girls



SAY:

CONSISTENCY: have a regular time and place where you meet. While not everyone will be able to attend all the meetings, the meetings themselves should continue with consistency as much as possible.


 **ASK:** Shall we decide now on a place and a regular day and time to meet (get group agreement on this).

 **NOTE:** *If girls 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.*



SAY:

IDENTITY: have 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.

 **ASK:** Shall we keep the group name you came up with in the beginning of our sessions? Or should we brainstorm some new name suggestions? *(Take some suggestions from the girls, they can discuss in pairs or small groups, write their suggestions down, whatever they feel most comfortable with).* Explain that they will decide on a name in the next session.



SAY:

COMPASSION: make space to connect, talk and support each other in addition to working on your activities and plans in the community. Your time together shouldn't just be focused on tasks, but also include time to take care of yourselves and each other.



SAY:

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. We can discuss roles and responsibilities in the next session.




SAY:

DECISION MAKING: as a group, you may not always agree, voting on certain decisions will help to ensure decision making is more equal when you can't all agree on something. There may be other ways you decide to do this, but decisions should be collective. We can discuss this more in the next session.

 **SAY:**


HOPEFULNESS: there will be challenges and maybe some resistance along the way but stay hopeful. You are already making a difference in the lives of each other and other girls, so celebrate the small achievements along with the big ones.


 **ASK:** Does anyone have anything else to add?

 **POSITIVE STRATEGIES (45-60 MINS)****4 CIRCLE OF CHANGE⁴³** **SAY:**


- There are things we want to see change in our community. Since we have already been discussing risks girls face, we can start there.
- But there may be other things we want to see change. We can think about situations in which we feel we have not been treated fairly because we are girls and think about the attitudes or behaviours, we want to change that is linked to this.
- Some of these things might feel like they are within our control, while others do not. We will do an activity that will help us understand this further.
- This activity will help us know what is in our control to change, and what we can influence; this will help us create our plan.
- Our safety comes first, so as we move into the activity and think about the things we want to change, we should always put our safety first by considering the risks of our actions.


PART 1


 **DO:** On a flip chart paper, show girls your pre-prepared Circle of Influence illustration (Resource 13.1) and distribute post-it notes and pens.


 **EXPLAIN:** 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 for girls. Think back to the list that we looked at last session.


⁴³ Adapted from IRC The Girl Shine Early Marriage Curriculum for Adolescent Girls

 **ASK:** What are the things we would like to see change for girls in the community? What were your top three items?


 **SAY:** I can add these to the flip chart if you shout these out, or you can take time discussing for a few minutes in pairs before sharing back.


 **DO:** Once participants have completed the task, go through the post-it notes, grouping them by theme.


 **NOTE:** *We shouldn't try to influence the things girls choose to work on, even if it doesn't fit with the overall programme objectives, that's ok. It's important for them to choose themes they are comfortable with and where they can practice their skills.*


 **DO:** Have the girls agree on 2–3 overall themes in the circle of change before moving to the next step. This will help girls to focus on the specific areas and develop a plan around it. You can do this by giving girls an opportunity to vote for their top 3.

PART 2

 **EXPLAIN:** Now we will move to the inner most circle. This is called the Circle of Control. By this, we mean the things we personally or as a group have control over. Looking at the themes we prioritised in the Circle of Change (in Part 1), we will think about what we personally or as a group have the power to change.

 **SAY:** For example, you may have selected your issues as “people in the community are unaware of the harmful consequences of CEFM”. Think about what is within your control to address this? Perhaps you could consider sharing information with trusted people, such as adults and peers?

 **ASK:** Looking at our own selected 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?

 **SAY:** I can add these to the flip chart if you shout these out, or you can take time discussing for a few minutes in pairs before sharing back.

 **DO:**

- ✔ Once participants have completed the task, go through the post-it notes, grouping them by theme.
- ✔ Check the things listed respond to the area of change, are realistic and assess for potential risk.
- ✔ 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.

PART 3



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 or people that are outside of our control but that we can still have influence over.



SAY: For example, you may not have control over your community, but you identified key people that you could share information about the harmful consequences of CEFM, such as adults and your peers.



ASK: Who do we need to influence to help us create the change we want to see and how?




SAY: I can add these to the flip chart if you shout these out, or you can take time discussing for a few minutes in pairs before sharing back.

 **DO:**

- ✔ Once participants have completed the task, go through the post-it notes, grouping them by theme.
- ✔ Check the things listed to respond to the area of change, are realistic and assess for potential risk.
- ✔ 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.



PART 4

 **DO:** Summarise their Circle of Change, their Circle of Control and Circle of Influence.




SAY: You have identified (1) 2–3 changes you want to see, (2) what is in your control to change, (3) how you can influence the things that are outside of your control, and (4) who you need to work with to do this (these are your allies).

 **ASK:**

-  How do you feel about this plan?
-  What can your female and male caregivers participating in **ENGAGE** do to support you with your plan?


 **DO:** Take some reflections from the girls.

 **SAY:** As we bring these sessions to a close and continue meeting with our girl group, remember that together there is a huge collection of skills and abilities that you all possess, making this a powerful and positive group. In the next session, we will be planning and celebrate our time together as well as our achievements in completing the sessions. But remember, we can continue to meet until we feel like our plans are fully ready and we can start to implement them.

 **REFLECTION (15 MINS)**



5 CIRCLE ROUND


 **DO:** conduct one circle round by asking each participant to **SAY:**


"I have the power to make change in my community. One person who listens to my opinion is..."

 **NOTE:** You can go first by repeating the statement and giving an example of someone who listens to you (i.e., my mother, my sister, my friends).




6 CLOSING COMMENTS







 **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 while 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 girls in the home and in the community.

 **SAY:** We want you to share your ideas with your female and male caregivers, who participate in **ENGAGE**, or a trusted female adult or peer so they can think about how to support you, if you feel comfortable. We can also share your ideas anonymously with the facilitators of those groups, if you agree to it.

7 PREPARING FOR THE CLOSING CEREMONY

 **NOTE:** *Girls should have the opportunity to celebrate their participation and completion of the sessions, and to show others what they have learnt and how they intend to use the knowledge gained. Together with the girls, prepare for the closing ceremony to be conducted at the end or after completion of the last session. You may choose to organise a public or closed ceremony, depending on the wishes of girls. Use this space as an opportunity to recognise the girls' participation.*

DO:

-  Prepare a closing activity to celebrate the group completing the curriculum. Ask the group how they would like to celebrate this and plan accordingly. It is encouraged to involve the girls in the planning. This is encouraged so they feel they have ownership of the group and how it comes to an end.
-  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.
-  Decide on the day and time for the ceremony. 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/day, or at a different place.
-  If they would like a public ceremony, ensure they have invited individuals they wish to attend. If possible, having boys, girls, women and men come together to celebrate how far they have come, would be ideal. Check in with all groups to ensure consent and see if all parties are comfortable with this; ask them how they would like to celebrate and honour their wishes.
-  Prepare for printing the certificates to present to the girls during the ceremony (use Resource 13.2: Sample Certificate).
-  Organise for procuring refreshments and snacks for the celebration.

SESSION 14

TIME FOR ACTION

SESSION OBJECTIVES

By the end of the session girls will:

- Finalise their action plans
- Decide on their next meeting date, place and time
- Celebrate their achievement of completing the sessions

FACILITATORS NOTES

- Keep the Circle of Influence poster from the last session to use for Activity 4.
- Write down the group name suggestions to display on the wall.
- Have up to date services and referral information to provide to girls.

FOR THE CLOSING CEREMONY:

- Use the Closing Ceremony as the opportunity to celebrate girls' participation and completion of the sessions, and to show others what they have learnt and how they intend to use the knowledge gained.
- Ensure the preparation works for the closing ceremony are completed as planned, such as – certificates are procured/printed, refreshments and snacks are procured and brought to the session, etc.



PREPARATION AND MATERIALS

- Coloured pens
- Flip chart paper
- Markers
- Pens
- Post-it notes
- Learning journals
- Print out post assessment questionnaires for each participant to fill in
- If the graduation is taking place on the same day, have the certificates of completion printed/ ready; arrange for snacks and drinks for the celebration and make all other procurements as planned for the ceremony



WARM UP (10 MINS)



1 I AM PROUD



SAY: I want to start by saying it's such a great achievement for us to be here together completing our final session.



SAY: Let's warm up by saying one thing we are proud of in ourselves. I am proud _____ (of myself; for my active participation; for learning new information; for listening to friends; for creating a joint action plan, etc.).



ASK: Would anyone like to share what they are feeling proud of today?



SAY: We should all feel very proud of ourselves for making space for this group, building friendships, and learning so much from one another.



2 RECAP

REVIEW last session objectives (below) and review the aims of this session (above).

Last session objectives:

- ✔ Developed basic skills in project planning
 - ✔ Developed focused projects to be implemented in the Adolescent Girls Safe Space or wider community
 - ✔ Gained a sense of responsibility and purpose through action planning, increasing their confidence and self-worth
 - ✔ Felt confident to safely address issues that matter to them
 - ✔ Felt part of a group that can work together to make a change
 - ✔ Prepared for the closing ceremony
- ✔ **DO:** support the girls responsible for the recap quiz to ask 3 questions related to last week's learning objectives. Thank the girls for their participation.



DISCUSSION (30 MINS)

3 CONFIRMING OUR ACTION PLAN GROUPS



SAY: As this is our last session together, for this part of the session, instead of exploring new ideas, we will make sure the group is set to continue meeting, and we'll review some information that is important for this group as you all move forward.

DO:

- ✔ Help girls decide on a name for their group.
- ✔ Check that they have decided on a regular time and place to meet (for 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 (name & contact), how to request for resources, etc.




NOTE: For some girls, their availability may only be at the weekend. If the women and girls' safe space is open only on weekdays, there should be flexibility to working with girls at the weekend. Speak to your supervisor about possible options.


- For married girls, girls with disabilities or other groups, check that they have additional information related to their tailored needs. For married girls, tell them about any available childcare for their group sessions. For girls with disabilities, address any access issues to ensure their participation. For girls who speak minority languages, inform them of the availability of interpretation/translated resources in those languages. Add any additional information relevant to the girls and their contexts.
- Inform all girls about specific protocols in place at the WGSS that they need to be aware of or inducted to.
- Explain to girls that they can still access the services available to them at the WGSS, which includes case management services; emphasise that this will always remain accessible and open to them. If there are any other activities taking place at the safe space or any drop-in sessions happening, inform them that they are still able to participate in those, in addition to participating in the ongoing activities of their group.
- If there are opportunities for them to become mentors to other girls, explain the process of how to get involved. Speak to your supervisor who can refer to the guidance in *Girl Shine* on this.


- Inform them of any women's groups that are running at the centre or nearby that you are able to connect them with, so they can collaborate and partner with them.
- Answer any questions the group may have and check that they feel they have all the information they need before moving into the rest of the activities.

POSITIVE STRATEGIES (45-60 MINS)


4 ACTION PLAN


 **DO:** Show the girls the Circle of Influence poster.


 **ASK:** Did you share ideas with your female and male caregivers (participating in **ENGAGE**) or trusted female adult/ peer about how they can support you by being in your circle of influence? How did it go?


 **SAY:** Now we have our plan, we need to decide how to achieve these actions. To help keep us on track and give us the motivation to implement our plan, it could be helpful for us to do the following things:

- Choose someone/a few people to be a focal point for the planning of meetings at the WGSS. This person will preferably have a way of connecting with WGSS staff to know when they can access a room, to gather any materials for their meetings, or to inform the group if there are any cancellations.
- Choose someone to remind the group of the meetings.
- Choose someone who can be a timekeeper for the meetings.

 **EXPLAIN:** These roles and responsibilities should be rotating, so that everyone has a chance to equally participate. This could be monthly, every 3 months, or 6 months depending on how often the group meets.


 **SAY:** We also need to decide how to make decisions. As we are many, we may not always agree. So how will we make decisions on how to move forward with actions in a way that is equal?

 **NOTE:** *It is important to encourage girls to discuss and debate and come to an agreement. This will also help them in strengthening communication skills and learn how to work as a team. For instances where they cannot come to an agreement through discussion, they may choose to vote on some things.*





☑ **DO:** Once these decisions have been made, see if there is anything else outstanding that the group wants to discuss.


☑ **DO:** Ask the girls to summarise the actions they are moving forward with in their plan. It is important they don't have more than 2–3 actions, as this can be overwhelming to start with.




5 SKILLS FOR CHANGE⁴⁴

 **SAY:** Now we have decided on our key actions, we may need to think about how we communicate the key messages to the community or key decision makers, who are the ones who can help us bring about change.


 **ASK:** When was the last time someone told you something that grabbed your attention? What made you want to find out more?

 **SAY:** People respond well to messages which:

- Relate to an existing interest that the person already has
- Appeal to the heart (meaning, tell them why they should care), the head (meaning, tell them what can change) and the hands (meaning, tell them what they can do)
- Tell a story—people are more likely to remember a story than facts and statistics (though these are important too!)

 **SAY:** When developing our messages, we should include:

- What is the problem and how can it be changed?
- What do you want from that person/the people that the message is targeting?
- Consideration for what we need to change about the message or about what we are requesting according to who we are talking to.

 **SAY:** Let's practice! Let's take an example of an issue in our circle of change that we want to raise awareness on.

⁴⁴ Adapted from Girls Advocacy Alliance: Youth Advocacy Toolkit: https://issuu.com/plannederland/docs/gaa_youth_advocacy_toolkit



 **DO:**

- ✔ Ask the girls to select one idea.
- ✔ They should think through all the questions listed above on how to develop their message.
- ✔ In small groups, ask them to develop a role play on how they will present their message.
- ✔ Assign each group to focus on a different audience, e.g., parents, peers, community generally, women leaders, etc.
- ✔ Once they have finished preparing, ask them to present their role plays to the wider group.

 **ASK:**

- ❓ Which role play caught your attention the most?
- ❓ What did you notice about how the role plays were different for the different audiences?



