

Male Motivator Training Curriculum

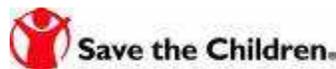
Using Male Motivators to Increase Family Planning Use Among Young Married Couples

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Prepared by: Brad Kerner
Ketaki Bhattacharyya
Sharon Lake-Post



*Male Motivators learn to use communication tools in Malawi
2007 Photo by Jermel McGaskey*



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Male Motivator Study Abstract

Problem Statement

Despite tripling of modern contraceptive use since 1992, Malawi's contraceptive prevalence rate is currently only 26%. Youth in Malawi are particularly in need of contraceptive information. The country is characterized by high rates of early marriage and pregnancy (1/3 of women, ages 15-19, are already mothers or pregnant for the first time), low use of contraception by young people (only 7.6% of women ages 15-19 are currently using a modern method) and a high, unmet need for FP among married women (26.1%). Moreover, there has been a lack of male involvement in birth spacing and family planning programs which is crucial since men are often the primary decision makers about family size and gatekeepers to their partner's use of family planning methods. By targeting male partners, and providing them with important family planning knowledge and skills, we aim to improve the overall health status of young couples.

Hypotheses

We hypothesize that by providing men, who are married to young women, with gender-sensitive and comprehensive family planning peer counseling, we will increase the likelihood that they will use contraception. We also hypothesize that the planned intervention will increase positive attitudes among men towards family planning and facilitate spousal communication about family planning.

Objectives

- Increase contraceptive uptake among men and their young wives
- Increase favorable attitudes towards family planning among these men
- Improve self-efficacy using contraception
- Enhance couple communication skills

Study Design

This study will employ a randomized controlled trial among 400 participants to test the effectiveness of an intervention that utilizes male motivators to increase contraceptive uptake among couples. The study is comprised of four main steps.

Step 1: Identify and Train Male Motivators

The intervention will consist of training 40 male exemplars – married men who use modern contraception and who are enthusiastic about it – to provide information about family planning and give male participants skills necessary to seek out, and eventually adopt, modern contraception. A 5-day training curriculum will be based in the Information-Motivation-Behavioral skills (IBM) theoretical model and enable the educators to work on all three of the fundamental arms in terms of family planning – information, motivation and behavioral skills.

Step 2: Identify and Recruit Sample and Pre-Intervention Assessments

Four hundred male participants with wives/co-habiting partners under the age of 25 will be identified. Half of the sample will then be randomly assigned to the control condition and the other half will receive the intervention. Instruments measuring baseline parameters will be administered to all 400 participants at this time.

Step 3: Intervention

Each male educator will be assigned five men to visit in their homes 5 times over a 6 month period. Each visit will entail an informational component, a motivational component and a skill building component. The educator will be equipped with the appropriate counseling materials.

Step 4: Post-Intervention Assessments

Following the completion of this six-month intervention a post-treatment assessment will be conducted among all 400 study participants to determine changes in contraceptive uptake, knowledge and attitudes of the participants eight months after enrolment.

DAY 1: Understanding Gender Values and Family Planning

Session #	Page #	Time	Activity	Session Objectives	Resources & Materials Needed
1	p12	9:00 – 9:15	Brief introduction of training and facilitators	To introduce the training facilitators and the purpose of the 5-day training. To choose daily volunteers. To introduce workshop tools	Flip Chart, markers, Koosh ball, chicken
2	p13	9:15 – 9:45	Ice breaker	To learn more about each participant	
3	p14	9:45 – 10:00	Ground rules and review of agenda	To inform training participants of the agenda, time allocated to each session and when they can expect breaks. To clarify ground rules and norms for the training	Flip chart, markers, tape
4	p15	10:00 – 10:30	Pre-test	To assess participant knowledge, attitudes, and comfort level	40 copies of the pre-test questionnaire, pencils
		10:30 – 10:45	BREAK		
5	p16	10:45 – 11:15	General introduction to program /study	To make participants familiar with the program	Agenda
6	p17	11: 15 – 12:15	Gender values clarification	To clarify participants’ own value systems with regard to men’s role in RH	Four forced-choices signs (“Strongly Agree,” “Agree,” “Strongly Disagree,” “Disagree”), flip chart paper, markers
7	P19	12:15- 12:30	How is Gender and masculinity related to household decision-making and family planning?	To frame the first session and following two sessions as a starting point for the male motivators	
		12:30 – 1:30	LUNCH		
8	p20	1:30- 2:30	Gender roles “Act like a man, Act like a woman.”	To give participants insight into how gender roles and social norms impact how they make decisions about health and family planning	Flip chart, markers, tape
		2:30 – 2:45	BREAK		
		2:45 – 3:00	Energizer		
9	p22	3 – 4	Poster card discussion	To encourage discussion about being a ‘Bambo Wachitsanzo’ and making healthy decisions together with the participants’ wives	Posters cards 1, 6, 7, 8, 13
10	p24	4:00 – 4:30	Wrap-up	To discuss the day’s activities and plan for tomorrow	

DAY 2: Family Planning Information

Session #	Page #	Time	Activity	Session Objectives	Resource Materials Needed
11	p25	9:00 – 9:15	One thing I learned	To recall key points from Day 1	Koosh ball.
12	p26	9:15 – 10:00	Importance of family planning, delaying birth and birth spacing	To define family planning, delaying birth and birth spacing and to discuss their benefits	Corn kernels/grains, flip chart, markers
13	P29	10:00 - 10:30	Family planning methods	To provide basic information regarding all family planning methods	Reproductive anatomy charts, samples of family planning methods, a bag, cue cards with a picture of the method on one side and questions on the other side
		10:30 – 10:45	BREAK		
13 (continued)		10:45 – 12:15	Family planning methods (continued)		
14	p43	12:15-12:45	Reflections: Talking to partners about family planning decision	To reflect on their own experiences talking to their partners about family planning	
		12:45-1:45	LUNCH		
		1:45-2:00	Energizer		
15	p44	2:00-2:45	Men’s role in family planning use	To identify ways they, as Male Motivators, can encourage other men to use family planning	Flip chart, markers, pens, paper
		2:45 – 3:00	BREAK		
16	p45	3:00 – 3:30	Condom utilization game and demonstration	To know how to appropriately use a condom	Penis model, variety of condoms, 4 sets of cards with the steps for using a condom (1 step per card), condom brochure
17	P47	3:30 – 4:15	Myths and facts	To identify common misconceptions about family planning	Myths and Facts sheet
18	p51	4:15 – 4:45	Wrap-up	To discuss the day’s activities and the plan for tomorrow	

Day 3: Motivational Tools

Session #	Page #	Time	Activity	Session Objectives	Resource Materials Needed
19	p52	9:00 – 9:15	One thing I learned	To review some of the key lessons from Day 2	
20	p53	9:15 – 10:30	Family planning review and game	To review how the FP methods work and key information Male Motivators will share with other men	Easel, flip chart paper, note cards, tape, markers, (or chalkboard, chalk and eraser), and prepared questions
		10:30 – 10:45	BREAK		
21	p57	10:45 – 11:00	Motivating men to discuss family planning with wives	To provide a brief overview of the tools we can use to motivate a discussion between couples	
22	P58	11:00 – 11:30	Processing self-reflection	To share their own personal stories of using FP and how they can use these stories with the men they visit	
23	P59	11:30- 12:30	Future Island	To create a vision for their futures and a plan for how to get there	2 wooden stick bridges, pictures of an island, 2 crocodiles, a hippo and a snake, blank sheets of paper, pens and pencils (ideally colored pens and pencils)
		12:30 – 1:30	LUNCH		
24	p62	1:30- 2:15	Spin and Walk	To demonstrate in an active and participatory way how many kids might get in the way for ones goals	2 wooden stick bridges, pictures of an island, 2 crocodiles, a hippo, and a snake
25	p64	2:15 – 2:30	Practice Future Island, Spin and Walk, and self-reflection activity in smaller groups	To get comfortable using and moderating these tools	
		2:30 – 2:45	BREAK		
25 (continued)		2:45 – 3:45	Practice Future Island, Spin and Walk, and self-reflection activity in smaller groups (continued)		
26	p65	3:45 – 4:15	Processing the use of motivational tools	For participants to share their experiences trying these activities and to ask any questions about using these tools	
27	p66	4:15 – 4:30	Wrap-up	To discuss the day’s activities and the plan for tomorrow	

Day 4: Behavioral Skills (communication)

Session #	Page #	Time	Activity	Session Objectives	Resource Materials Needed
28	p68	9:00 – 9:15	One thing I learned	To review some of the key lessons from Day 3	
29	P69	9:15- 9:30	Information, motivation and behavior skills	To present how behavior skills build on the information and motivational tools	
30	p70	9:30 – 10:30	Intro to communication	To clarify what communication is and what makes it effective	Flip chart, markers, poster-size diagram of the model of communication
		10:30-10:45	BREAK		
31	p72	10:45 – 11:30	Starting difficult conversations	To identify ways to start a difficult conversation	
32	p73	11:30- 12:30	Good communication vs. bad communication		Flip chart, markers, role play scenarios for facilitators
		12:30- 1:30	LUNCH		
		1:30-2:00	Energizer		
32 (continued)		2:00- 2:30	Communication Role-play		Role play scenarios for participants
33	P77	2:30--3:30	HIV	To address assumptions and stereotypes about who is/is not living with HIV; To clarify that physical appearance is a very poor indicator of HIV status; To improve understanding of issues for people living with HIV, and what it means to live positively and openly with HIV; To encourage participants to get tested in order to know their HIV status; To help participants explore and openly discuss some HIV-related issues facing them and others in their community.	HOPE KIT: A set of printed photographs of people living openly with HIV, each on a separate A4 sheet, together with their stories/case histories on separate sheets; card characters; large blue cloth with 3 boats and pockets; a wall or tree on which to hang the blue cloth or an open area on the ground; crocodile, hippo, and snake cards
34	p81	3:30-3:45	Wrap-up	To summarize the day's sessions and to discuss the plan for tomorrow	

Day 5: Roles and responsibilities: links to Youth Zone Coordinators and Youth Community Distribution Agents

(7 YZC and all YCBDA's (about 35) invited from 9-1:30)

Session #	Page #	Time	Activity	Session Objectives	Resource Materials Needed
35	p82	9:00 – 9:45	Introductions and games	To introduce new participants and to get to know each other	Different color pieces of paper (5-10 different colors)
36	p83	9:45- 10:15	Roles and responsibilities	For youth to present the roles and responsibilities of being YZCs and YCBDAs and to present the new Male Motivator role to the youth workers	Flip chart, markers
37	p84	10:15 – 10:30	Review Male Motivators protocol	To clarify the role of the Male Motivators and how they connect to YCBDA and health centers	75 copies of the Male Motivator protocol of visits handout
		10:30-10:45	BREAK		
38	p87	10:45- 12:00	Community mapping	To better understand where each person works and where FP services are available	Flip chart paper for the maps, markers,
39	p88	12:00- 12:30	Family planning refresher game	To provide one last refresher for on FP, birth spacing, and condom use	7 sets of family planning cards
		12:30- 1:30	LUNCH		
40	p90	1:30 – 2:30	Review Male Motivator protocol	For participants to understand the specifics of each visit, the number of visits they are to make, and when they should be made. To provide the participants with the 5 couples they will visit	Names and information on the 5 men/couples that each participant will visit
41	p92	2:00 – 2:30	Recording contacts and providing referrals	To provide an orientation on how to record each visit and how to provide referrals to health services	5 copies of the visit form for each participant, 40 copies of the list of referral sources per zone.
		2:30- 2:45	BREAK		
42	p94	2:45 – 3:45	Plans for next 3 months and expectations	To discuss protocol for the next 3 months, bike distribution and expectations of the participants	Flip chart, markers
43	p95	3:45 – 4:15	Post-test	To find out what the participants have learned in the workshop	40 copies of the test, pencils
44	p96	4:15 – 4:30	Evaluation	For participants to evaluate the workshop	40 copies of the evaluation form, pencils
45	p99	4:30 – 4:40	Closing remarks	To complete the workshop	

All Materials Needed

1. Easel
2. Flip charts
3. Markers
4. Koosh ball
5. Rubber chicken
6. Tape
7. Note cards
8. Pencils
9. Agenda
10. Pre-test questionnaire (40 copies)
11. 4 forced choices signs
12. Poster cards
13. Corn kernels/grains
14. Reproductive anatomy charts
15. Samples of family planning methods
16. A bag
17. FP cue cards
18. Penis model
19. Variety of condoms
20. 4 sets of condom cards steps
21. Condom brochure
22. Myths and facts sheet
23. "Family Planning Jeopardy" board
24. "Family Planning Jeopardy" questions
25. 2 wooden stick bridges
26. Pictures of an island, 2 crocodiles, 1 hippo, and 1 snake (From Hope Kit)
27. Blank sheets of paper
28. Pens and pencils (ideally colored pens and pencils)
29. Poster-size diagram of model of communication
30. Role play scenarios (10 copies each)
31. HOPE KIT
32. Pieces of colored paper (5-10 different colors)
33. 75 copies of the Male Motivator protocol of visits handout
34. Large map of the project area that depicts all 7 zones
35. 7 sets of family planning cards
36. Names and information on the 5 men/couples that each participant will visit
37. Visit form (6 copies for each participant)
38. List of referral sources per zone
39. Post-test

Materials That Need Advance Preparation

1. 40 copies of the pre-test questionnaire
2. 4 forced choices signs
3. Vocabulary and picture cards for Pictionary game
4. 4 sets of cards with steps using a condom (1 step per card)
5. "Family Planning Jeopardy" board (made with flipchart paper and note cards)
6. Questions for "Family Planning Jeopardy" game
7. Poster size diagram of the model of communication
8. Role play scenarios (10 copies each)
9. 75 copies of the Male Motivator protocol of visits handout
10. 7 sets of family planning cards (for the matching game)
11. Visit form (5 copies for each participant)
12. Laminated cue card for each Male Motivator with all referral sources in Mangochi and names of the Youth Zone Coordinators in each community per zone that can refer them to the YCBDAs
13. 40 copies of the post-test questionnaire
14. 40 copies of evaluation form

Materials That Need to be Bought/Ordered

1. Poster cards 1,6, 7, 8, 13 (from Bridge project)- 40 copies
 2. Reproductive anatomy charts
 3. Samples of family planning methods- 40 of each
 4. A bag (local sac for carrying all material)- 40 of each
 5. FP cue cards with pictures of FP methods- 40 of each
 6. Penis model- 40 of each
 7. Variety of condoms
 8. Condom brochure
 9. 2 wooden stick bridges (from Bridge project)- 40
Pictures: 1 island, 2 crocodiles, 1 hippo and 1 snake (from Bridge Project)- 40
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Energizers

1. The Sinking Boat*

Ask everybody to imagine we are on a ship on Lake Malawi, which is sinking fast. To board the lifeboats we must get into groups with a certain number in each group. Instruct everyone to walk round and mingle, then shout: “Sinking boat – get into groups of 3”. One or two people may be left out, to go down with the ship – you can ask them to sit down. Repeat several times with different numbers, e.g. ‘groups of 4’, ‘groups of 7’.

2. 3 Truths and a Lie†

Everyone writes their name, along with four pieces of information about themselves on a large sheet of paper. For example, ‘*Oddoi likes singing, loves football, has five wives and loves banana beer*’. Participants then circulate with their sheets of paper. They meet in pairs, show their paper to each other, and try to guess which of the ‘facts’ is a lie.

3. Killer Wink?

Before the game starts, ask someone to be the ‘the killer’ and ask them to keep their identity a secret. Explain that one person among the group is the killer and they can kill people by winking at them. Everyone then walks around the room in different directions, keeping eye contact with everyone they pass. If the killer winks at you, you have to play dead. Everyone has to try and guess who the killer is.

4. Paper and Straws

Participants split into teams. Each team forms a line and places a piece of card at the beginning of their line. Each member of the team has a drinking straw or reed. When the game starts, the first person has to pick up the piece of card by sucking on the straw. The card then has to be passed to the next team member using the same method. If the card drops, it goes back to the first person and the whole sequence has to start again.

* “Bambo Wachitsanzo: A Hope Kit Update,” p.13

† Energizers 2 through 8 from International HIV/AIDS Alliance, “100 Ways to Energize Groups: Games to Use in Workshops, Meetings and the Community”

5. Chicken Buses

This game can be called after any type of local transport. Select a number of 'drivers'. Assign a certain number of passengers for each driver to pick up. (Make sure that you have counted correctly, so that no one is left without a ride!) Ask the drivers to go around the room making vehicle noises and touting for business. The passengers form up behind or alongside their driver to make it look like they are in a vehicle. Now all the 'vehicles' drive around as if in traffic, sounding their horns and shouting at other drivers and vehicles.

6. Knees Up

Participants stand in a close circle with their shoulders touching and then turn, so that their right shoulders are facing into the centre of the circle. Ask everyone to put their hand on the shoulder of the person in front and to carefully sit down so that everyone is sitting on the knees of the person behind them.

7. Muddling Messenger

Participants sit in a circle. Think of a long message, such as "I'm going to go to the market to buy some bananas and mangos tomorrow morning, and then I am going to meet my cousin for lunch". Whisper this message to the person sitting on your right. That person then whispers the same message to the person on their right and so on. Once the message has been passed around the circle, ask the last person to say the message aloud. Compare the final message with the original version.

8. The E game

Write a large, curvy letter E on a piece of flipchart paper and place it in the centre of the circle. Ask participants to describe exactly what they see on the piece of paper, from where they are standing/sitting. Depending on where they are in the circle, they will either see an 'm', a 'w', a '3' or an 'E'. Participants can then move places so that they see the letter from a different perspective. This is a useful activity to highlight the fact that people see things very differently, according to their own specific perspective. Alternatively, put a person in the centre of the circle and ask those around to describe exactly what they see from their perspective.

DAY 1: Understanding Gender Values and Family Planning

Time needed: 15 minutes

Materials needed:

- Flipchart and markers
- Koosh ball
- Chicken

Advance Preparation: none

Objectives:

- To introduce the training facilitators and the purpose of the 5-day training.
- To choose daily volunteers.
- To introduce workshop tools.

Instructions for facilitators:

1. Briefly introduce the facilitators and the workshop.
2. Introduce the workshop tools:
 - a. Koosh ball: The Koosh ball is used to encourage participation and helps to ensure that one person speaks at a time. The Koosh ball is passed to the person speaking and can be requested by any workshop participant at anytime during the session.
 - b. Chicken: The Chicken is used as a friendly reminder that one person might be talking too much and not letting others participate. Just like when chickens eat all the food, sometimes we too talk too much and do not share the time for others to participate.
 - c. Bright ideas ball: The bright ideas ball is used when you have something you would like to share right away but someone else has the Koosh and is talking. The bright ideas ball alerts the facilitators that there is someone who would like to participate. The bright ideas ball can also be requested at any time.
3. Explain daily volunteer roles and responsibilities and choose day 1 volunteers (Daily volunteer include 1 timekeeper and 2 “Shepards”)
 - a. Timekeepers: They help the facilitators by keeping an eye on the time and the daily agenda. The timekeeper should remind the facilitator when time is almost up for a session.
 - b. Shepards: Shepards are used to remind all participants when breaks are finished and actively ask everyone to enter back into the room. The Shepard’s also actively encourage everyone to return to the workshop when lunch is finished.
 - c. Energizers: We will need everyone to think of creative ways to energize the groups after breaks. We will give some examples on days one and two but will need volunteers to lead energizers the rest of the week.
4. “I have introduced to you some of the tools, roles and responsibilities during the workshop.” Ask if anyone has any questions about what you’ve covered.

Time Needed: 30 minutes

Materials Needed: none

Advance Preparation: none

Objectives: To learn more about each participant.

Instructions for Facilitator:

1. “This next session is an “ice breaker” to help you all get to know each other.”
2. **Birthday Game:** Explain that we will all get to know each other by figuring out who is the oldest person in the room and who is the youngest. But we will do this without talking!! The task is for everyone to get up in complete silence and through body language and visual signs, to line up in order of your birthdays starting with the youngest person in the front of the line.
3. Once everyone thinks they are in line according to their birthdays, the first person will introduce themselves, say where they are currently living (name of village) and then state their birthday.
4. Everyone will continue in order introducing themselves and birthdays and the group can see how well they communicated without words!
5. **Name Game:** Everyone will get in a big circle. Explain that this game will test how well we can remember each others names. Choose one person to start. They will state their name and their favorite food. For example; “My name is Victor and I like to eat Nsima”. Then the next person has to repeat the first persons name and favorite food before introducing themselves. For Example: “That is Victor and he likes to eat Nsima. My name is Mathews and I like to eat Chambo.” Each subsequent person must repeat everyone who came before them before stating their own names and the food they like to eat.

Time Needed: 15 minutes

Materials Needed:

- Flip chart
- Markers
- Tape

Advance Preparation: Write the daily agenda on a flip chart and post at the front of the room for everyone to see.

Objectives:

- To inform training participants of the agenda, time allocated to each session and when they can expect breaks.
- To clarify ground rules and norms for the training.

Instructions for Facilitator:

1. Review agenda for day 1 (5 minutes)
2. Create ground rules for the 5-day training through a participatory brainstorm: Ask all participants to brainstorm the ground rules that everyone should follow to have an effective training. Write all the responses on a flip chart. Review all the responses and post on the wall.

Time Needed: 30 minutes

Materials Needed:

- Pre-test questionnaire
- Pencils

Advance Preparation: Make 40 copies of the pre-test questionnaire.

Objectives: To assess participant knowledge, attitudes, and comfort level.