SAY:

- We need to adapt our messages and what we are asking for depending on our audience.
- Our messages can be more powerful when we have prepared them in advance and tailored them to our audience.

 **NOTE:** *While the adolescents are planning and carrying out their project activities, you should:*

- *Meet with the group regularly.*
- *Help adolescents to create good, clear plans.*
- *Help adolescents to assess risks and make sure their plans are safe.*
- *Attend their project activities.*
- *Help the adolescents face their problems and learn from this process.*
- *Help them to dream about future activities they could plan after the first one.*
- *Put them in touch with other adults who can help or advise them.*

REFLECTION (40 MINS)

6 CELEBRATING OUR EXPERIENCE



EVALUATE:

EXPLAIN: As today is the last session, we want to reflect on the changes we have experienced since we started participating in this course.



EVALUATE: Distribute the post assessment questionnaire and allow girls 20 minutes to complete. Collect completed forms and thank girls for their reflections.



NOTE: *For the post assessment use the same questionnaire that was used during the baseline assessment (Refer to Implementation Guide). Comparing pre and post assessment data will allow to analyse the impact of the adolescents' participation in the ENGAGE programme on their personal wellbeing.*



SAY: 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:


- ① Have your relationships in the family changed?
- ① Has the way your family view the different roles of your family members changed?



(only for unmarried girl group)


- ① Have your feelings around early marriage changed?
- ① How do you feel about the relationships built in this group?
- ① How do you feel about your ability to take this learning forward?



 **EXPLAIN:** Your group doesn't need to be limited to considering these questions. We want to know from you what your experience was, in whatever way you'd like to share that with us.

 **DO:**

- ✔ Give participants some time to think and prepare.
- ✔ Once they have finished, ask them to present this to the larger group.
- ✔ Thank all the groups at the end of the groups' presentations, acknowledging their experiences and praising them for their efforts.

 **EXPLAIN:** When you share the positive benefits that you have experienced with your friends, siblings, caregivers, and trusted adults, these positive examples can encourage change and are likely to inspire other people to support girls, too.

CLOSING CEREMONY


Girls should have the opportunity to celebrate their participation and completion of the sessions, and to show others what they have learnt and how they intend to use the knowledge gained. Conduct the closing ceremony in accordance with the planning and preparations done with the girls, to celebrate their achievements.








REFLECTION MEETING AFTER COMPLETION OF THE GROUP PROJECT




OPTIONAL

 **DO:** Ask the adolescents to share about how they planned for and carried out their group project, as well as the challenges they faced. Ask to share the results from their project.

 **ASK:**

-  challenges did you face in your group project?
-  How did you meet those challenges?
-  How did you feel when you were planning your activities?
-  How did you feel when you were doing your activities?
-  How did you feel after completion of your project?

 **ASK:** Do you have any dreams about what you could do next to continue bringing a positive change in our community? What are they? How can we make our community a safer place?



RESOURCES

PHOTO / VIDEO CONSENT AND RELEASE FORM



NORWEGIAN CHURCH AID
actalliance

I confirm that I am informed and understand the purpose of the interviews / photographs / videos. I do not expect any financial compensation for participation, and I know that I can freely refuse to participate now or at any moment during the interviews / photographs / videos being taken. The interview/ photographs / videos must be taken and used in a way that uphold my dignity. I understand that if my image or name is published online it can be seen by people anywhere in the world for an unlimited amount of time.

I give my consent to Norwegian Church Aid (NCA) and its partner organizations to use images / videos of me and interviews I gave on their website, on social media, in its publications, and/or in other media activities.

I give my consent to NCA to:

- interview, film, photograph, tape, or otherwise make a video, photographic, or audio reproduction of me / my child;
- use the interviews, films, photographs, tapes, voice of me / my child in any publications, radio and television broadcasting, online, and archive them in NCA's database;
 Yes No
- use my full name

Name: _____

Signature: _____

Date: _____

Parent or Guardian

The below signed parent or legal guardian of the above-named minor child (below 18) hereby consents to and gives permission to the above on behalf of such minor child.

Signature or thumbprint of parent or legal guardian: _____

Print name: _____

NCA Responsible Person

I, _____, employed/contracted by NCA as _____

_____ hereby declare that I have received the informed consent in line with NCA's policies and Code of Conduct, including reading and explaining the contents of this release to the signed above in full as needed.

Name: _____

Signature: _____

Date: _____

RESOURCE 2.1: EMOTION FACES



Happy



Sad



Silly



Proud



Annoyed



Surprised



Excited



Angry



Worried



Scared



Love



Sick



Calm



Bored



Sleepy



Lonely



Embarrassed



Ashamed



Jealous



Worn-Out



Hyper



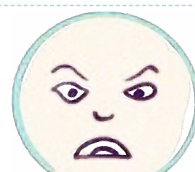
Confident



Distracted



Confused



Disgust



Grief

RESOURCE 2.2: EMOTION THERMOMETER

	OUT OF CONTROL	
	ANGRY	
	FRUSTRATED / DIFFICULT	
	NERVOUS / SHY / SCARED	
	EXCITED	
	HAPPY	
	CALM	
	SAD	

RESOURCE 2.3: CONSEQUENCES STRIP: AMIRA



Consequences

What happens to Amira?

Amira loves to bake. She makes really good pistachio baklava sweets. One day she made a whole bunch – she spent so much time rolling the dough and layering the sweets until it was just perfect. Just as she was about to put them in the oven, she noticed that she forgot the pistachios – the main ingredient!



She thinks to herself:

‘I must be a really awful baker. I can’t believe I was so careless and totally ruined the sweets for my brother’s party’

She feels: Worthless and upset

What happens next?

What happens next?

What happens next?

What happens next?

Consequences

What happens to Amira?

Amira loves to bake. She makes really good pistachio baklava sweets. One day she made a whole bunch – she spent so much time rolling the dough and layering the sweets until it was just perfect. Just as she was about to put them in the oven, she noticed that she forgot the pistachios – the main ingredient!



She thinks to herself:

‘Oh no. I can’t believe I forgot the pistachios! Next time I will take my time and be more careful to follow the recipe.’

She feels: Positive and determined.

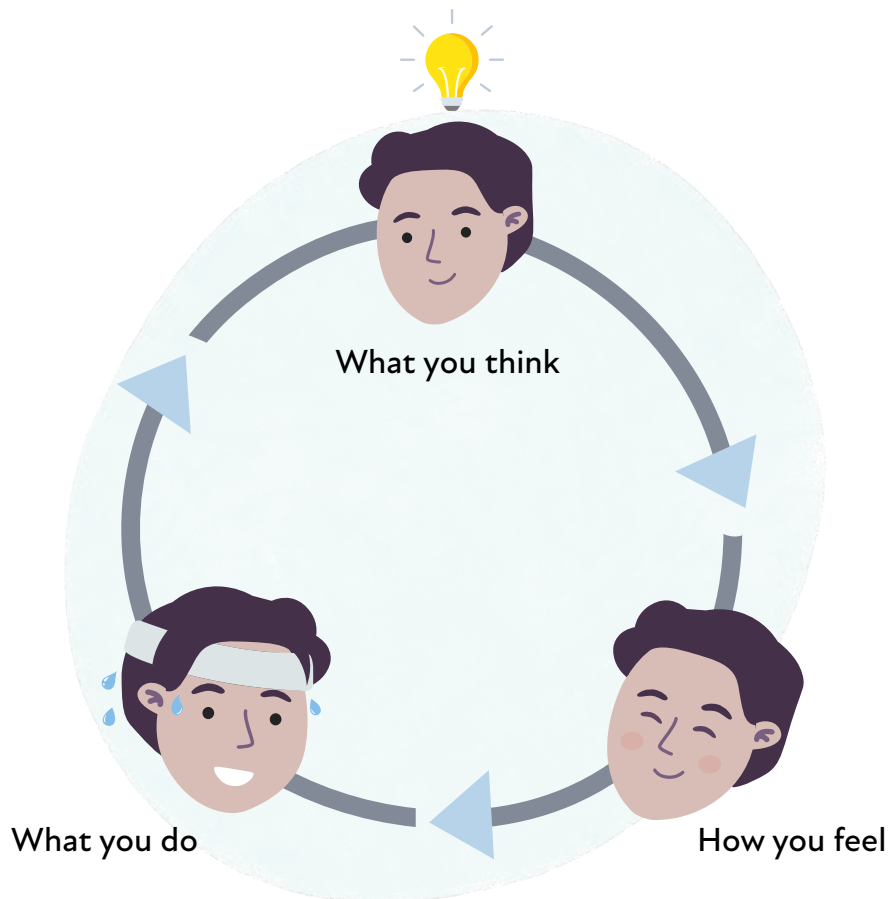
What happens next?

What happens next?

What happens next?

What happens next?

RESOURCE 2.4: THINKING–FEELINGS–BAHAVIOURS⁴⁵



⁴⁵ Activities adapted from Heads Up! A toolkit of sessions to run with young people to promote mental health and emotional wellbeing. (2015) UK Youth/Paul Hamlyn Foundation.

RESOURCE 2.5: HOW I FEEL

I FEEL (CIRCLE RESPONSE)



Happy



Mad



Sad



Glad



Worried



Excited



Bored



Scared



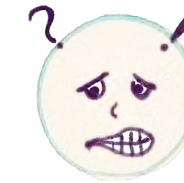
Angry



Upset



Disgust



Nervous

I might feel this way because (what has happened to make me feel this emotion):



This is what I did about it (the actions I did because of my emotion):

Something else I could have done is (circle response):

Ask for help	Take deep breaths	Walk away	Tell my friends and family that I feel happy
Do something else	Spoke to my family	Talk to a friend	Write in my learning journal

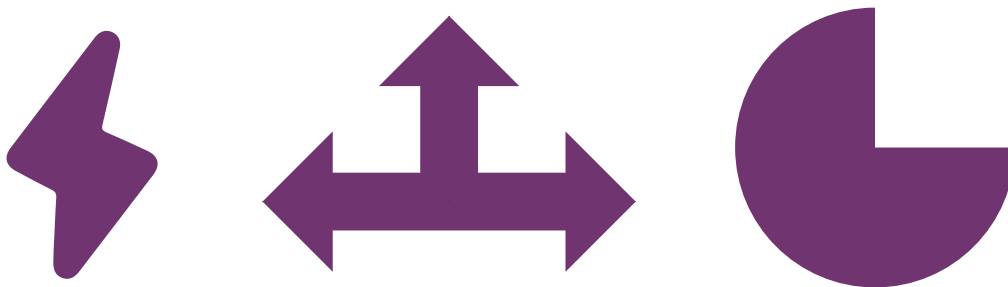
Resource 3.1: BACK TO BACK

FOR YOUNGER BOYS

1



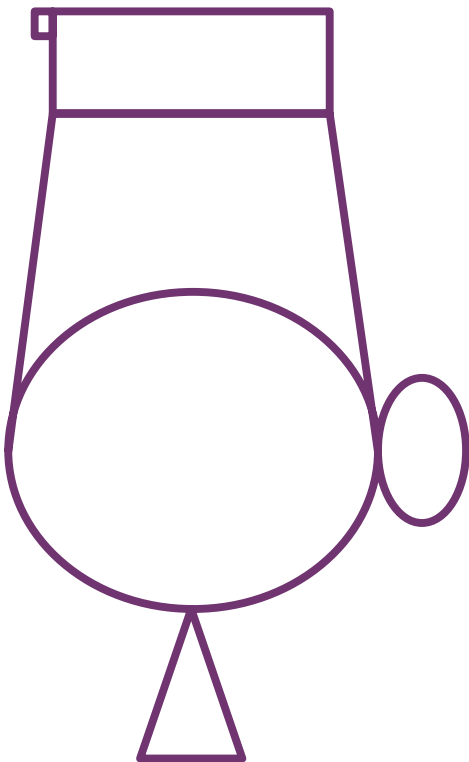
2



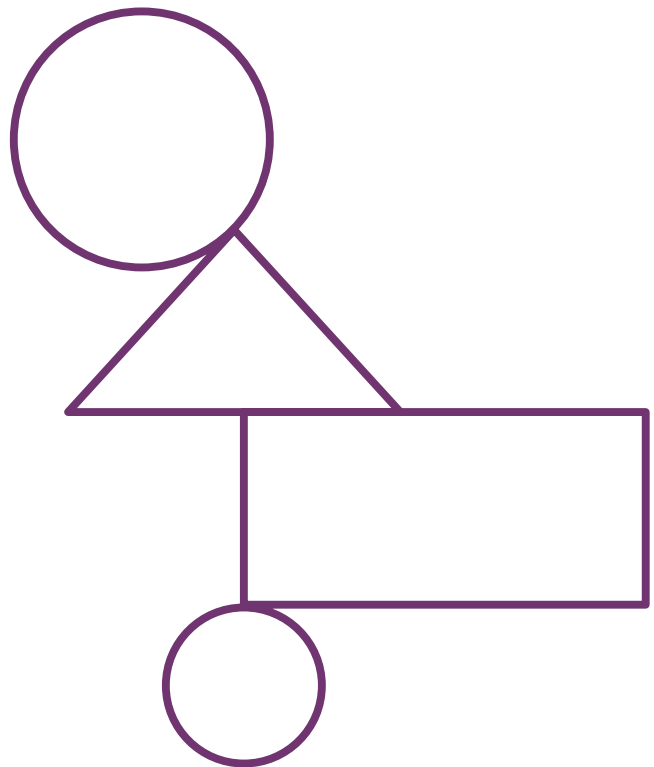


FOR OLDER BOYS

1



2



RESOURCE 3.2:

EFFECTIVE COMMUNICATION SKILLS

 **NOTE:** As an alternative, you can use emoji cards to express each different type of communicator.

GROUP 1: NEGATIVE COMMUNICATORS

- Give in to wishes of others
- Hope to get what you want without having to say it
- Leave it to others to decide for you
- Talking quietly, mumble
- Giggle and be embarrassed
- Look down or away
- Sag your shoulders
- Hide your face with your hands
- Do not say how you feel to avoid disagreement

GROUP 2: AGGRESSIVE COMMUNICATORS

- Expressing your feelings or desires in a way that threatens, disrespects or punishes others
- Insisting on your rights while not worrying about the rights of others
- Shouting, demanding, not listening to others
- Judging someone for something they said or did
- Saying others are wrong
- Blaming, threatening, or fighting with others

GROUP 3: ASSERTIVE COMMUNICATORS

- Telling someone exactly what you want in a way that is not disrespectful, rude or scary
- Standing up for your rights without forgetting the rights of others
- Knowing what you need and want and sharing it
- Expressing yourself with “I” statements say “I feel” not “You should ...”
- Standing up for what you believe in



RESOURCE 4.1: SCENARIOS TO DISCUSS

SCENARIO 1

Maria increasingly notices that her best friend, Jana, is spending time with a boy, but she is keeping the relationship a secret. Jana is concerned because Maria's family does not let her date.

- ① Should Jana speak with Maria? What should she say?

SCENARIO 2

Sara is so angry. Her father told her that she will not be able to join the girl's club at school even though he promised her she could and now she will not be able to spend time with his friends.

- ① What should Sara say to her father?

SCENARIO 3

Ama has two school exams tomorrow. She has not studied at all and realises that she is unprepared. Ama asks her brother to do her chores so she can study. He refuses.

- ① What should Ama do?



RESOURCE 4.2: PROBLEM SOLVING⁴⁶

1. DEFINE YOUR PROBLEM

Before you define a problem, it might feel vague or confusing. Writing out your problem will help to organise information and identify the most important issues.

When and where does your problem occur?

What are the causes of your problem?

Think about all the possible causes. Consider your own behaviour, as well as any external factors.

Define your problem

Be as clear as possible. If there are many parts to your problem, describe each of them.

⁴⁶ Adapted from Problem Solving Worksheet (2016). TherapistAid.com



2. DEVELOP SEVERAL SOLUTIONS

Write down at least three solutions to your problem. There are usually many solutions to a problem, and our first ideas aren't always the best.

3. ASSESS YOUR SOLUTIONS AND CHOOSE ONE

Begin by throwing out any solutions that are ineffective or not practical. Next, determine remaining solutions are the most likely to be successful by examining them in-depth. This can be done by examining the strengths and weaknesses of each solution.

During this stage, you might come up with new solutions, or find that a combination of multiple solutions is better than any one idea.



SOLUTION	STRENGTHS	WEAKNESSES

4. IMPLEMENT YOUR SOLUTION

To ensure you follow through with your solution, it's best to think of how and when it will be implemented. Without doing so, solutions that are difficult might be avoided, or they can slip your mind when the time comes.

When will you implement your solution?

Some solutions can happen at a specific time (e.g. "2:00 PM on Saturday"), while others require something unpredictable to happen (e.g. "when I get angry"). Fill in the relevant section below:



MY SOLUTION CAN BE SCHEDULED...

When will you implement your solution? Be specific.

How will you remember to follow through with your solution?

MY SOLUTION IS IN RESPONSE TO SOMETHING...

How will you know when to use your solution? List specific warning signs, triggers, or other specific events that will tip you off.

List the specific steps you will take to implement your solution.

5: REFLECT ON YOUR SOLUTION

In what ways was your solution effective?

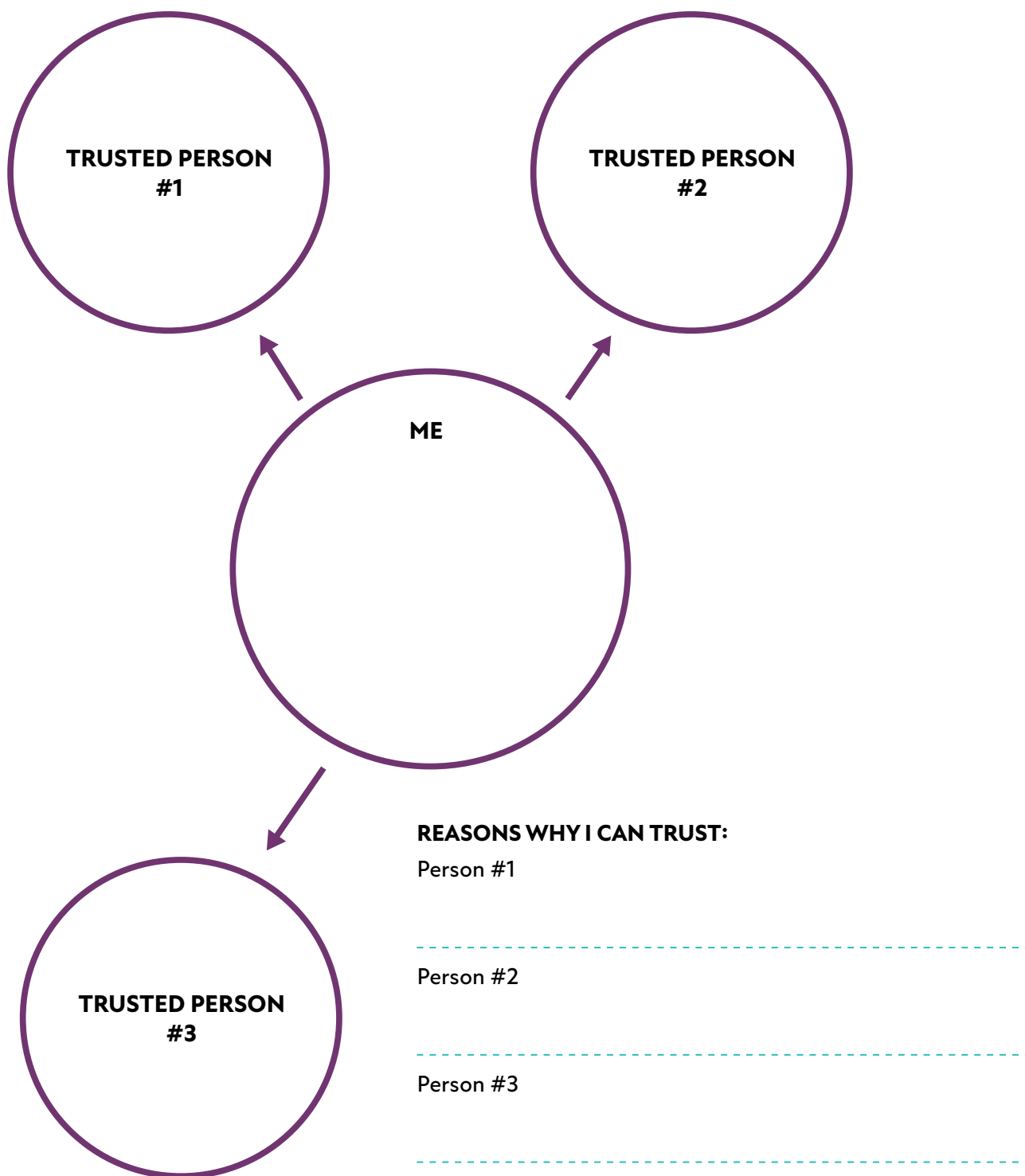
In what ways was your solution not effective?



If you could go back in time, what would you change about how you handled the problem?

What advice would you give to someone else who was dealing with the same problem?

RESOURCE 5.1: WHO MATTERS?





RESOURCE 6.1: STORIES TO DISCUSS

STORY 1:

Juliet is 22 years old and so is her husband Simon. They are in a love relationship and got married last year. Simon and Juliet respect each other and both share in household responsibilities. Juliet is happy that she is friends with her husband.

Group discussion questions:

- ② Which relationships did you think were healthy and which were not? What are the reasons?
- ② Were healthy boundaries maintained in the above situations?
- ② If not, then in what way were boundaries violated?
- ② What were or could be the consequences for the women? How about the men?
- ② What behaviour do you think should not be a part of healthy friendship or healthy relationship?

STORY 2:

Josephine is friendly with her brother's friends and wants to get to know Joseph more as friends. Josephine tells her brother who teases her and tells Joseph.

Group discussion questions:

- ② Which relationships did you think were healthy and which were not? What are the reasons?
- ② Were healthy boundaries maintained in the above situations?
- ② If not, then in what way were boundaries violated?
- ② What were or could be the consequences for the women? How about the men?
- ② What behaviour do you think should not be a part of healthy friendship or healthy relationship?

STORY 3:

Amira is a 16 year old new bride to her father's friend Malik. Prior to marriage, Malik promised the family that Amira could continue her education after marriage. Malik has now refused. Amira is home alone all day and is now responsible for all of the chores that Malik tells her to do.

Group discussion questions:

- ① Which relationships did you think were healthy and which were not? What are the reasons?
- ① Were healthy boundaries maintained in the above situations?
- ① If not, then in what way were boundaries violated?
- ① What were or could be the consequences for the women? How about the men?
- ① What behaviour do you think should not be a part of healthy friendship or healthy relationship?

STORY 4



Sara has a crush on a boy named Nimo. Nimo knows that Sara likes him. Nimo has asked Sara if he can take a picture of her to 'keep' safe. Sara allows Nimo to take the photo but her friend later tells her that it is being shared over WhatsApp/social media.

Group discussion questions:

- ① Which relationships did you think were healthy and which were not? What are the reasons?
- ① Were healthy boundaries maintained in the above situations?
- ① If not, then in what way were boundaries violated?
- ① What were or could be the consequences for the women? How about the men?
- ① What behaviour do you think should not be a part of healthy friendship or healthy relationship?

RESOURCE 6.2:

CASE STUDIES

CASE STUDIES FOR YOUNGER GIRLS' GROUP DISCUSSION

CASE STUDY 1

Victor and Gedo, 7th grade students, are walking home together from school. Victor is increasingly teasing Gedo, saying that he speaks in a girl's voice. He also laughs at the fact that Gedo has got no hair on his upper lip. "Look at me", Victor says, "I am a real man. My voice is strong and my face looks like a man." This really embarrasses Gedo. Gedo's mother refers to him as 'my sweet boy.' He decides to go home and ask his mother why he is so different from Victor and whether something is wrong with him.

Discussion Questions

- ❓ Although they are of the same age, why do Victor and Gedo look so different?
- ❓ Do you think that there is something wrong with Gedo? Why?
- ❓ How do you think Victor feels about himself?
- ❓ What should Gedo's mother tell him?

CASE STUDY 2

Mary, Sara, Eunice and Carol are good friends. All of them are 13 years old and love to spend time with one another. They have so much to talk about, the new film, the new dress, homework, the boys in the class and just about everything ...

Yesterday, Mary seemed uncomfortable. She was having her period and was concerned about staining her uniform. Last month, Sara's mother had organised a big celebration in her honour as she had started her period. Eunice recollected that 3 months ago, another friend had started her period in school and had to borrow a sanitary napkin from her older cousin. Carol is worried. Except her, all her friends had started their period. Was something wrong with her?

Discussion Questions

- ? If Carol came to you for advice, what would you tell her as a peer?
- ? In your opinion, who should be responsible for sensitising adolescents about the fact that it is natural for different people to attain maturity at different times?
- ? Do you think it is important for young people to be prepared for the changes that they are likely to face in adolescence? Why?

CASE STUDIES FOR OLDER GIRLS' GROUP DISCUSSION

CASE STUDY 1: WILLIAM

I am 19 years old and I live in an apartment with my 8 brothers and sisters, including my parents, aunts and uncles who are elderly. We are 21 people living in a very small apartment far away from the city centre and I was just told that I have to marry my 15 year old cousin. My family are making me marry my 15 year old cousin Nadia because I guess they need help around the house. I don't want to get married. I don't love her and I have dreams of going to university. I don't have a choice – I must obey my family and marry her.

- ? *What advice would you give to William as a friend? Do you think he should discuss this with his parents?*
-

- ? *What advice would you give to Nadia as a friend? Do you think she should discuss this with her parents?*
-

- ? *What information would you give to William and Nadia? Is there anywhere they could go for support?*
-



CASE STUDY 2: NADIA

I am 15 years old and my parents struggle financially. I am the oldest of six children. I have been trying to do odd jobs around the community for money after school, but it is not enough contribution for my family. My parents have informed me that they have consulted with a community elder and they agreed that I should marry my 19 year old cousin – William. They say I will be treated better because he is family and in turn, my family will get a dowry. I will have to stop going to school.

- ① What advice would you give to Nadia as a friend? Do you think she should discuss this with her parents?



- ① What advice would you give to William as a friend? Do you think he should discuss this with his parents?



- ① What information would you give to William and Nadia? Is there anywhere they could go for support?