Instructions for Facilitator:

1. Explain to the participants that they will be taking a test to get a sense of their understanding of family planning issues before the workshop begins.
2. Give each participant a test and a pencil.
3. Instruct them to begin taking the test.
4. Collect the tests as the participants complete them.

Time Needed: 30 minutes

Materials Needed: Agenda

Advance Preparation: none

Objectives: To provide the participants with a sense of how the workshop will progress and what their role as Male Motivators will be.

Instructions for Facilitator:

1. Provide brief overview of male motivator training components, timeline (15 minutes) and general plans for role of Male Motivators (15 minutes).
2. “During the next 5 days, we will train you to be “Male Motivators”. As male motivators, you will discuss with other married men in the community the importance of using family planning to properly space births and potentially limit the number of children they have. Since men often make household decisions, we feel it is important that men learn more about family planning and how to make better decisions about their family’s health and future. More importantly, we want you to teach men how to discuss family planning methods with their wives and learn how to participate in joint decision-making with their wives about family planning. Decisions about family size and the timing of when to have children should be a decision both a man and woman make together. As Male Motivators, you will encourage men to make family planning decisions WITH their wives INSTEAD of FOR their wives.”
3. “I want to give you a brief overview of the workshop and a general idea of your role as a Male Motivator. For the rest of today, we will talk about gender roles and how being a man affects the way we view the world and how we make decisions about family planning. Tomorrow, Day 2, we will cover facts about family planning and the different methods of family planning available. On Day 3, we will explore three different tools that can be used to motivate couples to use family planning. Day 4 will be spent talking about how good communication is important when talking about family planning. And finally, on Day 5, we will talk specifically about your roles and responsibilities as Male Motivators, we will meet some other people who are promoting family planning in your communities and how we can connect to them. We will draw maps of our communities, and lastly talk about the plan for the next three months.”
4. “As Male Motivators, your responsibility will be to visit five couples five times during the next six months. You will use the tools that you learn in this workshop to encourage men to talk with their wives about family planning and birth spacing. All couples who will be visited have signed a consent form to participate in this program. Most importantly, as male motivators, you will not force or make a couple feel like they have to use family planning. You will be providing them with the information needed to help men talk to their wives about family planning. Couples will then decide if they want to use family planning. On Day 5, we will go over all of the specifics of those visits and how to document each.”
5. Ask if anyone has any questions about the agenda or program.

Time Needed: 1 hour

Materials Needed:

- Four forced-choices signs (“Strongly Agree,” “Agree,” “Disagree,” and “Strongly Disagree”)
- Flip chart paper
- Markers

Advance Preparation: In large letters, print each of the following titles on cards (or pieces of paper), one title per card: “Strongly Agree,” “Agree,” “Disagree,” and “Strongly Disagree.” Display the signs around the room, leaving enough space between them to allow a group of participants to stand near each one.

Objectives: To clarify the participants’ own value systems with regard to men’s role in reproductive health.

Instructions for Facilitator:

Agree/disagree activity:*

- “Next, we will start to explore our own values about what it means to be a man or a woman. Gender roles are defined as society’s expectations of people based upon their gender. Men and women are treated differently in Malawi and throughout the world.” Ask the participants to give some examples of how men and women are treated differently.
- Forced-choices activity: “We are going to play a game that will help us recognize how we feel about different statements. Please feel comfortable to act upon your own feelings and not those of the entire group.” This activity asks that participants share their opinions. Remind them that everyone has a right to his own opinion. After reading each statement below, ask participants to stand next to the sign that most closely represents their opinion. Once the participants have made their decision, ask them to share the reasons why they feel the way they do. If all participants seem to agree with one another on a particular statement, you can play “devil’s advocate” by offering a different perspective.

Male Motivator training participants in Malawi truly enjoyed this activity (session 6) which got men to actively engage in some great discussions early on in the training.

Double check the translations of these statements before the session. In Malawi, the word ‘*should*’ did not translate well.

* Adapted from “DRAFT MAP Peer Educator Training: A Resource for the Nawalparasi Men as Partners Project” by EngenderHealth Jan 2007

STATEMENTS:

- Men must make all decisions in the household.
 - It's the man's responsibility to earn all the money needed for the family.
 - It's the women's duty to remain in the home.
 - It's the women's duty to provide all care for the children.
 - Men can cook dinner for the family.
 - Family planning is a woman's responsibility.
 - Women *should* have the same rights as men in Malawi.
 - Men are smarter than women.
- c. Ask the following discussion questions:
- Which statements, if any, did you find challenging to form an opinion about? Why?
 - How did it feel to express an opinion that was different from that of other participants?
 - How do you think our attitudes about some of the statements may affect our choice to use or not use family planning?
- d. At the end of the session, summarize the activity and the responses to the discussion questions.

Local Modifications

In Malawi, the local Minister of Gender was invited to facilitate this training. It is encouraged to invite local partners to participate in the training, as long as the curriculum is shared with them in advance and ideally, the session is reviewed with them prior to the training.

As an adaptation, the facilitator changed the order of a few sessions on gender:

- 1) First, he started with a general discussion on what is meant by 'Gender' and where the participants have heard about gender.
- 2) Then, he facilitated a discussion on the difference between 'Gender' and 'Sex' and had participants list the biological sex traits for men and women.
- 3) Then he skipped to Session 8: "Act like a Man, Act Like a Woman".
- 4) He ended with Session 6: "Gender Values Clarification".

Time Needed: 15 minutes

Materials Needed: none

Advance Preparation: none

Objectives: To frame the first session and following two sessions as a starting point for the male motivators.

Instructions for Facilitator:

1. “We are going to talk some more about gender roles.”
2. Ask the participants:
 - Why did we just discuss gender roles?
 - What do you see in your own house with respect to gender roles?
 - What about decision-making surrounding health?
 - What is the man’s role in deciding whether or not to have more children?
3. Explain how gender and masculinity are related to household decision-making and family planning. “Research has shown that in Africa, men are most often the decision-makers for the health of their families. This is especially true in deciding when to have children and how to delay the next birth. Often men do not have the information and skills needed to talk to their wives about family planning and to make joint decisions about the spacing and timing of their children. During this training, we will continue to explore gender roles in our society but also challenge how these gender roles often get in the way of men effectively communicating with their wives and making decisions together about family planning.”
4. Ask a participant to give an example of how the traditional gender roles of men can get in the way of men talking to wives about family decisions.

Time Needed: 1 hour*

Materials Needed:

- Flip chart
- Markers
- Tape

Advance Preparation: On the top of one flip chart, write “Act Like a Man”. On the top of a second flip chart, write “Act Like a Woman.” Draw a large box on each paper where you will write down the participants’ responses.

Objectives: To give participants insight into how gender roles and social norms impact how they make decisions about health and family planning.

Instructions for Facilitator:

1. Ask the participants if they have ever been told to “act like a man”. Ask them to share some experiences in which someone has said this or something similar to them. Why did the individual say this? What did the participant think when they heard this?
2. Tell the participants that we are going to look more closely at the phrases “act like a man” or “act like a woman.” By looking at them, we can begin to see how society can make it very difficult to be either male or female.
3. Put up the piece of flip chart paper entitled “Act Like A Man.” Ask the participants to share their ideas about what this means. These are society’s expectations of who men should be, how men should act, and what men should feel and say. Write the meanings of “act like a man” inside the box drawn on the paper.

Facilitator prompts can include:

- How does your family expect men to act? Feel? Behave? Achieve?
- How does society expect men to act?
- How would you expect a son to act?

Some responses might include the following:

- Be tough.
- Do not cry.
- Yell at people.
- Show no emotions.
- Earn money for the family.
- Do not back down.

In Malawi, the men were split into four groups. Two of the groups worked the act like a man questions while the other groups worked on the act like a women questions simultaneously.

4. Once you have brainstormed your list, initiate a discussion by asking the following questions:
 - Can men be expected to behave in this manner all the time? Why or why not?
 - Which emotions are men not allowed to express?

* Adapted from “Men as Partners: A Program for Supplementing the Training of Life Skills Educators,; pp. 59-60, EngenderHealth

- How can “acting like a man” affect a man’s relationship with his wife and children?
 - How can social norms and expectations to “act like a man” have a negative impact on a man’s sexual and reproductive health?
 - How can “acting like a man” affect how a man is involved in making decisions about family planning?
 - Can men actually live outside the box? Is it possible for men to challenge and change existing gender roles?
5. Now, put up the piece of flip chart paper entitled “Act Like a Woman.” Ask the participants to share their ideas about what this means. These are society’s expectations of who women should be, how women should act, and what women should feel and say. Write the meanings of “act like a woman” inside the box drawn on the paper.

Facilitator prompts can include:

- How does your family expect women and girls to act? Dress? Talk? Do?
- How does society expect women to act?
- How would you expect a daughter to act?

Some responses may include the following:

- Be passive.
 - Be the caretaker.
 - Act sexy, but not too sexy.
 - Be smart, but not too smart.
 - Be quiet.
 - Listen to others.
 - Make dinner.
 - Be the homemaker.
6. Once you have brainstormed your list, initiate a discussion by asking the following questions:
- Can a woman to be expected to behave in this manner all the time? Why or why not?
 - What emotions are women not allowed to express?
 - How can “acting like a woman” affect a woman’s relationship with her husband and children? What about choosing not to “act like a woman”?
 - How can social norms and expectations to “act like a woman” have a negative impact on a woman’s sexual and reproductive health?
 - Can women actually live outside the box? Is it possible for women to challenge and change existing gender roles?
7. Close the activity by summarizing some of the discussion and sharing any final thoughts. A final comment and question could be as follows:

“The roles of men and women are changing in our society. It has slowly become less difficult to step outside of the box (refer to the boxes on the flip charts with everyone’s responses). Still, it is hard for men and women to live outside of these boxes. What would make it easier for men and women to live outside of the boxes?”

Time Needed: 1 hour*

Materials Needed: Poster cards

Advance Preparation: If the card has writing on the front with the picture, cover the writing with some paper.

Objectives: To encourage discussion about being a “Bambo Wachitsanzo” and making healthy decisions together with the participants’ wives.

Instructions for Facilitator:

1. “We will now look at some images of men and discuss what we see.” Ask the discussion questions listed for each poster card, giving time for answers, comments and discussion. Get contributions from different people in the group. Do not allow one or two people to do all the talking.
2. Ask the participants to define “Bambo Wachitsanzo”. Write down the responses. (“Bambo Wachitsanzo” is Chichewa for an ideal man, a role model)
3. a. Hold up poster card #1 (man and women on a bicycle, both looking happy) for everyone to see and ask the following questions.
 - What does it mean to be a “Bambo Wachitsanzo”?
 - What kinds of discussions, if any, would a “Bambo Wachitsanzo” have with his wife about family size and birth spacing?

b. Briefly summarize the discussion and state the key message that “a “Bambo Wachitsanzo” (BW) works together with his wife to make the best family planning decisions.”
4. a. Hold up poster card #4 (Men playing bawo) and ask:
 - How do others in the community view a “Bambo Wachitsanzo”?
 - How do friends view a “Bambo Wachitsanzo”?
 - How would other men in the community view a Bambo Wachitsanzo if they were open that they use family planning to limit the number of children they will have with their wife?

b. Briefly summarize the discussion and state the key message that “a “Bambo Wachitsanzo” is respected by his friends and community.”
5. a. Hold up poster card #6 (Man with child)and ask:
 - How would a “Bambo Wachitsanzo” take care of his family?
 - How would a “Bambo Wachitsanzo” limit the number of children he has?

b. Briefly summarize the discussion and state the key message that “a “Bambo Wachitsanzo” makes sure he doesn’t have more children than he can take care of.”