RESOURCE 6.3: CONVENTION OF THE RIGHTS OF THE CHILD⁴⁷



47 <https://www.unicef.org/sop/convention-rights-child-child-friendly-version>

SOURCE 6.4:

CRC AND CHILD MARRIAGE⁴⁸

<p>ARTICLE 28: RIGHT TO EDUCATION</p>	<p>After marriage, child brides are likely to drop out of school, especially if they have children to take care of. This hinders their development, preparation for adulthood and ability to contribute to their family and community.</p>
<p>ARTICLE 6: RIGHT TO A FULL LIFE</p>	<p>Girls under 18 are often also mothers, putting them at risk of injury and death during childbirth. Girls who give birth before 15 are 5 times more likely to die in childbirth than women aged 20-24.</p>
<p>ARTICLE 19: PROTECTION FROM VIOLENCE AND ABUSE AND</p> <p>ARTICLE 34: PROTECTION FROM SEXUAL ABUSE</p>	<p>Girls who marry before 18 are more likely to experience physical, sexual and psychological violence throughout their life. Child brides are more likely to describe their first sexual experience as forced.</p>
<p>ARTICLE 24 RIGHT TO HEALTH</p>	<p>Girls under 18 are physically not ready to have children. They lack the knowledge and power to abstain from sex or negotiate safe sexual practices, leaving them at risk of HIV/AIDS and other sexually transmitted diseases.</p>
<p>ARTICLE 2: RIGHT TO EQUALITY</p>	<p>Girls are much more likely than boys to marry under 18. As marriage ends girls' opportunities for education, they are also less likely than boys to be able to get paid work outside of the home and make decisions in the community.</p>
<p>ARTICLE 12: RIGHT TO PARTICIPATION IN DECISIONS THAT AFFECT ONE'S LIFE</p>	<p>Many girls are never asked if they want to get married; they have little say in if, when and whom they marry.</p>

⁴⁸ Adapted from Girls Not Brides, Child Marriage: A Violation of Human Rights <https://www.girlsnotbrides.org/wp-content/uploads/2015/05/GNB-Child-marriage-human-rights-infographic-1200px.jpg> and Girls Not Brides, Child Marriage: A Global problem too long ignored, <https://www.girlsnotbrides.org/wp-content/uploads/2012/10/GNB-Child-marriage-infographic-950px.jpg>



ARTICLE 28: RIGHT TO EDUCATION	After marriage, child brides are likely to drop out of school, especially if they have children to take care of. This hinders their development, preparation for adulthood and ability to contribute to their family and community.
ARTICLE 6: RIGHT TO A FULL LIFE	Girls under 18 are often also mothers, putting them at risk of injury and death during childbirth. Girls who give birth before 15 are 5 times more likely to die in childbirth than women aged 20-24.
ARTICLE 19: PROTECTION FROM VIOLENCE AND ABUSE AND ARTICLE 34: PROTECTION FROM SEXUAL ABUSE	Girls who marry before 18 are more likely to experience physical, sexual and psychological violence throughout their life. Child brides are more likely to describe their first sexual experience as forced.
ARTICLE 24: RIGHT TO HEALTH	Girls under 18 are physically not ready to have children. They lack the knowledge and power to abstain from sex or negotiate safe sexual practices, leaving them at risk of HIV/AIDS and other sexually transmitted diseases.
ARTICLE 2: RIGHT TO EQUALITY	Girls are much more likely than boys to marry under 18. As marriage ends girls' opportunities for education, they are also less likely than boys to be able to get paid work outside of the home and make decisions in the community.
ARTICLE 12: RIGHT TO PARTICIPATION IN DECISIONS THAT AFFECT ONE'S LIFE	Many girls are never asked if they want to get married; they have little say in if, when and whom they marry.

RESOURCE 6.5:

STOP AND GO

! Requires CONTEXTUALISATION:

1. Your friend says you cannot hang around with him unless you take alcohol like the other boys.
2. A boyfriend says to a girl that he will marry her if she has sex with him now and she does not want to.
3. Your best friend often gets very angry and hits both you and other people.
4. Your friend says he or she will not talk to you if you talk to someone that they do not like.
5. Someone asks you to marry him or her, saying you should do so because you are too ugly and poor to deserve anyone else.
6. The person who wants to date you always says bad things about you.
7. Your friend tells you she will give you money if you let her copy your work at school.
8. The person who wants to marry you says he does not think women should be allowed to have friends outside of the family.
9. Whenever you play with your friends, you always do what they want to do, and if you disagree they get angry and stop playing.
10. If you tell your boyfriend your opinion, he becomes angry with you.
11. Whenever you spend time with your friends, you always feel unhappy, but you are afraid not to spend time with them because you do not want to make them angry.
12. Your friend says he hates disabled people, so you tease the kids with disabilities in the neighbourhood.
13. The person who says he is in love with you and wants to marry you sometimes hits you.
14. You feel pressured to have sex when you do not want to.
15. You feel pressured to have sex without a condom.
16. Your boyfriend or girlfriend has sex with other people.
17. A husband or wife who has had sex with other people in the past refuses to get an HIV test or use a condom when they have sex.
18. When you tell your friend you do not want to drink, they reply, “No problem, it is your choice.”
19. The person who wants to marry you respects your decision not to have sex before marriage.
20. Your friend comes to your house to help you collect water for your mother.
21. When you are sick and cannot leave the house, your friend comes to visit you.
22. When your friend has sweets/candies or sugar cane, she shares some with you.
23. When someone is rude to you in the school yard, your friend defends you.



24. A husband who comes home from work and helps his wife take care of the children.
25. A wife who listens to her husband when he talks about problems at work.
26. A husband who takes care of his wife when she is sick.
27. You and your friend decide to encourage each other to be kind to everyone, including the poorest kids.
28. When a husband loses his job, a wife who is understanding and says that he should not feel worried, he will find another job.
29. When you are unhappy, your friend tries to do things to cheer you up.
30. A husband who respects that his wife does not want to have more than 3 children.
31. A husband who is happy to let his wife take a job if she wants to.
32. Usually, I explain what we learn in the life skills sessions to my friend if I have free time.
33. My parents respect my decisions in choosing subjects for studying.
34. I look after my parents when they get sick.
35. I help my friends to deal with difficult emotions.
36. I respect my elders.
37. My girlfriend or boyfriend is honest with me.
38. Parents who try to work hard to earn money to support their children to study.
39. The village chief who respects the decisions of villagers.
40. Local officials working with communities to keep the village safe and healthy.
41. Your friend takes pictures of other people and posts them on social media
42. Getting married when you are younger than 18.

RESOURCE 6.6: BOUNDARY EXPLORATION

Think about a person with whom it might be difficult to set healthy boundaries. This could include with your husband.

Who do you struggle to set healthy boundaries with? (e.g. “my husband” or “co-workers”)

In your relationship with the person mentioned above, how are your boundaries in each of the following categories? Add a “X” in the appropriate column for each boundary category.

BOUNDARY CATEGORY	POROUS	RIGID	HEALTHY	OTHER
Physical Boundaries				
Intellectual Boundaries				
Emotional Boundaries				
Sexual Boundaries				
Material Boundaries				
Time Boundaries				

Think about establishing healthy boundaries. If the boundaries above are too porous, you might need to take additional steps to set limits and saying “no” when you don’t want to do something.

What are some specific actions you can take to improve your boundaries?

How do you think the other person will respond to these changes?

How do you think your life will be different once you’ve established healthy boundaries?



RESOURCE 7.1: SCENARIOS TO DISCUSS

SCENARIO ONE

Julie and her mother are moving to a new city to live with an uncle. Julie's uncle makes her feel very uncomfortable and she does not like to be left alone with him.

Discussion questions:

- ① How can she avoid being alone with him?
- ① Is it safe to tell someone?
- ① Who can she tell?

SCENARIO TWO

Maya's situation at home is very difficult. She lives with her husband and two children. She is unable to leave the house unaccompanied unless she is going to the market. She becomes withdrawn and fearful.

Discussion questions:

- ① Who can Maya ask for advice from?
- ① What can she say to her husband?



RESOURCE 8.1: OUR VALUES

MY MOTHER'S VALUES	MY FATHER'S VALUES	MY HUSBAND'S VALUES (FOR MARRIED GIRLS ONLY)
1	1	1
2	2	2
3	3	3



THE VALUES OF A PERSON I RESPECT

1

2

3

SOCIETY'S VALUES

1

2

3

MY VALUES

1

2

3

VALUES I WOULD LIKE TO DEVELOP

1

2

3



RESOURCE 8.2: SOCIAL SUPPORT

Social support is the help provided by family, friends, groups, or communities. This help can fulfil emotional, tangible, informational, or social needs.

Some of the **benefits of social support are:** feeling of security, improved wellbeing, greater resilience to stress, improved self-esteem

Building social support can be done through: reaching out to friends and family, increase involvement in various groups like community girls' groups, attending support groups and through professional support that can help solve more complicated problems.

	List three groups or people that provide you with social support:	How do each of these supports help you with emotional, information provision or social needs?
1		
2		
3		



What are barriers that prevent you from utilising your supports? What steps could you take to better utilise them?

1

2

3

RESOURCE 9.1: 'I AM CHANGING' POSTER

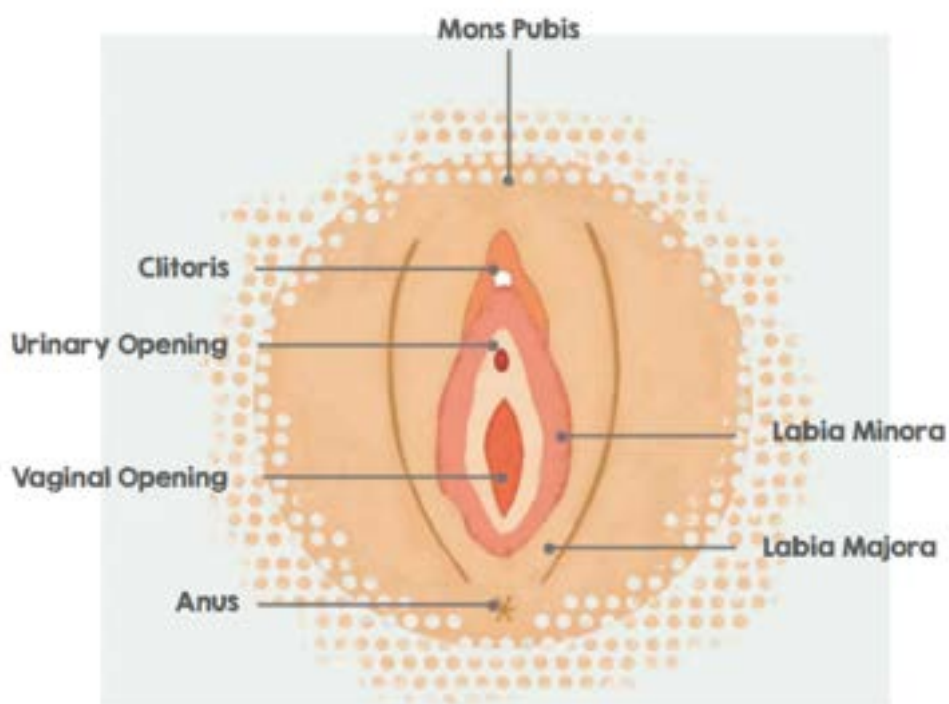
I am changing⁴⁹



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

49 Adapted from IRC Girl Shine Life Skills Curriculum, pg. 193 https://gbvresponders.org/wp-content/uploads/2022/07/Part-2-Assile_Final.pdf

RESOURCE 9.2: EXTERNAL REPRODUCTIVE BODY PARTS OF A FEMALE⁵⁰



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

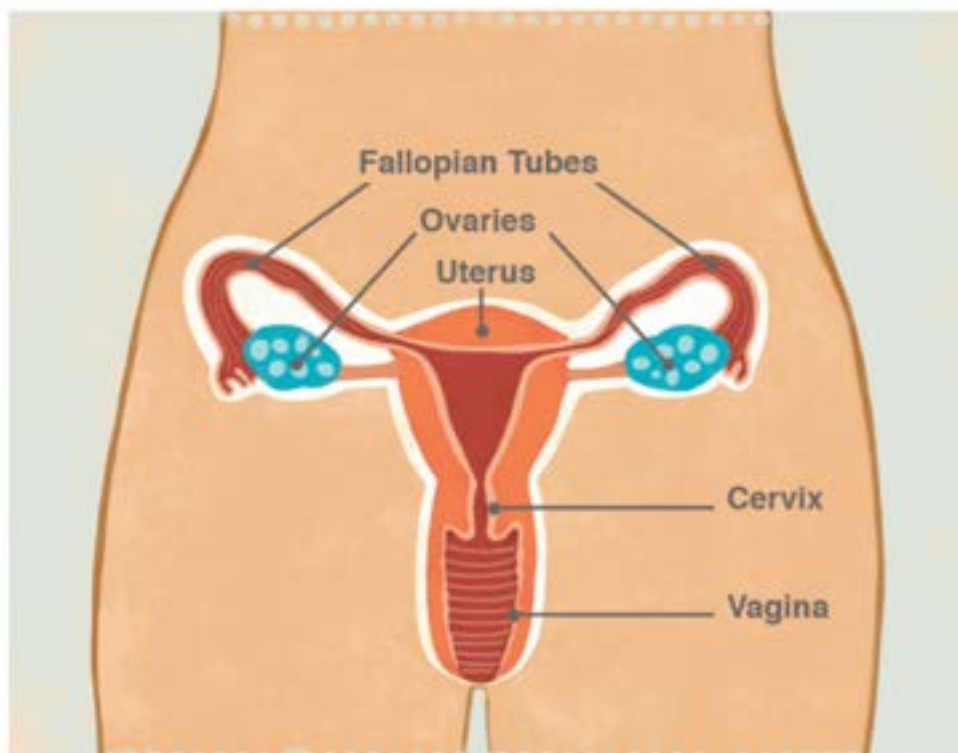
<https://in.linkedin.com/in/vidushi-yadav-10512220>

International Rescue Committee, Girl Shine Early Marriage Curriculum for Caregivers

50 IRC Girl Shine, The External Reproductive Body Parts of a Female, https://gbvresponders.org/wp-content/uploads/2022/07/Part-2A_HighRes_English.pdf

RESOURCE 9.3:

INTERNAL REPRODUCTIVE BODY PARTS OF A FEMALE⁵¹



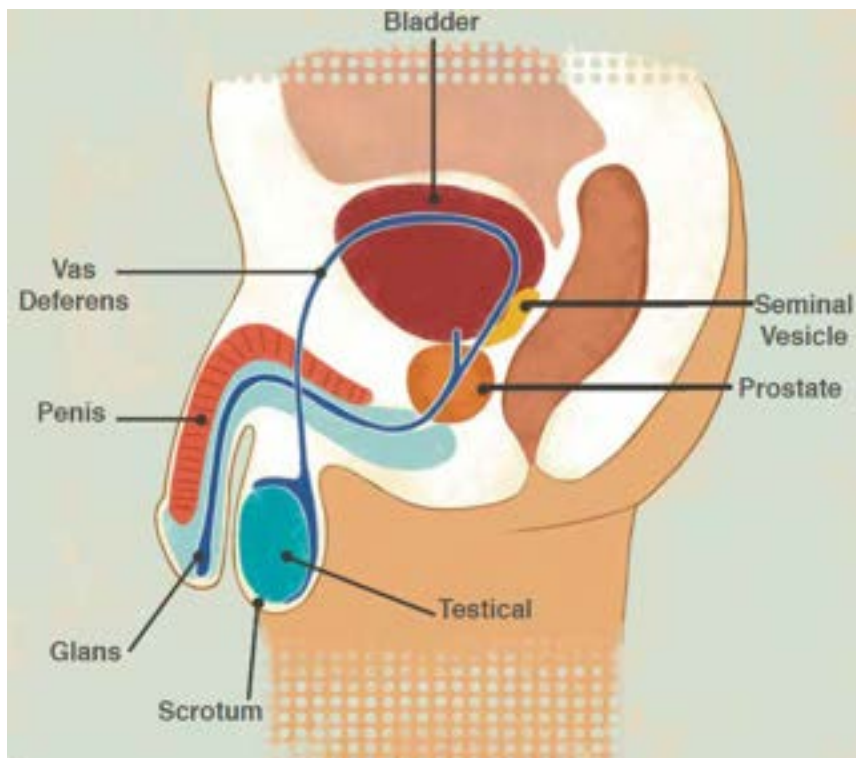
Illustrations by Vidushi Yadav, Visual Designer, Illustrator and Communications Specialist.

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

International Rescue Committee, Girl Shine Early Marriage Curriculum for Caregivers

51 IRC Girl Shine, The External Reproductive Body Parts of a Female, https://gbvresponders.org/wp-content/uploads/2022/07/Part-2A_HighRes_English.pdf

RESOURCE 9.4: MALE REPRODUCTIVE BODY ORGANS⁵²



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

52 IRC Girl Shine, Male Reproductive Organs, https://gbvresponders.org/wp-content/uploads/2022/07/Part-2A_HighRes_English.pdf

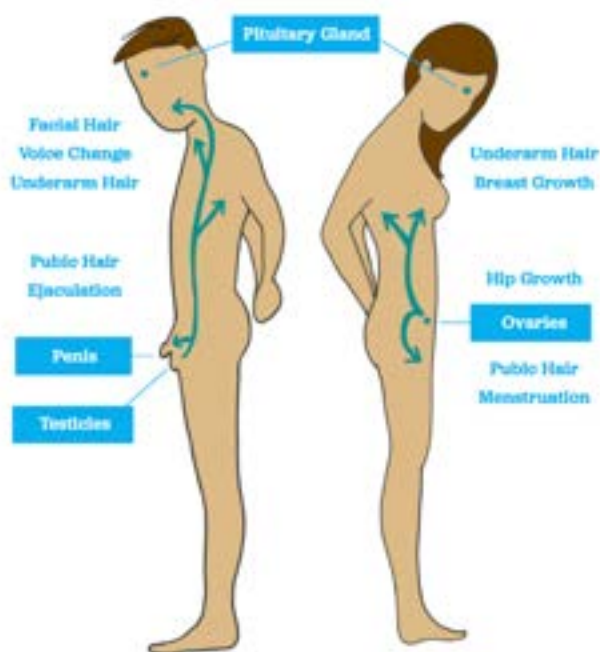
RESOURCE 9.5: CHANGES IN PUBERTY⁵³

Resource for facilitators and mentors

Puberty Basics

- o Hormones start from a place inside our heads, deep in our brains, in an area called the pituitary gland.
- o Estrogen, progesterone, and testosterone are three of the most common hormones that create the changes of puberty in boys and girls.
- o Boys and girls both experience puberty, but the changes they see and feel are different.
 - Girls—underarm hair, breast and hip growth, pubic hair, menstruation.
 - Boys—facial hair, voice change, underarm hair, pubic hair, ejaculation (more about that later).
- o As boys and girls start puberty, a girl becoming pregnant becomes more of a risk.
- o It is optimal for girls (and boys) to fully complete the physical and emotional growth of puberty and adolescence before they become parents. Anything earlier can be dangerous for the girl giving birth and the well-being of the baby.
- o The length of the physical and emotional stages of puberty is different for each girl, but can be anywhere between nine and 18 years of age.

Note: It may be more appropriate to share only the girl figure, depending upon the readiness and safety of the cultural context. However, the boy, as a participant in the process of puberty, needs to be mentioned so the connection to their physical role can be made during the relevant discussions about reproduction.



International Rescue Committee, *Girl Shine Early Marriage Curriculum for Caregivers*

53 Adapted from IRC Girl Shine Life Skills Curriculum

RESOURCE 9.6:

FAQ FEMALE BODY PARTS⁵⁴

Frequently Asked Question about Female Body Parts

Resource for facilitators and mentors

- The female external genital organs are called the vulva. The vulva includes the two folds of skin called the labia and the clitoris. The external genitalia, or the labia, has two sets of rounded folds of skin called the outer and inner lips. The labia cover and protect the vaginal opening. Near the top of the lips, inside the folds, is a small cylindrical body called the clitoris. The clitoris is made up of the same type of tissue as the tip of the penis and is very sensitive. The clitoris has no other function than to help a woman have sexual pleasure.
- The urethra is a short tube that carries urine from the bladder to the outside of the body. The opening to the urethra is very small, and can be hard to find by touch or sight. It is right above the opening to the vagina.
- The vagina is where a man puts his penis during sexual intercourse. Also, menstrual blood and babies come out of the vagina. The vagina is an incredibly elastic muscle that can stretch wide enough to allow a baby to pass through.
- Every female is born with thousands of eggs in her ovaries. The eggs are so small that they cannot be seen by the naked eye. Once a girl reaches puberty, a tiny egg matures in one of her ovaries and then travels down a fallopian tube on its way to the uterus. This release of the egg from the ovary is called ovulation. A girl's body prepares the uterus for a baby by making a soft lining, like a pillow. If the girl has had sex, the egg meets a male's sperm in the fallopian tube (called fertilisation). The fertilised egg then travels to the uterus where it grows into a baby. If the egg is not fertilised, then a baby does not grow and the uterus does not need the thick lining it has made to protect the egg. It discards the lining, along with some blood, body fluids, and the unfertilised egg. All of this flows through the cervix and then out of the vagina. This flow of blood is called the "period" or menstruation. The blood and tissue usually leave the body slowly over three to seven days.


HYMEN

The hymen is a very thin piece of skin-like tissue that partly covers the opening of the vagina.

The hymen varies in size and shape from woman to woman. The hymen usually does not cover the entire vaginal opening, since there must be some way for the menstrual fluid, or period, to leave the body.

Sometimes when a girl gets her period she may worry that the blood coming out is related to her hymen. This is unrelated and she should not worry.


54 Adapted from IRC Girl Shine Life Skills Curriculum, pg 158 https://gbvresponders.org/wp-content/uploads/2022/07/Part-2-Assile_Final.pdf



The hymen has historically been associated with a woman's virginity. It is widely believed that since the hymen blocks the vaginal opening, it should remain intact as long as a woman does not have sexual intercourse. This is not correct. The hymen can be stretched or torn for other reasons not related to sexual intercourse. Even when a hymen is stretched or torn during sexual intercourse, it is not guaranteed that it will bleed, including because the tissue does not contain many blood cells.

THE FEMALE REPRODUCTIVE SYSTEM INCLUDES:

- Two ovaries: this is where eggs (ova) are stored and released. A human egg is tiny (120 microns or micrometers). This is about the width of a human hair.
- The womb (uterus): where a fertilised egg implants and a pregnancy grows.
- Two fallopian tubes: these are two thin tubes that connect the ovaries to the womb.
- The cervix: the lower part of the womb that connects to the vagina.
- The vagina: a tube of muscle connecting the cervix to the outside of the body. (The vagina is actually inside the body – the part on the outside that can be seen and which is frequently mistakenly called the vagina, is the vulva. The vaginal opening can be seen on the outside of the body.)



RESOURCE 9.7: FAQ MALE BODY PARTS

Frequently Asked Question about Male Body Parts⁵⁵

Resource for facilitators and mentors

What is the right length of a penis?

- The average penis is between 4.3 and 7 inches long when erect. There is no “standard” penis size, shape, or length. Some are fat and short. Others are long and thin. There is no truth to the idea that a bigger penis is a better penis.

Is it normal to have one testicle hanging lower than the other?

- Yes. Most men’s testicles hang unevenly.

Is it a problem for the penis to curve a little bit?

- It is normal for a boy or a man to have a curving penis.


What are those bumps at the head of the penis?

- The bumps are glands that produce a whitish cream-like substance. This substance helps the foreskin slide back smoothly over the head of the penis, the glans. However, if it accumulates beneath the foreskin, this substance can cause a bad smell or infection. It is important to keep the area under the foreskin very clean at all times.

What is masturbation?

- Masturbation is defined as rubbing, stroking, or otherwise stimulating one’s sexual organs – the penis, clitoris, vagina, and/or breasts – to obtain pleasure or express sexual feelings. Masturbation is a normal part of human sexual development and one of the ways to learn about our own bodies. Many people, men and women alike, masturbate for pleasure and learning. There is no scientific evidence that masturbation causes harm to the body or mind. The decision about whether or not, or how often, to masturbate is a personal one. If you have questions or concerns about masturbation, you should talk to a trusted adult such as a parent, teacher, faith leader, or health provider.

⁵⁵ Promundo-US and University of Pittsburgh Medical Center (2018). *Manhood 2.0: A Curriculum Promoting a Gender-Equitable Future of Manhood*. Washington, DC and Pittsburgh: Promundo and University of Pittsburgh.



Is it normal to have an erection in public?

- Yes, it is normal. Even though you may think it is embarrassing, try to remember that most people will not even notice the erection unless you draw attention to it.

Will wet dreams or ejaculation make someone lose all of his sperm?

- No. The male body makes sperm continuously throughout his life.

What is pre-cum (or pre-ejaculate)?

- Pre-cum (or pre-ejaculate) is a fluid that is released during sex before ejaculation. This fluid can contain sperm, which could cause pregnancy. If an individual has HIV or another STI, the infection can be transmitted through pre-cum. Therefore, it is best to always wear a condom during sex, consistently and correctly.

Can semen and urine leave the body at the same time?

- Some young men worry about this because the same passage is used for both urine and semen. A valve at the base of the urethra makes it impossible for urine and semen to travel through this tube at the same time.

RESOURCE 9.8: OVULATION⁵⁶

Ovulation

Resource for mentors and facilitators

Ovulation

Pre-ovulation (called the follicular phase)

Women and girls have two ovaries that contain thousands of eggs (ova). During this phase, hormones stimulate the development of eggs. At the same time, the soft lining (called the endometrium) of the uterus (the place where a baby can grow) starts to thicken.

Ovulation

This occurs when a mature egg (occasionally two) is released from the ovary. After the egg is released, it travels along the fallopian tube to the thickening lining. If sperm from a male fertilizes the egg, a baby develops. Ovulation usually happens around 10 to 16 days before the next period.

Premenstrual (called the luteal phase)

After ovulation, hormones trigger the body to continue developing the lining of the uterus, in preparation for a fertilized egg. During this phase, if the girl/ woman become pregnant, the egg moves into the uterus and then attaches to the lining. If there is no pregnancy, the lining of the uterus is shed through the vaginal opening.

Menstruation

The womb lining leaves the body through the vagina as a reddish fluid containing blood – typically about a quarter of a cup of blood (though it can seem like a lot more). This is the period, it is also called menses, and it will last between three to seven days. The first day of bleeding is day one of a girl's/ woman's period.

56 Adapted from IRC Girl Shine Life Skills Curriculum



RESOURCE 9.9: FAQ ABOUT MENSTRUATION⁵⁷

Frequently Asked Questions about Menstruation

Resource for mentors and facilitators

THE MENSTRUAL CYCLE

This may come as a surprise, but a woman's or girl's "monthly" cycle does not necessarily take place once a month. The average cycle time for most girls and women is 28 days, but a cycle may last from 21 to 35 days and still be normal. In any cycle, "day one" is the first day of the period, or the first day bleeding begins.

If a girl has a short cycle, it's likely that she will have a period more often than once a month. However, if a girl's cycle lasts longer, she is one of the girls who will have fewer periods in a year.

Most girls get their first period between 11 and 13 years old, though it can start anywhere from the age of 8 to 16 years old. Generally, a woman has about 480 periods (fewer if she has pregnancies) throughout her adolescence and adulthood until she reaches menopause (often around the age of 51), at which point, her periods stop.

Each month, the female reproductive system repeats a regular pattern of events that are controlled by hormones. Hormones are substances produced by the body that control the body's functions. As girls approach puberty, a part of their brain called the pituitary gland begins releasing more and more of some specific hormones.

These hormones stimulate the ovaries to produce estrogen and another part of the body to produce other hormones called androgens. These hormones cause many of the physical changes that take place during puberty and over the phases of the monthly cycle.

⁵⁷ Adapted from IRC Girl Shine Life Skills Curriculum

How long should a menstrual cycle last?⁵⁸

A menstrual cycle occurs when the thickened lining of the uterus and extra blood are shed through the vaginal canal. Menstrual cycles take place over about one month (around 21 to 34 days), but each woman's cycle is different. Many women have a cycle that lasts 28 days. The cycle includes not just the period, but the rise and fall of hormones and other body changes that take place over the month.

When are women and men fertile?

WOMEN: When a girl starts having menstrual periods, it means that her reproductive organs have begun working and that she can become pregnant if she has vaginal sex. A woman is able to become pregnant only certain days of each month. A woman is fertile when she is ovulating. Ovulation is the periodic release of a mature egg from the ovary. This happens around 14 days before the start of the next menstruation, although the timing cannot be predicted with total certainty.

MEN: Beginning with his first ejaculation, a man is fertile every day and has the ability to father a child for the rest of his life.

What is menopause?

Menopause is when a female's menstruation ends. When this happens, females can no longer become pregnant. Menopause usually happens after age 45. But, menopause can happen as early as 35 for some females, or as late as in the 50's for others.

What are eggs?

Eggs are made in a female's body. They are very tiny so you can't see them. They are one of the two main ingredients to make a baby.

Where are a female's eggs produced?

Eggs are produced in the ovaries.

How does a girl know when her period is about to start?