* Adapted from “Bambo Wachitsanzo: A Hope Kit Update,” pp. 33-35

6. a. Hold up poster cards #7 and #8 (amen and women getting an HIV test together)and ask:
 - Why would a “Bambo Wachitsanzo” go with his wife to get an HIV test?

b. Briefly summarize the discussion and state the key message that “a Bambo Wachitsanzo” takes all the steps necessary to ensure his good health and the health of his wife and children.”
7. a. Hold up poster card #13 (man with family at a picnic)and ask:
 - What is the role of a “Bambo Wachitsanzo” in his family?
 - What kind of a father is he?
 - What kind of a husband is he?

b. Briefly summarize the discussion and state the key message that a “Bambo Wachitsanzo” is a man who can live outside of the “act like a man” box, care for his family, and plan with his wife what size of a family they will have together.
8. Ask the group:
 - In what ways are you a “Bambo Wachitsanzo”?
 - How can you encourage other men to be a “Bambo Wachitsanzo”?
9. “As Male Motivators, you will be talking with other men and encouraging them to be a “Bambo Wachitsanzo”. Specifically, you will be encouraging them to communicate better with their wives about their future family size and how to space the timing of pregnancies and childbirth. A real “Bambo Wachitsanzo” is a man who can communicate with his wife about family planning but also listens to his wife’s thoughts and desires surrounding family size. A “Bambo Wachitsanzo” does not make decisions for his wife about using family planning and birth spacing; rather, a “Bambo Wachitsanzo” listens to his wife realizes the importance of making decisions together. In the next few days, we will learn more about family planning; how to work with men to communicate with their wives about family planning; and how to be a “Bambo Wachitsanzo”.”

This session was extended beyond 1 hour because of fruitful discussions that were stimulated by the poster cards.

Time Needed: 30 minutes

Materials Needed: none

Advance Preparation: none

Objectives: To discuss the day's activities and plan for tomorrow.

Instructions for Facilitator:

1. “Today we explored our values and how gender is related to family planning and household decision-making. We talked about how it might be challenging for men and women to live up to the expectations society has created for them and ways we can break out of the box. Finally, we talked about how to be a “Bambo Wachitsanzo”.”
2. Tomorrow, we will talk about the importance of family planning and the various methods of family planning. We will also explore men's role in the decision to use family planning.
3. Ask if there are any questions about the today's sessions or about tomorrow.

Overall, all the gender sessions worked very well in Malawi. The men seemed to really understand the inequalities that exist in the social construction of gender. All the men were actively engaged in all the activities and were comfortable discussing their opinions, even if they differed from the group norm.

DAY 2: Family Planning Information

Time Needed: 15 minutes

Materials Needed: Koosh ball

Advance Preparation: none

Objectives: To recall key points from Day 1.

Instructions for Facilitator:

1. Sit in a circle and use the Koosh ball to invite participation.
2. Ask one participant to share one thing they learned or something that was new to them from Day 1. After one person shares something they learned, they toss the Koosh to someone across the circle. Participants cannot repeat what others say.

Time Needed: 45 minutes *

Materials Needed:

- Corn kernels/ grains
- Flip chart
- Markers

Advance Preparation: Make a flip chart with 3 reasons to delay a woman's first birth and 3 reasons to space births. (just the bolded headings below)

Objectives:

- To define family planning, delaying the first birth, and birth spacing
- To discuss the benefits of family planning, delaying birth, and birth spacing.

Instructions for Facilitator:

1. "Next, we are going to talk about growing strong and healthy corn and then relate growing corn to the growth of our own families."
2. Ask a participant to take the grains of corn and make two rows of corn that are perfectly planted with the right amount of space between each grain. Then ask another participant to come up and make two more rows of corn that are planted very close together
3. Ask the participants:
 - How will these rows of corn grow?
 - Will they grow differently?
 - Will some of the corn be healthier and stronger than the others?
 - Which will yield more corn?
 - What will happen if corn is planted too early, before the rainy season?
4. Ask 2-3 participants to come and draw how the corn will grow on separate flip charts. Ask the other participants if they agree with the drawings and if they accurately reflect how the different rows of corn will grow.
5. When the drawing is complete, reiterate that corn that planted too close together will not grow properly. The corn plants will compete for nutrients in the soil and won't be properly nourished. The corn will then not grow as tall, not be as strong, and not produce abundant ears of corn. On the contrary, corn that is planted with proper spacing will grow tall, strong and be more abundant. Also the timing of planting corn is also very important. Corn planted too early in the season will also not grow strong and healthy.

The corn analogy worked very well in Malawi was culturally relevant and helped participants understand the benefits of family planning quickly.

* Adapted from "Draft Curriculum for Peer Educator Training, Young Marrieds Program", p.25, by EngenderHealth on 3/7/07

6. Ask the group:

- How is the planting corn related to the how we plan our families?
- Why is the timing of our first birth important?
- Why is the spacing between children important?
- Why don't you want kids close together or a lot of kids?

Encourage the participants to make connections between the example of planting corn and family planning.

Explain that this is a method in which the Male Motivators can explain birth spacing to men in the community.

7. After some discussion, go through some of the benefits of delaying birth.

“First, let's look at the benefits of delaying first births until age 18 for young wives.”

- Delaying first birth can reduce health risks for young women.***^{*} If pregnancy occurs before adolescents are fully developed—especially where anemia and malnutrition are common and where access to health care is poor (like many rural communities in Malawi) — the young mother can be exposed to serious health risks including damage to the reproductive health tract, delayed or obstructed labor, ruptures in the birth canal, and greater risks of dying during childbirth.
- Delaying first birth can reduce health risks for babies.*** Babies born to adolescents may experience more birth injuries, low birth weight and stillbirth. In developing countries, the higher the number of adolescent pregnancies, the higher the number of infant mortality.
- Delaying first birth has benefits for young women.*** A woman who delays childbearing until after adolescence may gain increased opportunities to acquire education and skills that may enable her to better care for her family and contribute to the family's income. Delayed childbearing may also be associated with young women's greater aspirations for herself and her family.

8. Ask the group if they can think of any more reasons why it's important to delay birth.

9. “Now lets talk about how family planning and spacing births is beneficial”

- Saving women's lives.***[†] Family planning and birth spacing enables women to limit births to their healthiest childbearing years and to avoid giving birth more times that is good for their health. It gives women bodies the time to recover before having the next child so both the women and her baby can be healthy. Avoiding unintended pregnancies (getting pregnant when one is not ready), could prevent about one-fourth of all maternal deaths in developing countries.

^{*} Adapted from “In Focus, Focus on Young Adults, Reaching Newlywed and Married Adolescents,” July 1999.

[†] “Population Reports,” July, 1999, *Series J, Number 49*

b. *Saving children's lives.* Waiting at least 2 years after a live birth before trying to be pregnant helps women have healthier children and improves the odds of infants' survival by about 50%. Limiting births to a woman's healthiest childbearing years also improves her children's chances of surviving and remaining healthy. Also, after a miscarriage or an abortion, women and couples should wait at least six months before becoming pregnant again to reduce maternal and child health risks

c. *Offering families more choices.* For many women, controlling their own childbearing, by using effective contraception, can open the door to education, employment, and community involvement. Women who have fewer children can contribute financially to a household which helps with the overall wellbeing of the family. Also, couples with fewer children are more likely to send all of their children to school

10. Ask the group if they can think of any more reasons why it's important to use family planning.

11. "We've talked about the reasons it's important to delay birth, space births and use family planning. We talked about how it is healthier for the mothers, babies and the families as a whole."

Time Needed: 2 hours *

Materials Needed:

- Reproductive anatomy charts
- Reproductive anatomy vocabulary list (find at the end of the session)
- Reproductive anatomy picture cards
- Samples of family planning methods
- A bag
- Cue cards with a picture of the method on one side and questions on the other side

Advance Preparation:

- Put all family planning methods in a bag
- Prepare vocabulary and picture cards for Pictionary game

Objectives:

- To provide basic information regarding human sexuality and reproduction
- To provide basic information regarding all family planning methods

Instructions for Facilitator:

1. “In this next session, we are going to look at how pregnancy occurs and we’ll learn about a variety of family planning methods.”
2. Explain how pregnancy occurs with anatomy charts. “In order to understand how to limit births and properly space births, we must first understand how a woman gets pregnant.”

Say the following: “Sexual behavior, or sex, is a special way that people bring their bodies close together, keeping them warm and giving them pleasurable feelings. Sex causes a couple to feel very close to one another, although sexual intercourse and making a baby are not the same things. Sexual intercourse can lead to making a baby, but not always.

Most of the time people choose to have sexual intercourse because they enjoy the feelings of pleasure and closeness they experience, not because they want to have a baby. That’s why many couples use family planning to prevent a pregnancy. This allows a couple to enjoy sex with minimal risk of getting pregnant.

* Adapted from “Draft Curriculum for Peer Educator Training, Young Marrieds Program”, by EngenderHealth pp.33-34, accessed on 3/7/07 and from Hatcher, et al.2004, “Contraceptive Technology: 18th edition,” Arent Media: New York

Sex can be fun, but it can also be very powerful; as Male Motivators it will be important for you to become comfortable with speaking about these topics before you visit community members. Many people can talk about sex without feeling embarrassed, and even if they are embarrassed, they can control how they express those feelings. As Male Motivators it will be important for you to help men feel comfortable with opening up about their views regarding sex and family planning.”*

Review of Male and Female Anatomy and Reproduction[†]

Instructions for Facilitator:

Use the male and female anatomy charts to point out different body parts and describe different reproductive functions, which occur within the body of a woman or man.

Say, “The outside parts of the reproductive system are called your **genitals**. In other words, a man’s genitals are called the penis and scrotum. A girl’s genitals, also called her vulva, are comprised of the labia and clitoris.

Baby boys are born with a sleeve of skin on their penises called a foreskin. Sometimes, the doctor removes the foreskin, in a procedure called **circumcision**. The penis functions the same whether it has been circumcised or not.

Ovulation is the releasing of a mature egg (ovum) from an ovary. It happens every 20 to 40 days, usually in the “middle” of the month following a woman’s period. A woman often does not know when she will ovulate. However, ovulation is important since it occurs during the week when a woman can become pregnant. A woman will release an egg from her ovary one day every month. If sperm is present when the egg is released, the woman has an increased chance of getting pregnant. Sperm can live in a woman’s vagina for up to five days, so a woman has a window of six days during the month when she can become pregnant, hence if a couple does not have sex on the day a woman ovulates she could still become pregnant since there is sperm inside of her vagina. Many women track the cervical secretions from their vagina in order to determine when they are ovulating – secretions that are clear and sticky, with the texture of an egg white, are associated with ovulation and pregnancy.