Most girls begin menstruating between the ages of 9 and 16. The best way to know is to look for signs. Underarm hair and a whitish discharge/fluid from the vagina are signs that the period will start soon.

What if a girl's period never starts?

Periods will start sooner or later. However, if a girl reaches age 16 and has not yet had her first period, she should visit a health provider.

Can a girl get pregnant during her period?

Yes. Although it is not common, it is possible that a girl could be ovulating when she has her period.

Is menstruation painful?

Some girls experience cramping in their stomachs before or during their period. Cramping can feel like a stomachache. This pain is usually not a serious problem and can be treated with a pain reliever, exercise, a hot bath, or a hot water bottle. Sometimes rubbing the stomach can provide relief as well. A girl may also experience back pain, headaches, nausea, vomiting, and constipation. The pain usually lasts just two or three days at the beginning of the period.

Can a girl shower when she has her period?

A girl can shower when she is on her period. There is no medical evidence to suggest that showering on your period will cause infertility or affect your periods in any way.

58 Promundo-US and University of Pittsburgh Medical Center (2018). *Manhood 2.0: A Curriculum Promoting a Gender-Equitable Future of Manhood*. Washington, DC and Pittsburgh: Promundo and University of Pittsburgh.

RESOURCE 9.10: FERTILISATION INFORMATION⁵⁹

Fertilization information

Resource for mentors and facilitators

Fertilization

During sexual intercourse the man's penis releases semen into the woman's vagina. Sperm cells travel in semen from the penis and into the top of the vagina. They enter the uterus through the cervix and travel to the egg tubes. If a sperm cell meets with an egg cell there, fertilization can happen. Fertilization happens when an egg cell meets with a sperm cell and joins with it.

The fertilized egg divides to form a ball of cells called an embryo. This attaches to the lining of the uterus and begins to develop into a fetus (pronounced "fee-tuss"), and finally a baby.

Development of the fetus

- protection
- nutrients (food and water)
- oxygen
- its waste substances removed

The fetus relies upon its mother as it develops. These are some of the things it needs:

The fetus is protected by the uterus and the amniotic fluid, a liquid contained in a bag called the amnion.

The placenta is responsible for providing oxygen and nutrients, and removing waste substances. It grows into the wall of the uterus and is joined to the fetus by the umbilical cord.

The mother's blood does not mix with the fetus's blood, but the placenta lets substances pass between the two blood supplies, such as:

- oxygen and nutrients, which diffuse across the placenta from the mother to the fetus
- waste substances, such as carbon dioxide, which diffuse across the placenta from the fetus to the mother

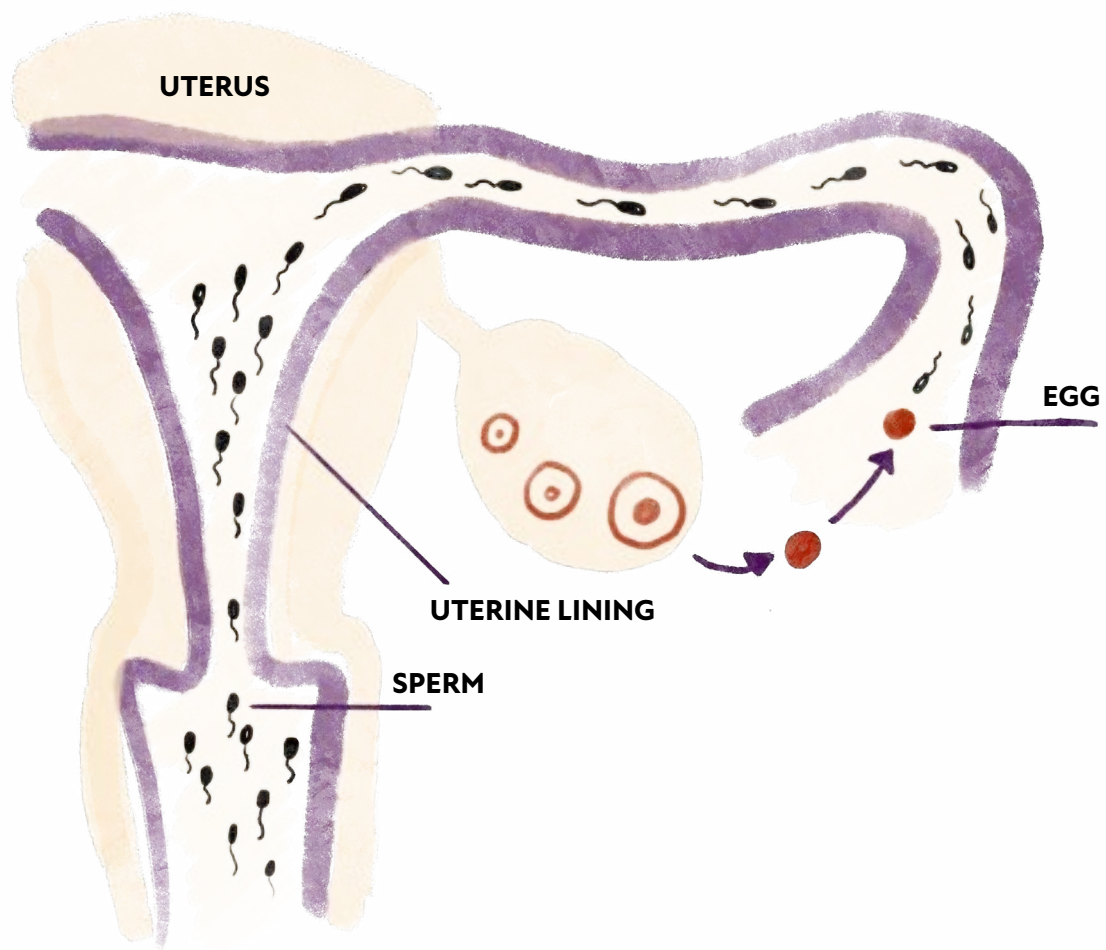
Birth

After nine months, the baby is ready to be born.

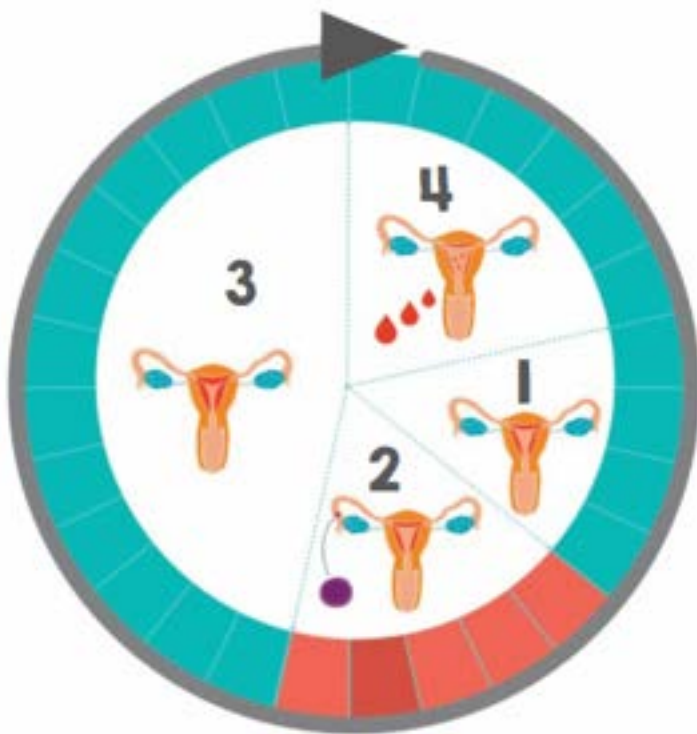
The cervix relaxes and muscles in the wall of the uterus contract, pushing the baby out of the mother's body.

⁵⁹ Adapted from IRC Girl Shine Life Skills Curriculum

RESOURCE 9.11: FERTILISATION



RESOURCE 9.12: OVULATION CYCLE⁶⁰



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.

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

60 Adapted from IRC Girl Shine Life Skills Curriculum



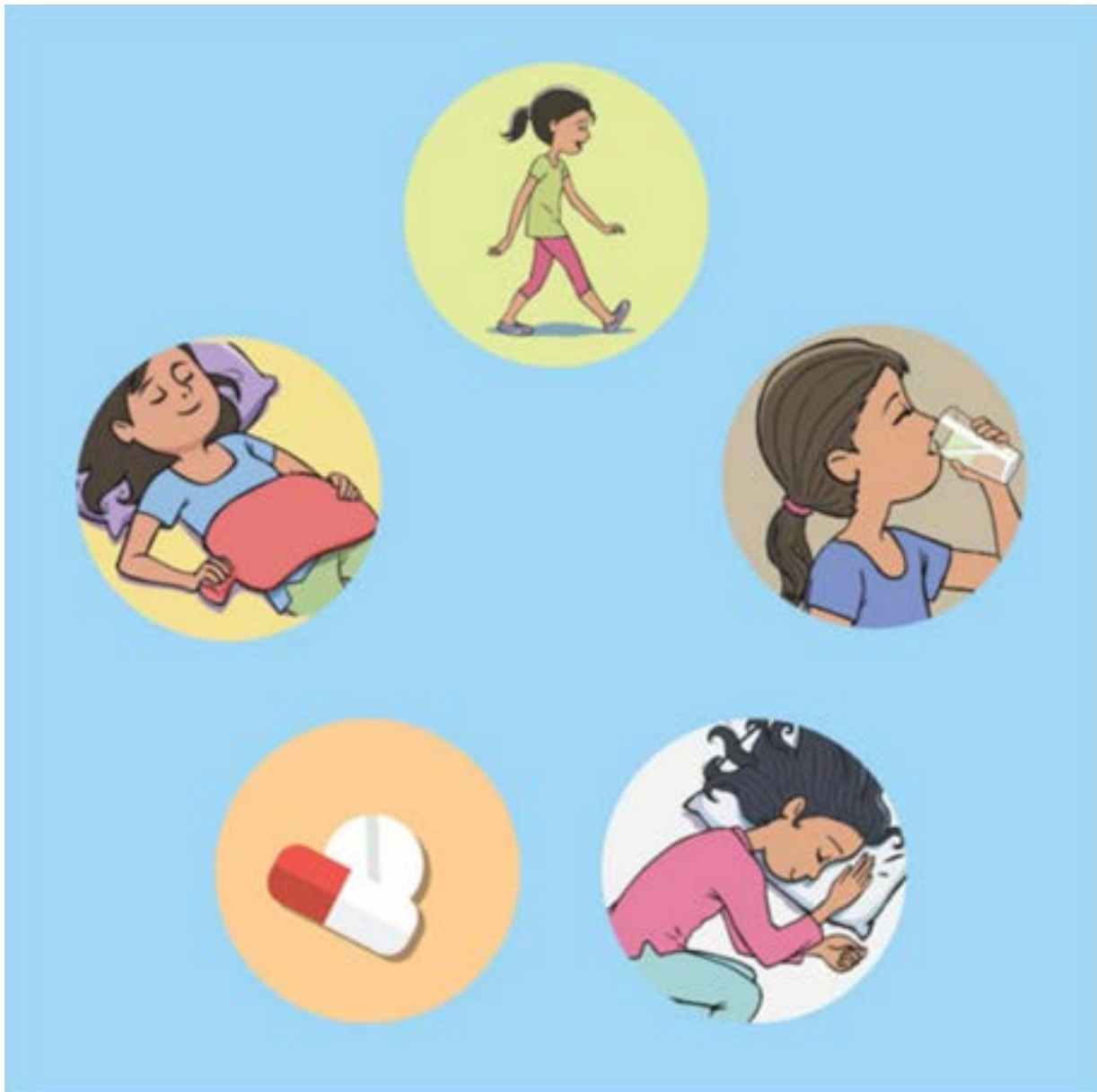
RESOURCE 9.13: MENSTRUAL CALENDAR⁶¹

MONTH _____ YEAR _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

61 Adapted from IRC Girl Shine Life Skills Curriculum

RESOURCE 10.1: MENSTRUAL MANAGEMENT⁶²



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

62 Adapted from IRC Girl Shine Life Skills Curriculum

RESOURCE 10.2: MENSTRUAL HYGIENE⁶³



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

63 Adapted from IRC Girl Shine Life Skills Curriculum

RESOURCE 10.3: MY PERIOD PLAN⁶⁴

Need	Solution
How I will track my monthly cycle:	
What I need to keep doing the activities I want to:	
Method I will use to absorb blood flow:	
Ways to lessen pain and discomfort:	
Where I can get supplies:	
Who I can rely on for support:	
Other	
Number of days my period lasts:	
Number of days in between periods:	

64 Adapted from IRC Girl Shine Life Skills Curriculum

RESOURCE 10.4: SEXUALLY TRANSMITTED INFECTIONS⁶⁵

Resource for mentors and facilitators

Sexually Transmitted Infections (STIs)

Why are girls more at risk?

Women are at higher risk for and more affected by STIs than men for several reasons. Differences in a female's body makeup make finding STIs more difficult in women. STIs have more serious consequences for women than for men. The risk of transmission is greater from a man to woman. Many women have little power to protect themselves in sexual situations. Additionally, because a man's sexual fluids stay inside a woman's body after sex, she is more likely to get an infection. Younger girls are even more at risk for getting an STI because they are more likely to suffer from tears in the vagina during sex.

Signs and symptoms of STIs

Most men can tell when they have an STI because there are usually clear signs. Women, however, often have an STI without knowing it, because there are often no signs that they have the disease. Sometimes only an experienced and trained health care provider can find signs of an STI in a woman. This is especially true during pregnancy, when many STI symptoms are mistaken for side effects of pregnancy. Sometimes it is necessary to examine samples of a woman's blood or vaginal discharge to find out if she has an STI, and which type of STI she has. For this reason, it is important to recognize the signs of an STI and to visit a doctor as soon as possible if signs of an STI are observed or there is reason to believe that exposure to an STI has occurred.