A couple of weeks after a woman ovulates, she will menstruate. **Menstruation** is the removal of the lining of a woman’s uterus (the blood and tissue) through the vagina, so that she can build up a fresh, new lining during the following month. When a woman fails to menstruate, this can be a sign of pregnancy since women generally do not have a menstrual period when they become pregnant.

Intercourse often refers to when the penis is in the vagina. It is sometimes called “vaginal intercourse” or “lovemaking”. Intercourse can also refer to anal intercourse.

* Adapted from: Roffman, D. “Teaching Sexuality: Thinking Outside Pandora’s Box”, American Sexuality Magazine online
http://nsrc.sfsu.edu/MagArticle.cfm?SID=3795B96B155D7A9F68462F1A188922E4&DSN=nsrc_dsn&Mode=EDIT&Article=604&ReturnURL=1

[†] Adapted from: Public Health, Family Life and Sexual Health, Grades 4, 5 and 6, Lesson 12: F.L.A.S.H. Public Health: Seattle & King County; 1986; Rev 2007

Ejaculation is what you call **semen**, the fluid carrying sperm, when it comes out of the penis. If a man ejaculates during intercourse – or even if he ejaculates onto her labia, without ever putting the penis inside the vagina – sperm can swim up into her uterus and fallopian tubes in search of an egg to fertilize.

Fertilization is what you call it when a sperm cell meets and enters an egg. When a man ejaculates, he releases millions of sperm. The sperm attempt to “swim” their way through the woman’s vagina, cervix, uterus, and lastly, the fallopian tubes in search of the egg. The journey is long and many sperm die along the way; however, a few hundred will often find the egg and begin bumping into it, gradually wearing away the protein coat, allowing one to finally get inside. Only one sperm is needed to “fertilize” an egg. If two sperm accidentally fertilize an egg, then fraternal twins result. After the egg is fertilized, it will take a week or so to finish traveling down the tube into the uterus, where it will nest. This is called **implantation**. The combination of fertilization and implantation is what we call **conception**, meaning a pregnancy has begun.”

3. **(Time permitting)** Play Reproductive anatomy “Pictionary” game with participants*
 - a. Split participants into four teams; give identical picture and name cards to each group.
 - b. Explain to participants: “the objective of this game is to determine your level of understanding of male and female anatomy and identify the function of various body parts through the use of pictures.” Tell participants they have five minutes to match each name/explanation card with the correct picture.
 - c. Ask different group members to identify which card belongs to each picture; if he is incorrect, give a different group the chance to answer the question.
4. Discuss the importance of understanding human anatomy and reproduction in order to understand and explain the intended use and effectiveness of family planning methods.

“Now we understand the male and female anatomy, including how women can get pregnant – why do you think it’s important to understand how a woman can get pregnant?”

“Understanding when and how a woman can become pregnant helps us determine which family planning method would be suitable for each person/couple to use. Knowing that a woman cannot get pregnant every day of the month allows us to choose a method that provides a barrier to sperm, prevents ovulation or reduces the risk of pregnancy based upon a couple abstaining from sex during certain (fertile) days of the month. We will now discuss different methods of family planning, which you will likely discuss with men in your communities.”

5. Begin by asking the group to brainstorm all of the family planning methods they have heard of.

* Adapted from: Family Life and Sexual Health, Grades 9 and 10, Lesson 3: F.L.A.S.H. Public Health: Seattle & King County; 1988, Rev. 2006

6. After the brainstorm, complete the list, and remove any myths mentioned that are not effective in preventing pregnancy (i.e. washing out vagina with water after sex).
7. Ask a participant to select a family planning method from the bag. Next, provide the information for that method. Repeat until all methods have been chosen. Encourage them to ask questions during the activity. Pass the methods around for everyone to see close up and feel. For each method, make sure to mention the following points:
 - Characteristics specific to the particular methods
 - How to use the method correctly
 - Efficacy rate
 - Advantages/disadvantages of use
 - Possible side effects from using the method
 - Does this method help prevent HIV/STIs?
8. When all the methods are finished, state: “We just reviewed how a woman can become pregnant and many of the methods that can be used to help prevent pregnancy. Abstinence is the only method that is 100% effective for avoiding pregnancy. All other methods have a “perfect use” and a “typical use” efficacy rate. A perfect use rate is how effective the method is at preventing pregnancy if it is used correctly and consistently. . The typical use rate is the effectiveness of the method in reality given the mistakes that people make in using it. As male motivators, you are not experts on family planning methods but having this information will help you explain these methods to other married men. If men or their wives have questions you can not answer, this is OK. You can refer the couple to with a Youth Community Based Distribution Agent or to the nearest clinic where methods are available. You will be provided with a referral list of places women and men can receive family planning methods.”

An alternative way to teach about family planning methods is to have a “Family Planning Bazaar”. This is a more interactive way which allows participants to spend as much time needed to learn about each individual method. To set up the “Bazaar”, you would need an expert for each method you would like to teach about. The expert would sit at a table with examples and information on the method. There would be multiple stations around the room, each highlighting one family planning method. Then participants would circulate around the room to the different family planning stations at their own pace and ask questions about each method until they felt they understood how each method works. Experts also get to highlight the benefits and side effects of each method. This more intimate, relaxed activity also allows more questions to be asked by each participant and they get a chance to see and touch each method. This method works well with adults, especially men who might have had less contact with family planning methods.

In Malawi, the head facilitator used the Koosh ball following this session as an energizer and as a means to quickly test participants newly acquired knowledge on family planning which was an effective technique.

Male Condom

What is it?

A condom is a thin sheath made of latex that a man places over his penis.

How is it used?

The condom holds the semen so that it does not pass into the woman's vagina. The man puts the condom on his erect penis before sexual intercourse. After sex, the man carefully takes off the condom. Each condom can only be used once.

How effective is it?

Condoms are 98% effective in preventing pregnancy and many sexually transmitted diseases, including HIV, when used correctly every time a couple has sexual intercourse. With typical use of the condom, efficacy drops to 85%.

What are some advantages to using it?

- Protection from HIV and other sexually transmitted infections
- Easy to use with a little practice
- Easily available without a prescription
- An excellent option for someone that does not need ongoing contraception
- No hormonal side effects
- May prevent premature ejaculation in men

What are some disadvantages to using it?

- Condoms can sometimes break
- Putting on a condom may interrupt sexual activity
- May cause decreased sensitivity during sexual intercourse
- Many men do not know how to communicate with their partners about condom use
- Some men and women feel embarrassed to obtain or buy condoms since they must be obtained from the store, health clinic or YCBDA.

What are the possible side effects?

Rarely causes an allergic reaction (either to latex or a spermicidal lubricant)

Female Condom

What is it?

The female condom is a polyurethane pouch that a woman places in her vagina.

How does it work?

The condom holds the semen so that it does not pass into the woman's vagina. The woman inserts the female condom into her vagina before sexual intercourse. There is a small plastic ring in the back of the female condom that sits against the woman's cervix to keep it in place. Once inserted, the man puts his erect penis inside the female condom during sexual intercourse. After sex, the woman carefully removes the condom.

How effective is it?

Female condoms are 95% effective in preventing pregnancy and many sexually transmitted diseases when used correctly every time a couple has sexual intercourse. However, the female condom is not as effective in preventing pregnancy as some other methods. With typical use of the female condom, efficacy drops to 79%.

What are the advantages to using it?

- Protection from HIV and other sexually transmitted infections
- Provides a woman with a method that she can use without the assistance of her partner to prevent sexually transmitted infections
- Available without a prescription
- An excellent option for someone that does not need ongoing contraception
- No hormonal side effects
- May prevent premature ejaculation in men

What are the disadvantages to using it?

- Putting on a condom may interrupt sexual activity
- May cause decreased sensitivity during sexual intercourse
- Some complain that it makes noise
- The female condom is difficult to find in some areas
- The female condom is more expensive than the male condom
- A girl must feel comfortable touching her vagina to be able to insert the condom

What are the possible side effects?

Rarely causes an allergic reaction to latex.

Oral Contraceptive Pills

What is it?

A pill which contains doses of the hormones estrogen and progestin or only progestin that the woman takes by mouth. A woman must take one pill every day at the same time and she cannot skip days.

How does it work?

The pills stop the egg from leaving the ovary every month. They also make it difficult for sperm to enter the womb. They do this by thickening the mucus at the entrance of the womb. The woman must take one pill every day according to instructions

How effective is it?

The combination pill is 99.7% effective with perfect use and 92% effective with typical use. The mini pill (progestin only) is equally effective and a good method for preventing pregnancy amongst nursing mothers.

What are the advantages to using it?

- Usually cause menstrual periods that are more regular, with less bleeding
- May reduce premenstrual syndrome, endometriosis and acne
- Does not disrupt sexual intercourse
- Can be discontinued by a woman on her own
- Low-cost, easily accessible
- Reduced risk of developing certain cancers and/or gynecological conditions

What are the disadvantages to using it?

- The woman must remember to take a pill every day
May cause unpleasant side effects
- Does not provide protection from sexually transmitted infections
- Can be a risk for stroke or heart attack in women who are overweight, smoke and/or are over 35.

What are the possible side effects?

- Nausea
- Weight gain
- Spotting between periods
- Mood swings
- Mild headaches
- Breakthrough bleeding (could be a sign that the woman needs a different kind of pill)

Injectables (Depo-Provera or Depo)

What is it?

The woman gets an injection of hormones (progestin) in her arm or buttock

How does it work?

- Injectables stop the egg from leaving the ovary every month. They also make it difficult for sperm to enter the womb. They do this by thickening the mucus at the entrance of the womb. The woman must get an injection every three months for Depo-Provera

How effective is it?

- Injectables are one of the most effective methods, 99.7% effective with perfect use and 97% effective with typical use.

What are the advantages to using it?

- Does not disrupt sexual intercourse
- Can be used without the knowledge of others
- The woman does not have to remember to do something every day
- An acceptable method for women who are currently breastfeeding or who cannot take pills with estrogen due to high risk factors
- Reduced risk of developing certain cancers and/or gynecological conditions

What are the disadvantages to using it?

- It may take a while to get pregnant (6-12 months) after stopping use of the injections
- Causes changes in menstrual cycle such as spotting or bleeding between periods, longer periods, or no periods at all.
- Return visits required every 3 months
- Does not provide protection from sexually transmitted infections
- May cause unpleasant side effects

What are the possible side effects?

- Headache
- Weight gain
- Changes in menstrual periods
- Breakthrough bleeding
- Decreased libido

IUD (Loop)

What is it?

An IUD (also known as Loop) is a small device that is usually made of plastic, or of plastic and copper. A doctor or trained health worker places the IUD in the woman's uterus. The most commonly used copper IUD can be left in place for up to 10 years.

How does it work?

The IUD stops the man's sperm from meeting the woman's egg either through the release of hormones (progestin) or by the copper-covered device.

How effective is it?

The IUD is very effective; both the Copper IUD (Paragard) and hormonal IUD (Mirena) have efficacy rates of over 99.5%; the hormonal IUD is 99.9% effective with both perfect and typical use.

What are the advantages to using it?

- Prevents pregnancy for an extended period
- Does not disrupt sexual intercourse
- A woman does not need to remember to do something every day
- A woman can get pregnant immediately after discontinuing use
- Insertion of an IUD immediately after sex can prevent pregnancy; it is a form of emergency contraception
- Can be inserted 6 weeks postpartum after a vaginal birth

What are the disadvantages to using it?

- Does not protect against sexually transmitted infections
- There is a higher risk for pelvic inflammatory disease when using the IUD, so anyone at risk for STIs should consider other methods, in addition to condoms; this includes anyone in a non-monogamous relationship
- A woman must be comfortable with touching her vagina; she will need to insert her fingers on a monthly basis – preferably after menstruation – to determine whether or not the string is still present (between 2-10% of IUD users will spontaneously expel their IUD within the first year of use)
- Providers often insert the IUD during menstruation (to rule out previous pregnancy), which may mean sending a woman away from the health center without her desired method of family planning and asking her to come back one month later.

What are the possible side effects?

- May cause spotting or heavy bleeding, or more menstrual cramping
- In hormonal IUDs (Mirena), women could experience the same side effects as oral contraceptive pills and Depo Provera – weight gain, headaches, bloating, etc.
- In rare cases, insertion of the IUD could cause perforation of the uterus

Lactational Amenorrhea Method (LAM)

What is it?

A natural method of family planning that relies on the reduced chance of a woman getting pregnant while she is breastfeeding.

How does it work?

When a woman is exclusively breastfeeding, she often skips many periods. During this time, she is less likely to ovulate which reduces her chances of becoming pregnant.

How effective is it?

LAM can be 98% effective when used correctly. In order to use LAM effectively, a woman must:

- Breastfeed exclusively (baby must not get any other food, water, tea, or formula)
- Begin using another kind of birth control as soon as she has had her first period. (Any vaginal bleeding more than 56 days after giving birth counts as a period.)
- Begin using another kind of birth control when her baby is 6 months old.

What are the advantages to using it?

- It doesn't require taking any pills or inserting a device into the body
- There are no side effects

What are the disadvantages to using it?

- The woman must follow the guidelines for using the method effectively
- Does not protect against sexually transmitted infections
- Mother must transition to another method when her baby is 6 months old regardless of whether or not she continues to breastfeed and/or has not had her first period postpartum

Emergency Contraception

What is it?

If a woman has unprotected sex, or a condom breaks, she can take a regimen of pills, which contain hormones (estrogen or progestin) within 120 hours after sexual intercourse which may prevent pregnancy. Emergency contraception is more effective if taken within the first 72 hours after sexual intercourse.

How does it work?

Emergency contraceptive pills prevent a fertilized egg from being implanted in the uterus. The pills are a set of synthetic hormones that make the uterus a hostile environment for the fertilized egg. The egg will not be able to implant and develop.

How effective is it?

Studies have found that emergency contraception pill treatment reduces the risk of pregnancy by about 75% (Contraceptive Technology, 1994)

What are the advantages to using it?

- It is the only option available to reduce pregnancy risk in cases of rape or failure of a contraceptive device.
- When condoms are being used to prevent pregnancy and the condom breaks, EC is an effective backup method.

What are the disadvantages to using it?

- No protection from sexually transmitted infections
- Side effects may be unpleasant
- Some may believe it is an effective long-term method of birth control

What are the possible side effects?

- Nausea
- Vomiting
- Headache
- Dizziness
- Abdominal pain
- Abnormal periods and early or delayed return to menstruation

Withdrawal

What is it?

A man removes his penis from the vagina during sexual intercourse before an ejaculation occurs

How does it work?

By removing the penis from the vagina, no semen is deposited in the vagina (pre-ejaculatory fluid could contain semen)

How effective is it?

Withdrawal is not a very effective method. Sometimes men fail to withdraw the penis from the vagina before ejaculation. Other times, a small amount of sperm is passed into the vagina before ejaculation from a man's pre-ejaculatory fluid. With perfect use, withdrawal is 96% effective; with typical use, only 73% effective.

What are the advantages to using it?

- Men and women do not need to access a service from a health facility
- This may be the only option for someone who does not have access to FP services

What are the disadvantages to using it?

- Does not protect against sexually transmitted infections
- It is not very effective

Standard Days Method (SDM or cycle beads)*

What is it?

A natural method of family planning based on the fact that there are certain days during a woman's menstrual cycle when she can become pregnant.

How does it work?

The woman uses a calendar or a color-coded necklace to identify days 8 through 19 of her cycle and avoids unprotected sex during those days. Most women who rely on the SDM use CycleBeads, a color-coded string of beads, to help them track their fertile days.

How effective is it?

It is more than 95% effective for women who do not practice sexual intercourse during the fertile days and who have a menstrual cycle between 26 and 32 days long. The SDM is 88% effective with typical use.

What are the advantages to using it?

- It is a natural method of family planning
- It doesn't require taking anything or inserting anything into the body
- There are no side effects

What are the disadvantages to using it?

- It requires that the woman pay close attention to her menstrual cycle
- May require some training and tools such as CycleBeads
- Does not protect against sexually transmitted diseases
- Women with irregular or long cycles out of the 26 to 32 day range (about 20% of women) are not good candidates for the Standard Days Method
- Women who are transitioning from LAM or another method of family planning may not be good candidates for the Standard Days Method

* "Standard Days Method of Family Planning: Job Aids Packet for Counseling Clients," Institute for Reproductive Health, Georgetown University, 2004.

Anatomy and Reproduction Vocabulary Sheet

1. **Penis:** long muscular shaft which grows when aroused; made up of shaft, glands and sometimes the foreskin; allows passage of urine and semen; provides sensation
2. **Urethra:** in women, the front of three openings; in men, a tube inside of the penis; allows passage of urine in women and both urine and semen in men
3. **Scrotum:** muscular sac which holds the testes; controls temperature and provides sensation
4. **Anus:** opening of the rectum and lower intestines; allows passage of feces
5. **Cervix:** neck of the uterus, which opens up to the vagina; produces fluids to help sperm travel and mucous plug to keep germs out during pregnancy; expands during pregnancy
6. **Epididymis:** two tubes, which lead to the testes and allow maturation of the sperm
7. **Bladder:** part of the urinary system; provides storage for urine
8. **Ovary:** small organ, attached by ligaments on both sides of the fallopian tubes; provides storage and allows maturation of ova, produces sex hormones
9. **Vagina:** collapsed tube in the middle of female's three openings, which expands when sexually aroused or during child birth; allows passage of sperm, baby and/or blood and tissue during menstruation; produces fluids to cleanse and lubricate itself and help sperm travel; provides sensation
10. **Prostate Gland:** gland the size of a grape; lies below the bladder and contributes fluid to semen for sperm's mobility (their ability to travel)
11. **Testes:** two small sacs held by the scrotum; produces sperm and sex hormones
12. **Uterus:** comprised of very stretchy muscular walls, lining called the endometrium and a cervix; houses and protects embryo/fetus/baby; allows nutrient/waste exchange with placenta; nourishes and embryo before a placenta grows
13. **Fallopian Tube:** Four-inch long trumpet shaped tube, with ligaments at the end where the ovary is attached; allows passage of ova and sperm
14. **Vas Deferens:** two storage sacs near the epididymis, which provide storage of sperm and allow for its passage
15. **Labia:** lip-like structures entirely or partially cover the other parts of the vulva; become engorged with blood during arousal
16. **Clitoris:** one inch long shaft, comprised of glands and a hood; located in the front of the vulva where labia meet; provides sensation
17. **Semen:** The fluid which helps sperm live longer and travel more easily.
18. **Sperm:** The cell from a man (usually called "sperm," for short) which carries strings of genes (called "chromosomes") to provide the plans for the next generation. The plural of spermatozoon is spermatazoa
19. **Foreskin:** sleeve which covers the glands of the penis; protects the penis and provides sensation
20. **Pelvis:** lower abdominal region of the body which supports and protects the internal reproductive organs
21. **Ovum/ova:** The cell from a woman (called, in English, an "egg") which carries strings of genes (called chromosomes) to provide the plans for the next generation. The plural of ovum is ova
22. **Vulva:** Female Genitals
23. **Genitals:** The parts of the reproductive system located on the outside of a person's body.
24. **Ovulation:** The release of an ovum from the ovary
25. **Reproduction:** Making more of something. In this context, it means humans making babies ... more humans

Time Needed: 30 minutes

Materials Needed: none

Advance Preparation: none

Objectives: To reflect on their own experiences talking to their partners about family planning.

Instructions for Facilitator:

1. “We will take the next thirty minutes for us all to reflect on whether or not we have discussed family planning with our wives. Everyone will choose a partner to work with and discuss the questions that are listed. I will also read the questions before you start. What you discuss in pairs, you will not be asked to share with the larger group; participants should feel comfortable having an honest discussion with their partner.”
2. In pairs, each participant reflects on:
 - a. What it has been like for you to discuss fertility decisions and family planning with your wife?
 - b. What makes it difficult to start these conversations?
 - c. What has made it easier to start these conversations?
 - d. How did you choose a family planning method?
 - e. How do you perceive other men in the community who talk to their wives about reproductive health issues?
 - f. How do you perceive other men who use family planning?
 - g. Do you think other men perceive you as someone who uses family planning? Or do you think it’s a private issue and other men don’t know?
3. “Now we have spent some time talking about how we chose to use family planning and how we think men who use family planning are perceived.”

Time Needed: 45 minutes

Materials Needed:

- Flip chart
- Markers
- Pens
- Paper

Advance Preparation: none

Objectives: To identify ways they, as Male Motivators, can encourage other men to use family planning.

Instructions for Facilitator:

1. “In this next session, we are going to talk about the ways that men can support or hinder family planning use. We’ll also talk about how you, as Male Motivators, can encourage other men to use family planning.”
2. Divide the participants into three groups. Tell them they will have 15 minutes to complete their task.
3. Tell the members of group 1 that their assignment is to develop a list of all the ways that a man can *support* family planning use.
4. Tell the members of group 2 that their assignment is to develop a list of all the ways that a man can *hinder* family planning use.
5. Tell the members of group 3 that their assignment is to develop a list of all the ways that a male motivator can support men’s involvement in family planning.
6. Bring the groups back to together, and ask each group to share their lists. (5 minutes per group)
7. Discuss the ideas that were shared.

In Malawi, while the participants were able to brainstorm lists for steps 3 and 4, some terms like *support* and *hinder* were hard to translate into the local language.