STI prevention

The only completely effective way to prevent STIs is to abstain from oral, anal, and vaginal sex. Contact with another person's body fluid can result in STI infection. For people who have decided to engage in sexual activity, condoms can protect against many, but not all, STIs. For minimal protection, sexual partners can inspect their genitals, wash their genitals after sexual intercourse, avoid sex with multiple partners, and talk to each other about their sexual habits and health. Men can play a particularly important role in preventing STIs by maintaining a monogamous relationship or using condoms to protect their partner and themselves. Maintaining a mutually committed relationship – meaning neither person has sex with anyone else – is a way of preventing STIs that requires the commitment of both partners. Men can show respect for their partners' health by limiting their sexual relations to one partner.

65 Adapted from IRC Girl Shine Life Skills Curriculum

Viral STIs

Name	How it's Transmitted	Symptoms
Genital Herpes	<p>You can get genital herpes by having vaginal, anal, or oral sex with someone who has the disease. You can get herpes from a sex partner who does not have a visible sore or who may not know he or she is infected. It is also possible to get genital herpes if you receive oral sex from a sex partner who has oral herpes.</p> <p>You will not get herpes from toilet seats, bedding, or swimming pools, or from touching objects around you such as silverware, soap, or towels. healthcareprovider.</p>	<ul style="list-style-type: none"> • Some people will develop painful blisters on the genitals or mouth. • Other symptoms include headache, fever, muscle aches and chills.
Human Papilloma Virus (HPV)	<p>HPV is transmitted through intimate skin-to-skin contact. You can get HPV by having vaginal, anal, or oral sex with someone who has the virus. It is most commonly spread during vaginal or anal sex. HPV is so common that nearly all men and women get it at some point in their lives. HPV can be passed even when an infected person has no signs or symptoms. You can develop symptoms years after being infected, making it hard to know when you first became infected.</p>	<ul style="list-style-type: none"> • Genital warts are soft and usually flesh colored. They can be flat or raised. • They appear alone or in clusters. They are usually painless, but can cause itching, pain, or bleeding. • They can appear on the vulva, vagina, anus, cervix, penis, or scrotum. • They appear one to eight months after infection.

Bacterial STIs (Continued)

Name	How it's Transmitted	Symptoms
Syphilis	<p>Syphilis is passed from person to person through direct contact with syphilis sores.</p> <p>Sores occur mainly on the external genitals.</p> <p>Sores also can occur on the lips and in the mouth.</p>	<p>The disease develops in three stages:</p> <ul style="list-style-type: none"> • Stage 1: One or more painless reddish-brown sores (called chancres) on or near the genitals. • Stage 2: A skin rash develops anywhere on the body. Flu-like symptoms such as mild fever, fatigue, and sore throat appear. • Stage 3: Late-stage symptoms include brain damage, mental illness, blindness, heart disease, and death.
Vaginitis	<p>Vaginitis is included under this section on sexually transmitted infections because the infection can often begin after sexual contact with another person. There are also nonsexual ways of contracting this infection (e.g. using a diaphragm, being pregnant or in menopause, or taking antibiotics).</p>	<ul style="list-style-type: none"> • The symptoms of vaginitis can include itching, burning, pain, blood spotting, or there might be a change in the discharge. The discharge might be heavier than usual, have an unusual "smelliness" be a different color (yellow, brown, grey), or have a thick or clumpy consistency.

COMMON QUESTIONS AND ANSWERS ABOUT STIS FOR FACILITATORS⁶⁶

? What are STIs, and how do people get them?

- STI stands for sexually transmitted infection. STIs are a group of infections that are passed from one person to another through sexual contact.
- STIs are most often passed via vaginal and anal sex. STI can also be passed through oral sex and from an infected mother to a new-born during childbirth.
- For an infection to occur, one person must be infected and pass the infection to his or her partner.

? What are the most serious STIs?

- HIV infection and syphilis can both be fatal without taking medication. However with testing and regular medication (anti-retroviral treatment), people with HIV can live long and healthy lives. With testing, syphilis can be treated.
- Gonorrhoea and chlamydia, if left untreated, can cause infertility in both men and women. Gonorrhoea and chlamydia can be treated.
- Human papillomavirus (HPV) is an STI that has different strains, some of which produce genital warts and some of which can lead to cervical cancer in women.
- The presence of any STI increases the risk of contracting HIV.

? Can STIs be cured?

- Many common STIs – such as chlamydia, gonorrhoea, and syphilis – can be cured by taking antibiotics (pills).
- Some STIs are viruses and therefore cannot be cured. Examples include HIV and herpes. However, medical treatment and medication can help treat these infections and make them less severe.

? How do I know if I have an STI?

- Many people who have STIs have no symptoms. When symptoms appear, they may include:

Abnormal discharge from the vagina or penis

Pain or burning with urination

Itching or irritation of the genitals

Sores or bumps on the genitals

In women, pelvic pain (pain below the belly button)

⁶⁶ Promundo-US and University of Pittsburgh Medical Center (2018). *Manhood 2.0: A Curriculum Promoting a Gender-Equitable Future of Manhood*. Washington, DC and Pittsburgh: Promundo and University of Pittsburgh.



? **How can I protect myself from STIs?**

- The best way to protect yourself from STIs is not to have sex.
- If you are sexually active, you can protect yourself by having sex only with an uninfected partner who has sex only with you.
- If this is not possible, or if you do not know if your partner is infected or having sex only with you:

For vaginal or anal sex, use condoms every time.

For oral sex, use a condom over the penis or plastic wrap or a condom cut open to cover the vagina or anus.

Engage in other forms of sexual activity, such as using your hand to stimulate your partner.

? **What should I do if I think I might have an STI?**

- Go to a clinic and have a medical professional check you as soon as possible. Do not wait and hope the STI will go away. If you have an STI, it is important to tell your most recent sexual partners, if possible, so they also can get treatment. When you get to a clinic, they will have you urinate in a cup and take some blood. This will give them everything they need to determine whether you have an STI.

RESOURCE 10.5: HIV/AIDS⁶⁷

Resource for mentors and facilitators

- o HIV is a sexually transmitted virus which can turn into AIDs. It can be spread when an infected person's blood mixes with another person's blood.
- o If you have an open cut or wound and the other person has HIV, you can be at risk of catching the virus.
- o If someone has sex with someone who has HIV and does not use a condom, they can be at risk of HIV.
- o Some women who are pregnant can give their unborn baby HIV because they are providing nutrients to the baby from their body.
- o Sometimes a woman with HIV can pass it to her baby through breastfeeding.
- o HIV is different from other diseases like a cold, malaria, or typhoid because it does not pass through the air.
- o We cannot catch HIV from being in the same room as an infected person or by hugging or touching that person.
- o We cannot catch it from kissing someone.
- o We cannot catch it from an infected person coughing or sneezing on us, or by drinking from the person's cup.



Ask: Has anyone else told you something different about HIV/AIDS and how you get it?

There are four ways to avoid getting HIV/AIDS:

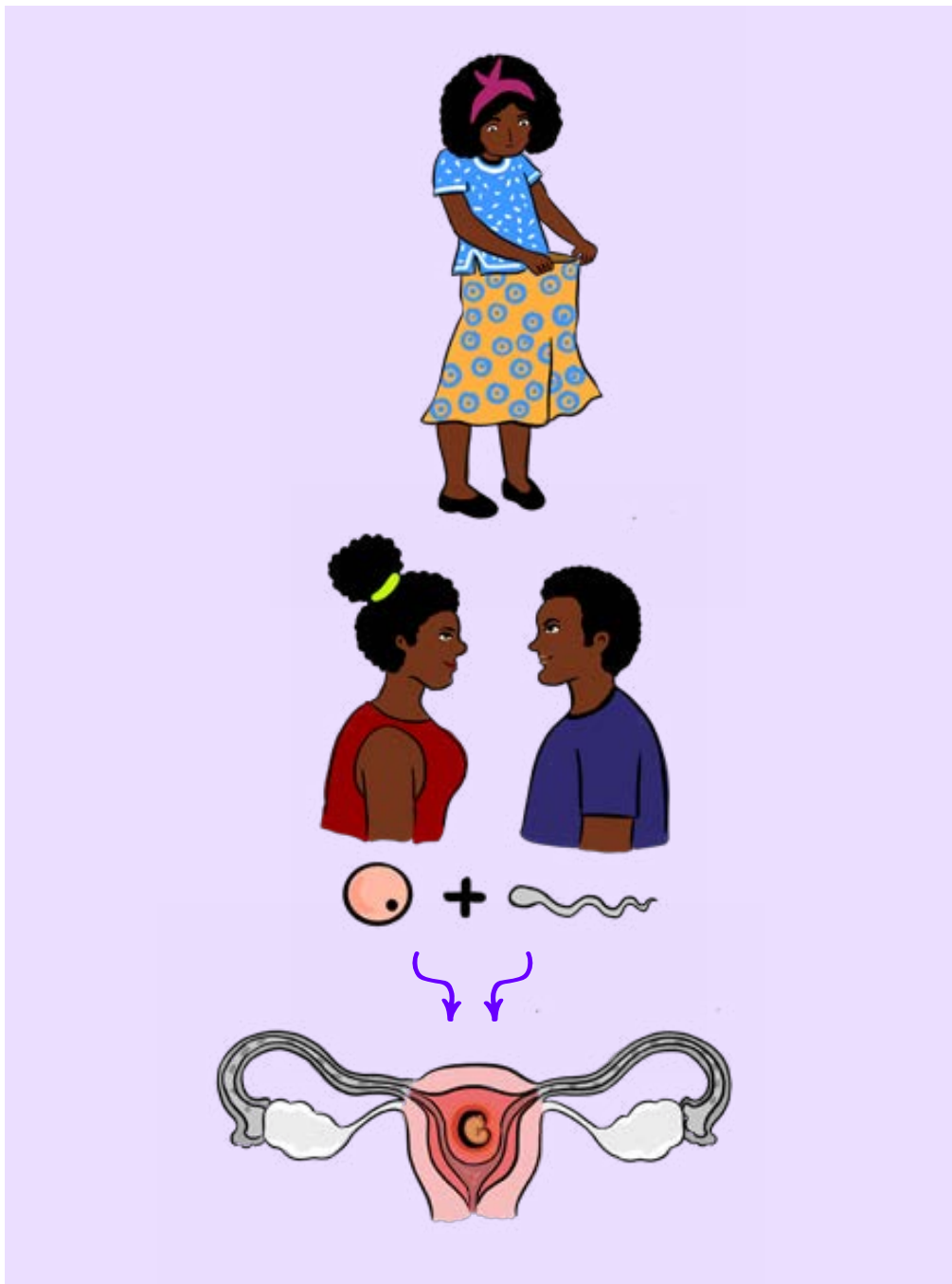
- Wait to have sex.
- Be in a mutually faithful relationship with an uninfected person where both partners have been tested.
- Use a condom.
- Never share needles or other medical equipment that could carry blood, such as razors, with others.



Note: The topic of HIV/AIDS can be particularly triggering for many girls who may have had parents, friends, or relatives impacted by the disease. Additionally, there are often misconceptions about the virus in many communities, and girls may have experienced discrimination if HIV/AIDS has impacted their family. Reassure the group that Girl Shine is a safe space and everything discussed is confidential. Spend extra time clarifying the misconceptions and reviewing the material more than once if needed.

67 Adapted from IRC Girl Shine Life Skills Curriculum

RESOURCE 10.6: MAKING BABIES⁶⁸



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

68 Adapted from IRC Girl Shine Life Skills Curriculum

RESOURCE 10.7: CONTRACEPTION⁶⁹

Resource for mentors and facilitators

⚠ FACILITATOR NOTE: *Before giving this information to girls, first check which options are available and accessible, and then provide the information accordingly.*

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 avoid pregnancy 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 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

⁶⁹ Adapted from IRC Girl Shine Life Skills Curriculum



DO

- ✓ Use a condom each and every time you have sex.
- ✓ Use water-based or silicone-based lubricants.
- ✓ Check the expiration date.



DO NOT

- ✗ Don't use a condom more than once.
- ✗ Don't use two condoms at the same time. The friction between the condoms may cause them to tear.
- ✗ Don't use oil-based lubricants (like petroleum jelly or baby oil). They can cause the condom to break.
- ✗ Don't 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 taken every day by women to avoid getting pregnant.
- Women can also go to a doctor to get an injection once every few months to prevent pregnancy.
- Another option is a tiny implant or small object inserted under a woman's skin.
- 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 for 5-10 years.

How to choose the right form of contraception?

A woman must first visit a health care provider to find out which option is best for her. Not all these options are readily available. The condom is one of the most widely available forms of contraception, which is why it is so common.

CONTRACEPTION METHODS⁷⁰

Contraception (Continued)

Note: Before giving this information to girls, it is important to first check which options are available and accessible to girls, and then provide the information accordingly.

Method	How Well It Works	How To Use	Pros	Cons
Implant	>99%	A health care provider puts the implant under the skin of the woman's upper arm.	<ul style="list-style-type: none"> Prevents pregnancy up to three years. Private and discreet. 	<ul style="list-style-type: none"> May cause spotting.
Hormone IUD	99%	A health care provider puts the IUD in the uterus.	<ul style="list-style-type: none"> Prevents pregnancy for up to three to seven years (depending on the IUD). May improve period cramps and bleeding. Private and discreet. 	<ul style="list-style-type: none"> May cause spotting.
Copper IUD	99%	A health care provider puts the IUD in the uterus.	<ul style="list-style-type: none"> Prevents pregnancy up to 12 years. Can be used as emergency contraception. Private and discreet. 	<ul style="list-style-type: none"> May cause more cramps and heavy periods. May cause spotting.
Male Condom	82-98%	Use a new condom each time you have sex.	<ul style="list-style-type: none"> Protects against HIV and other STIs. Can be used with other methods to protect against HIV and other STIs. 	<ul style="list-style-type: none"> Can break or slip off.
Diaphragm	88-94%	Use diaphragm each time you have sex. Must be used with spermicide.	<ul style="list-style-type: none"> Can be reused for several years. 	<ul style="list-style-type: none"> Raises risk of bladder infection.
Female Condom	79-95%	Use a new condom at each sex.	<ul style="list-style-type: none"> Protects against HIV and other STIs. Can be used with other methods to protect against HIV and other STIs. 	<ul style="list-style-type: none"> May slip out of place during sex.
Injection	94-99%	Get an injection every three months.	<ul style="list-style-type: none"> Private and discreet. 	<ul style="list-style-type: none"> May cause spotting and weight gain. May cause delay in getting pregnant after injections are stopped.
Ring	91-99%	Put small ring into your vagina. Change ring each month.	<ul style="list-style-type: none"> One size fits all. Can make periods more regular and less painful. Private and discreet. 	<ul style="list-style-type: none"> May cause spotting in first one to two months.