* Adapted from “Draft Curriculum for Peer Educator Training, Young Marrieds Program”, p.27, by EngenderHealth 3/7/07

Time Needed: 30 minutes

Materials Needed:

- Penis model
- Variety of condoms
- 4 sets of cards with the steps for using a condom (1 step per card)
- Condom brochure

Advance Preparation: make 4 sets of cards with the steps for using a condom (1 step per card).

Objectives: To know how to appropriately use a condom.

Instructions for Facilitator:

1. “Next, we are going to have a race. This race is to see which team can put the steps to using a condom in the correct order the fastest”
2. Divide the participants into four groups.
3. Give each group a set of cards with the steps for using a condom. Make sure the cards are mixed up in a random order. The 16 steps are:
 - Buy or get condoms
 - Store the condoms in a cool, dry place.
 - Talk about condom use with your partner.
 - Check the date the condom was made and/or the expiration date.
 - The man has an erection.
 - Open the condom package.
 - Pinch the tip of the condom so the air is squeezed out of the tip and there is space to hold the semen.
 - Place the condom on the top of the penis.
 - If the condom is initially placed on the penis backwards, throw it away and start with a new one.
 - Roll the condom to the base of the penis with one hand as you hold the tip of the condom with the other hand.
 - The man inserts his penis for intercourse.
 - The man ejaculates.
 - After ejaculation, hold the condom at the base of the penis while still erect.
 - The man removes his penis from his partner.
 - Take the condom off and tie it to prevent spills.
 - Throw the condom away.
4. When all the groups are ready, say “Ready, set, go!” and have the groups race against each other to put the cards into the correct order. When one group thinks they are finished, check their answers to make sure the order is correct. Do not tell them which cards are out of place. Have the group continue if the cards are not ordered correctly. Have all the groups continue until one group has the correct order.

5. When all four groups have finished, review the correct order of the steps and demonstrate (or have a participant demonstrate) the correct use of a condom using a penis model.

The Malawi team chose to use the same steps as those on the insert of the condoms sold locally. They found this game to be a good discussion starting point, discussing each step before participant revealed what they chose as the following step.

* adapted from “Men as Partners: A Program for Supplementing the Training of Life Skills Educators,” pp.159-160, EngenderHealth

Time Needed: 45 minutes

Materials Needed: Myths and Facts sheet

Advance Preparation: Make two signs: one that says “MYTH” and one that says “FACT”. Post one sign on one side of the room and the other on the other side of the room.

Objectives: To identify common misconceptions about family planning.

Instructions for Facilitator:

1. “Next, we are going to talk about some common misconceptions about family planning. I am going to read several statements. For each statement, you are going to have to decide whether you think it is a myth or a fact. If you think it is a myth, go stand by the MYTH sign, and if you think it is a fact, go stand by the FACT sign.”
2. Read out each statement listed below and ask participants to identify if it is a myth or a fact.
3. After reading each statement, ask the men to defend why they chose the side they are on. Then, give the correct answer and discuss why the statement is either true or false.
4. “Many of the couples you visit may have these same and other misconceptions about family planning. As Male Motivators, you may have to help them learn what is true about family planning.”

Myth and Fact Statements

- A man does not need to use contraception after a certain age because he will eventually lose the ability to reproduce.
- A man cannot impregnate a woman while she is menstruating (having her period or bleeding).
- Abstaining from sex is the only method of contraception that is 100% effective in preventing pregnancy.
- Condoms, when used consistently and correctly, provide effective protection against pregnancy.
- A woman is protected against pregnancy the first day she begins taking the pill.
- Condoms are an effective means of contraception because they do not break or leak easily.

- Aside from abstinence, male and female condoms are the only contraceptive methods that can protect against sexually transmitted infections (STIs).
- There is a birth control pill that men can take to prevent pregnancy.
- A woman can take emergency contraception pills to reduce the risk of pregnancy after having unprotected sex.
- Withdrawal is an effective method of preventing pregnancy for a man who has never had sex before.
- A woman who uses injectable family planning needs to get a shot every month.
- After a woman gives birth, there is no way to protect against getting pregnant again.

The Malawi training team recognized that local myths were different than those in this curriculum. So they chose to split the men into groups and come up with their own myths within their community. Some of the statements that were developed included:

- Contraceptive pills cause uterine tumors
- Condoms can enter the uterus
- Contraception causes infertility
- Family planning is a hidden way of controlling the African population
- Contraception is imported from the western culture and are not for Africans
- Contraception reduces libido in men
- Injectables leads to continuous menstruation
- IUDs can puncture the heart.
- Condoms lubricant contains HIV aimed at infecting humans
- Contraception can lead to birth defects

* adapted from "MAP Peer Educator Training: A Resource for the Nawalparasi Men As Partners Project," EngenderHealth

Myths and Facts Answer Sheet

- **A man does not need to use contraception after a certain age because eventually he loses the ability to reproduce. – MYTH**
While women stop producing eggs after menopause, many men continue to produce sperm throughout their lives.
- **A man cannot impregnate a woman while she is menstruating (having her period or bleeding). – MYTH**
Even when a woman is menstruating, it is possible for her to ovulate (release an egg) and become pregnant. However, a woman is most likely to become pregnant right after ovulation, which usually occurs in the middle of her menstrual cycle, when she is not menstruating.
- **Abstaining from sex is the only method of contraception that is 100% effective. – FACT**
Avoiding penile-vaginal sex and avoiding any genital or anal contact with semen are the only ways to absolutely avoid pregnancy.
- **Condoms, when used consistently and correctly, provide effective protection against pregnancy. – FACT**
Condoms provide very good protection against pregnancy when used correctly. However, many people use condoms incorrectly, which results in a typical-use effectiveness rate of 86%.
- **A woman is protected against pregnancy the first day she begins taking the pill. – MYTH**
Most doctors recommend that women either abstain from penile-vaginal sex or use another method of contraception for seven days after they begin using the pill. After this time, a woman is protected from pregnancy every day, including during her period.
- **Condoms are an effective means of contraception because they do not break easily or leak. – FACT**
Condoms are very effective, depending on how carefully they are used. Condoms are inspected before being sold, and safety regulations require that condoms be able to hold a large amount of air without breaking. Condoms should not be exposed to heat or oil-based lubricants because both can cause the rubber to deteriorate. This, in turn, can increase a condom's chances of breaking.
- **Aside from abstinence, male and female condoms are the only contraceptive methods that can protect against sexually transmitted infections (STIs). – FACT**
Male and female condoms made of latex or polyurethane are the only contraceptive methods that protect against all STIs; no other methods offer such protection. Lambskin condoms do not protect against all STIs. A couple should always use condoms made of latex or polyurethane during sex if the partners are at risk for STIs.
- **There is a birth control pill that men can take to prevent pregnancy. – MYTH**
Scientists are currently developing a hormonal method of contraception for men that can be taken in the form of an injection or pill. However, the method is not currently available.

- **A woman can take emergency contraception pills to reduce the risk of pregnancy after having unprotected sex. –FACT**
 Emergency contraception is an effective mechanism for reducing the risk of pregnancy when contraception fails or is not used. Emergency contraception should be used when a couple forgets to use contraception, a condom breaks, a diaphragm becomes dislodged, an IUD is expelled, a woman forgets to take her birth control pills, or a woman is raped.
- **Withdrawal is an effective method of preventing pregnancy for a man who has never had sex before. – MYTH**
 The effective use of a withdrawal requires that a man have a high level of self-control during ejaculation. A man who is inexperienced in penile-vaginal sex will likely have difficulty removing his penis from the vagina in sufficient time before ejaculating.
- **A woman who uses injectable family planning needs to get a shot every month. – MYTH**
 The woman must get an injection every three months for Depo-Provera and every two months for Noristerat.
- **After a woman gives birth, there is no way to protect against getting pregnant again. –MYTH**
 The Lactational Amenorrhea Method (LAM) can be used for the first 6 months, and then the mother should transition to another family planning method. Condoms can also be used until the woman begins to bleed again, and the couple can then transition to another family planning method.

Time Needed: 30 minutes

Materials Needed: none

Advance Preparation: none

Objectives: To discuss the day's activities and the plan for tomorrow.

Instructions for Facilitator:

“Today we have covered the reasons why family planning, delaying first birth, and birth spacing are important, and the methods of family planning. We talked about our own experiences discussing family planning with our wives and how we chose to use family planning. Then, we looked at ways that men can either support or hinder family planning use, and the value of peer educators in supporting family planning use. Next, we had a race to learn the proper steps and their order when using a condom. And, finally, we talked about some common myths about family planning.

Tomorrow we are going to talk about three ways that we, as Male Motivators, can motivate men and couples to use family planning, and we will practice using them ourselves.”

Ask if there are any questions about today or the plan for tomorrow.

DAY 3: Motivational Tools

Time Needed: 15 minutes

Materials Needed: none

Advance Preparation: none

Objectives: To review some of the key lessons from Day 2.

Instructions for Facilitator:

1. Sit in a circle and use the Koosh ball to invite participation.
2. Ask one participant to share one thing they learned or something that was new to them from Day 2. After one person shares something they learned, they toss the Koosh to someone across the circle. Participants cannot repeat what others say.

Session 20: Family Planning Review and Game*

Time Needed: 1 hour 15 minutes

Materials Needed:

- “Family Planning Jeopardy” board (made with flipchart paper, note cards and tape or you can use a chalkboard, chalk and an eraser)
- Prepared questions

Advance Preparation:

Make the “Family Planning Jeopardy” board using flipchart paper, notes-cards, and markers. Draw a table on a piece of flipchart paper and write the appropriate question on note cards with the corresponding value on the back of each card. Tape the cards to the game board with the values facing outwards. The board will look like this:

The Importance of FP, Delaying Birth, and Birth Spacing	FP Methods	FP Myths and Facts	Men’s Role in FP
100	100	100	100
200	200	200	200
300	300	300	300
400	400	400	400
500	500	500	500

This game takes much advanced preparation. In Malawi, the game was modified so the cards were not written out ahead of time. Participants just choose a box and the question was read out loud.

Objectives: To review how the family planning methods work and the key information the male motivators will share with other men.

Instructions for Facilitator:

1. Explain to the participants that they are going to play a game called “Family Planning Jeopardy,” which is based on a popular television game show in the United States called “Jeopardy.” Unlike the television game show, this game discusses issues around family planning.
2. There are four categories: 1) The Importance of Family Planning, Delaying First Birth and Birth Spacing, 2) Family Planning Methods, 3) Family Planning Myths and Facts, and 4) Men’s Role in Family Planning. Each category has a list of five questions. The easier questions are worth fewer points (the easiest is 100 points), and the more difficult ones are worth more (the hardest is worth 500 points).