70 Adapted from IRC Girl Shine Life Skills Curriculum

Method	How Well It Works	How To Use	Pros	Cons
Patch	91-99%	Put a new patch on your skin once a week for three weeks. No patch during week 4	<ul style="list-style-type: none"> Can make periods more regular and less painful. 	<ul style="list-style-type: none"> Can irritate skin under patch. May cause spotting in first one to two months.
Pill	91-99%	Take one pill each day.	<ul style="list-style-type: none"> Can make periods more regular and less painful. 	<ul style="list-style-type: none"> May cause spotting in first one to two months.

COMMON MISCONCEPTIONS ABOUT BIRTH CONTROL⁷¹

Women shouldn't use birth control because they won't be able to have kids later on in life.	This is not true. Women who use birth control can still have children when they are ready.
Only women who are having sex use birth control.	This is not true. Women use birth control for a variety of reasons, including preparing for when they have sex, acne, infections in the ovaries, iron deficiency, and other reasons.
Only women can use birth control.	This is not true. Male condoms are a form of birth control.
If a woman is on birth control, then her partner does not need to wear a condom.	This is not true. With the exceptions of condoms, most forms of birth control do not protect against the transmission of HIV and other STIs. Even if a young woman is on a hormonal or intrauterine form of birth control, it is best to also use a condom (known as the "dual method") to make sure you and your partner are fully protected.
It doesn't matter if a woman uses birth control. It doesn't affect me.	Even if you are using condoms, condoms are not always effective at preventing unplanned pregnancies. If your partner also chooses to use a female-controlled method of birth control (that is, birth control other than condoms), this helps avoid unplanned pregnancies.
A man should have a say in whether a woman uses birth control.	Open communication about what method of birth control to use is a characteristic of a good relationship. Men should be aware of the different forms of birth control and should feel comfortable asking their partner about what type of female-controlled method of birth control they are using and discussing options. However, men should respect women's choices about what method they use. Remember, condoms are a form of birth control, and it is best to use a condom during every sexual act to prevent unplanned pregnancy and to protect against HIV and other STIs. It is recommended to use both a condom and one other form of birth control for additional protection (the "dual method").

⁷¹ Promundo-US and University of Pittsburgh Medical Center (2018). *Manhood 2.0: A Curriculum Promoting a Gender-Equitable Future of Manhood*. Washington, DC and Pittsburgh: Promundo and University of Pittsburgh.



RESOURCE 11.1: KEY MESSAGES⁷²

RESOURCE FOR MENTORS AND FACILITATORS

KEY MESSAGES

These key messages are a guide for the conversation with girls. You do not need to use them, but they are included in case they are helpful to the conversation. They have been organised thematically, so you can navigate easily.

CASE MANAGEMENT:

A girl can be referred to a caseworker for any issue she is facing, even if she doesn't think it is violence that she is experiencing. Whatever the issue, a caseworker can work through this with the girl and support her or direct her to the most appropriate service.

ON SEX IN MARRIAGE AND UNIONS:

Many different circumstances and feelings influence people's decisions about whether to have sex (e.g., their past experiences, peers, culture, or faith may influence their decisions). Sometimes people can have mixed feelings. They may feel pressure from others to have sex (i.e., pressure from a partner, peer pressure from friends, or pressure from family), and sometimes they may really want to have sex.

Sometimes people who are in a union or married find that they are physically attracted to each other, and both may desire sexual contact, which may include holding hands, kissing, caressing, or other intimate activity. When there is trust, respect, and care between two people, these experiences can be wonderful and exciting. There are also situations where the opposite is true, and girls' wellbeing, including sexual wellbeing, will be impacted. In these situations, a girl can talk to a caseworker who can help her think through some strategies to address this.

ON COMMUNICATING ABOUT SEX:

Being comfortable communicating what you want or do not want during sex is important to creating a mutually respectful and responsible sexual relationship.

Sometimes it might feel embarrassing to talk about sex, or a person may feel worried about raising an issue with a partner related to sex. This might be because they don't want to upset the other person by talking about any issues, they are nervous that their partner will break up with them if you say something, their partner may not be open to talking about, or they might be afraid to talk about it.

When girls are in a relationship, where the communication is good and girls have some power to influence decisions, girls can develop their confidence and comfort levels in order to talk about sex with their partners. Where girls are in relationships where this is not possible, they may need to develop other strategies that can help them to assert their rights over their body.

Girls can always talk to a caseworker about the issues they are facing and the caseworker can help them figure out what the best approach would be in their situation.

72 Adapted from IRC The Girl Shine Early Marriage Curriculum for Adolescent Girls



ON HEALTHY RELATIONSHIPS:

In a healthy relationship, both people should be able to express themselves openly and be able to listen to, appreciate, and accept the other person's needs.

We may not always find ourselves in a situation where this is possible. If you think you are in an unhealthy relationship and want to talk to someone about it, you can speak to a caseworker at the women and girls' safe space.

ON OUR RIGHTS:

No one should do anything sexual in a relationship that they do not feel completely ready/comfortable to do. Girls have the right to say "no" or stop sex before and even during sex. Sometimes it may not be possible to secure this right, as doing so could put us in even more danger, but it is important to know this is our right, because if we do not know this, we may believe that it is our duty to always engage in sex if asked by our partner.

Our rights might not always be respected, and if girls find themselves in this situation, they can talk to a caseworker at the safe space who is trained to help girls facing these issues.

ON INFORMATION ABOUT SEX:

Friends and peers may have some information about sex because they are often experiencing similar things. It's great to talk to friends about sex if you trust them, and it is reassuring to know that other girls have similar experiences or questions as you do. But be careful when taking medical advice about sex from friends, as sometimes it may not be accurate or may be based on rumors or their own unique experiences. There are a lot of myths and misinformation about sex. If you are unsure about information you have heard, seek out more information from a trusted source, such as a health worker or someone at the women and girls' safe space.

ON CONSENT:

Sexual consent means that both individuals agree to participate in a particular sexual activity, and if one person does not want to, they do not give their consent.

All sexual acts require consent, and it is our right to give or withdraw consent.

Girls and boys in relationships and even marriage have the right to say "no" to any sexual behaviour. Sometimes these rights are not respected, and if a girl finds herself in this situation, she can seek support from a caseworker.



RESOURCE 12.1:

INTEGRATING ADOLESCENT VOICES

RESOURCE FOR MENTORS AND FACILITATORS

INTEGRATING ADOLESCENT VOICES

Facilitator: _____ Date: _____

PART 1:

Review Key Feedback Areas from Sessions with Adolescent Girls and Adolescent Boys

Instructions: Facilitators should sit together with adolescents to summarise the main themes that came up during the discussions with them and through the journaling exercise during the course in each of the following key feedback areas:

Adolescent girls' feedback

• What they like about being an adolescent girl	
• What they like about their community	
• What they want to change about their community	
• What their dream or goal is for the future	
• Other	



PART 2:

Select key messages to share with caregivers and community members

Instructions: During “Committing to healthy lives” session with adolescent girls and boys, share each of the key points you summarised from the previous sessions. Make sure that the adolescent boys and girls feel comfortable sharing this general feedback to the caregivers and community members’ groups. Reassure the participants that this will be shared as part of a group feedback and that no names or individual information about the group will be shared.

Part 3: Provide the final key messages to the community outreach facilitators

Community outreach facilitators will use the input from adolescents in Meeting 3 of the Community Dialogues.



RESOURCE 12.2: ADJUSTMENT TO LIFE SCENARIOS

 **Requires CONTEXTUALISATION**

**INCREASED DOMESTIC CHORES MEANS
YOU NO LONGER HAVE TIME TO SEE YOUR
FRIENDS**

**YOUR PARENTS ASK YOU TO MARRY A MAN
15 YEARS OLDER THAN YOU FROM THE
COMMUNITY**

YOU UNEXPECTEDLY GET PREGNANT

YOU TEST POSITIVE FOR HIV/STI

YOU ARE FORCED TO LEAVE SCHOOL

**YOU BECOME VERY SICK BUT YOUR
PARENTS CANNOT AFFORD HEALTH
TREATMENT FOR YOU**



RESOURCE 12.3: FORM FOR SETTING GOALS

SETTING GOALS

CATEGORY	WHAT I'M DOING WELL	WHERE I NEED IMPROVEMENT	MY GOALS
FAMILY			
FRIENDS			
WORK/SCHOOL			
SPIRITUALITY			
RELATIONSHIPS			
MENTAL HEALTH			
PHYSICAL HEALTH			

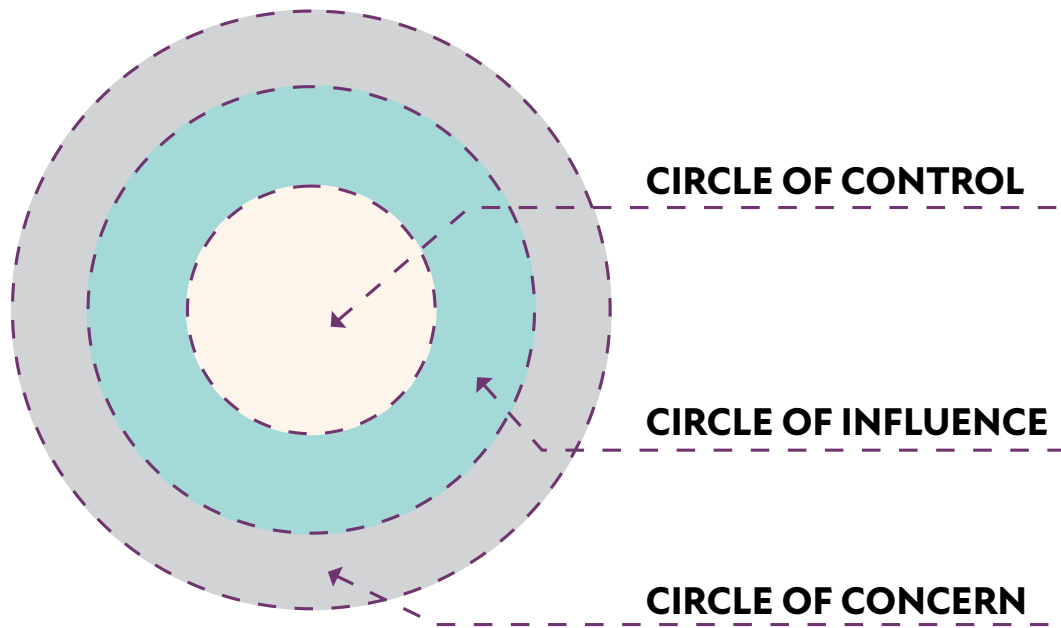


RESOURCE 12.4: SUGGESTED ISSUES FOR ACTION PLANNING

GIRLS LIFE SKILLS ACTION PLAN - SUGGESTED ISSUES FOR GIRLS

- People in the community are unaware of the harmful consequences of CEFM/positive benefits of delaying marriage until after 18 years.
- Girls lack opportunities to participate in decision making, including when and who to marry.
- Girls are required to support household and care work, restricting social mobility, and preventing participation in income generating activities and education.
- Gender-based violence (violence against women and girls) is too common and is even accepted.
- Girls do not have the same opportunity as their brothers to go to school.
- Pregnant girls are not allowed to continue their schooling.
- Our textbooks reinforce gender stereotypes.
- People in the community don't understand the rights of the girl.
- People in the community don't value alternative economic and social roles for girls.
- Girls lack opportunities to learn what they need to know about money for when they are older.
- Girls don't have enough opportunities to play sports or be on teams.
- Girls don't have safe spaces to meet their friends and peers.
- Girls don't have the power (or opportunity?) to say "no" in the home or community.
- People in the community do not understand enough about gender inequality.
- Adolescents do not have access to sexual and reproductive health services that are youth friendly.
- Young people do not have basic information about their own bodies.
- Boys and girls are not treated equally at home.
- Other: _____

RESOURCE 13.1:
CIRCLE OF INFLUENCE DIAGRAM⁷³

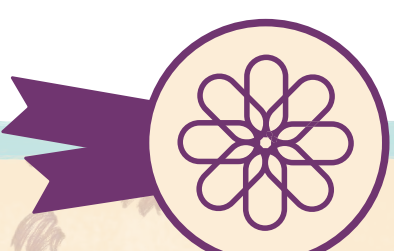


⁷³ <https://www.thensomehow.com/circles-of-influence/>

CERTIFICATE *of* COMPLETION

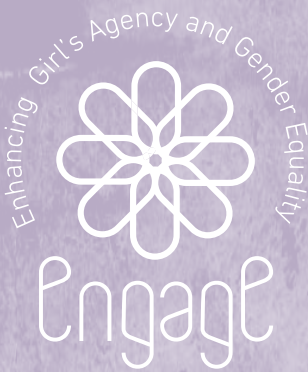
THIS CERTIFICATE IS PROUDLY PRESENTED TO

for completing **ENGAGE** Child, Early and Forced Marriage Training



Norwegian Ministry
of Foreign Affairs





SAVE LIVES AND SEEK JUSTICE

Norwegian Church Aid works to save lives and seek justice. Our support is provided unconditionally with no intention of influencing anyone's religious affiliation.

Norwegian Church Aid is a member of the ACT Alliance, one of the world's largest humanitarian coalitions. Together, we work throughout the world to create positive and sustainable change.

To save lives and seek justice is, for us, faith in action.

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



Norwegian Ministry
of Foreign Affairs



NORWEGIAN CHURCH AID
actalliance