* Adapted from “MAP Peer Educator Training: A Resource for the Nawalparasi Men as Partners Project,” EngenderHealth

3. Divide the participants into four teams. Each team should designate a spokesperson for the team. This individual is responsible for giving the team's final answer. The team members should discuss their answer together, and then have the spokesperson present it. Any other answers that other team members shout out will not be accepted.
4. Take turns giving each team an opportunity to select from the board. Allow the team to select categories and question values from the board. For example, "I'll take Family Planning Methods for 300 please." You then take off the note card for Family Planning Methods for 300 points and read the corresponding question. If the team answers correctly, it is credited with the points. If the team is incorrect, they do not get the points and the next team has an opportunity to answer the question for half the points
5. Continue to play the game until all of the questions are answered.

GAME QUESTIONS:

Importance of Family Planning, Delaying First Birth and Birth Spacing

- 100 Q: List 2 benefits of delaying first birth.
A: *Decrease maternal health risks, decrease infant health risks, and benefits for young women*
- 200 Q: List 1 reason why family planning benefits women's health.
A: *Prevents maternal deaths, avoids unsafe abortions, and limits birth to a woman's healthiest childbearing years, allows them other livelihoods opportunities and increases access to education*
- 300 Q: List 1 reason why delaying the first birth benefits infants.
A: *Babies born to adolescents may experience more birth injuries, low birth weight, and stillbirth. Infant mortality is highest in countries with a large proportion of adolescent births*
- 400 Q: Spacing pregnancies at least 2 years apart helps women have healthier children and improves the odds of infants' survival by what percentage?
A: *50%*
- 500 Q: What are the healthiest childbearing years for women?
A: *Over age 20*

Family Planning Methods

- 100 Q: Name 3 methods to prevent pregnancy besides abstinence?
A: *Male condom, female condom, injectables (Depo), oral contraception, IUD (Loop), emergency contraception, and withdrawal*
- 200 Q: Which methods both prevent pregnancy and sexually transmitted infections at the same time?
A: *male and female condoms, and abstinence*

- 300 Q: Which method does a woman need to take/get/use every 3 months?
A: *injectables (Depo)*
- 400 Q: Why or when would someone use emergency contraception to prevent a pregnancy?
A: *72 hours after unprotected sex, or after rape or after a condom breaks*
- 500 Q: Which method is 100% effective?
A: *abstinence*

Family Planning Myths and Facts

- 100 Q: The best way to use a condom is to put it on tight.
A: *Myth, the best way to put on a condom is to squeeze the tip with one hand while rolling the condom down with the other hand*
- 200 Q: A man cannot impregnate a woman while she is menstruating.
A: *Myth, even when a woman is menstruating, it is possible for her to ovulate (release an egg) and become pregnant. However, a woman is more likely to become pregnant right after ovulation, which usually occurs in the middle of her menstrual cycle, when she is not menstruating.*
- 300 Q: Condoms, when used consistently and correctly, provide effective protection against pregnancy.
A: *Fact, condoms are 97% effective when used correctly and every time one has sex*
- 400 Q: Withdrawal is an effective method of preventing pregnancy for a man who has never had sex before.
A: *Myth, The effective use of withdrawal requires that a man have a high level of self-control during ejaculation. A man who is inexperienced in penile-vaginal sex will likely have difficulty removing his penis from the vagina in sufficient time before ejaculating. Withdrawal is not an effective method of preventing pregnancy period.*
- 500 Q: Birth control pills can only be supplied at health centers
A: *Myth, there are Youth Community-Based Distribution Agents and community health workers who can supply birth control pills in the community. On the last day of the training, we will be meeting the YCBDA's working in our communities, who can distribute oral contraceptive pills.*

Men's Role in Family Planning

- 100 Q: True or False: Gender has nothing to do with family planning
A: *False, gender roles affect how decision-making about family planning takes place and who makes the decisions. It also determines who amongst the couple is expected to be responsible for acquiring and using family planning methods. Men can be involved in bringing their wives to the health center, and in FP counseling sessions. Also men should discuss their future desires about family size with their wives rather than making decisions for the both of them.*
- 200 Q: True or False: It is best when a couple discusses family planning together
A: *True, when couples talk about family planning together, they are working together towards a common vision for their future. Furthermore, working together*

will likely decrease the chance of an unplanned pregnancy, and enable the couple to make the best choice of a family planning method.

300 Q: List 3 ways a man can support family planning use

A: Use answers generated from the discussion during Session 15. For example, a man can talk with his wife about delaying birth and birth spacing.

400 Q: List 3 ways a man can hinder family planning use

A: Use answers generated from the discussion during Session 15. For example, a man can refuse to use a family planning method; he can not allow his wife to go to the health center; he can avoid conversations about family planning because he feels uncomfortable discussing it.

500 Q: List 3 ways a Male Motivator can support men's involvement in family planning

A: Use answers generated from the discussion during Session 15. For example, he can share his own experiences discussing family planning with his wife thereby encouraging the client to have a discussion with his wife; he can educate men about different family planning methods; Male Motivators can help men gain the skills necessary to discuss family planning with their wives.

Time Needed: 15 minutes

Materials Needed: none

Advance Preparation: Become familiar with the three key tools discussed in the session.

Objectives: To provide a brief overview of the tools we can use to motivate a discussion between couples.

Instructions for Facilitator:

1. Say “Now I am going to introduce you to 3 key tools that we can use to motivate discussion between couples: Personal self-reflection, Future Island activity, and the Spin and Walk activity.”
2. Give a brief overview of each activity.
 - a. Personal self-reflection involves sharing your own personal stories with the men you visit and talking about what it was like for you to discuss family planning with your wife and how you made this decision together.
 - b. The Future Island activity challenges men to create a powerful and attractive vision of your future. This vision will motivate men to make healthy and positive family planning choices now so they can achieve their vision of the future.
 - c. The Spin and Walk activity demonstrates how family planning choices can either make life go more smoothly or can make a situation more difficult.
3. Say, “This is just a brief introduction to the three important tools you can use during your visits with men in the community to motivate them to discuss FP with their wives. In the next sessions, we will talk more about each tool and practice using them.”

Time Needed: 30 minutes

Materials Needed: none

Advance Preparation: none

Objectives: To share their own personal stories of using family planning and how they can use these stories with the men they visit.

Instructions for Facilitator:

1. Introduce the activity: “First, we will start by talking about self-reflection.” Explain again to the participants that processing self-reflection involves sharing their own experiences with the men they visit to help the men reflect on their own lives and experiences.
2. Say, “Yesterday, on Day 2, you each shared with a partner your own experience in talking with your wives about family planning, making a decision about delaying first birth, family planning and birth spacing.” Ask them:
 - a. What was it like for you to share your experience with someone else?
 - b. What could help make it easier to talk about your experiences with someone else?
 - c. How can sharing your experience with the men you will visit help motivate them to talk to their wives about family planning?
3. Invite 1 participant to role play in front of the room and ask him to share his own experience of talking to his wife about family planning. Ask him to pretend like he is actually sharing this experience with one of the men he will visit; this will be an important motivational tool you will use as Male Motivators. Ask the Community man to ask them questions about their experience. This role play can show how one will communicate their own experiences to the men they will visit in the community
4. If time permits, you can have another volunteer come up and practice sharing his experience with his wife in front of the room.
5. Ask: “Do you think this will be an effective method to motivate men to talk to their wives? Do you feel comfortable opening up and sharing your personal life with strangers? What might be some of the barriers for you sharing your experiences with other men? What else might we need to do?”

The term “self-reflection” did not translate well in Chichewa. Instead they changed the wording to “thinking about your past experiences”.

Time Needed: 60 minutes*

Materials Needed:

- 2 wooden stick bridges
- Pictures of an island, 2 crocodiles, a hippo and a snake
- Blank sheets of paper (1-2 pages for each participant)
- Pens and pencils or ideally colored pens and pencils

Advance Preparation: none

Objectives: To create a vision for their futures and a plan for how to get there.

Instructions for Facilitator:

1. Lay down both bridges on the ground surrounded by the crocodiles, snake and hippo, with the picture of the island on the ground at one end with the blue stick, as show below.



Malindi Youth Center: 18 year-old Angela Uzeni, a Save the Children trainer, demonstrates the future island activity.

Photograph by Michael Bisceglie, August 1, 2005

2. Select a few participants to take turns crossing the bridge. They will cross two times. The first time they cross, ask them to focus on the dangerous animals surrounding the bridge. The second time they cross, ask them to focus on the island that they want to get to.
3. After they are finished, ask them: “When you were trying to cross the bridge, was it easier when you kept looking at the crocodiles, or when you focused on where you wanted to get to at the end of the bridge?”

* adapted from “Journey of Hope Malawi Users Guide,” pp.17-24

4. Once they have answered, say:

“If you focus on the problems of life, the water and the crocodiles, you are more likely to fall into the problems. In your journey through life, it is more helpful to focus on where you want to get to and how you want your future to be. The next exercise is to help you imagine and create your future as you would really like it to be.”

5. Give an example of a motivating vision that someone might have for their future. This could be:

- Your own personal example: Describe how you want your future to be. Describe your desired future as if you are there now. Have the men be specific to include the number children they want and their hopes for their wives, children and themselves. For example, “Here I am in 10 years I am strong, healthy, happy, loving, and successful. I have 4 children who have all finished or are attending primary school. My wife has a small business selling maize in the market. I feel proud that all my children are healthy and I have money to send them to secondary school and to take them to the hospital when they are sick. ”

6. Ask the participants to relax and sit comfortably. In a soft, relaxed tone, slowly read the following. Pause between sentences, so that participants have time to think, reflect and imagine their future as they would like it to be.

“You can create your own future. I wonder what your future is like. Make yourself comfortable, relax and imagine what your future might be like. You may find it helpful to close your eyes. You may want to imagine your future as an island. Your “Future Island” is how you would really like things to be at some point in the future – choose a time, maybe three or five years from now. On your island, you can include anything that you want and believe is possible. Imagine being there on your island. You are very healthy and everything is going well for you. What can you see? Who is there with you? How many children do you have? What can you hear? What are others saying about what you have achieved? How do you feel? What are you doing on your “Future Island”? What skills have you developed? What is important to you? Who are you on this island?”

7. Ask for a volunteer to describe to the whole group how they imagined their future, as if they are there now. Ask them to stand at the end of the bridges, where the sample “Future Island” is and describe how they imagine their future, as if it is happening now. Ask them:

- What year is it now, on your “Future Island”?
- Describe the person you want to be on your “Future Island”, as though you are already there.
- What is going on in your “Future Island”?
- How do you feel?
- What have you achieved? What has your wife achieved?
- How many children do you have?
- What do you wish for your children; what would you like for them to be?

8. Say: “You are now back here in the present. Look ahead to your “Future Island”, and think how great it will be to get there. Now ask yourself:
 - What is the first thing I need to do today or this week to start moving towards my “Future Island”?
 - What will help me stay on the bridge so I can make it across successfully?
 - If I fall off, what will I need to do to get back on the bridge to reach my “Future Island”?

Suggest that all participants think about these questions, so that they can each find their own answers. Then ask the volunteer to walk across the bridges to their ‘future’.

9. Repeat steps 7 and 8 with some other participants who are willing to share their “Future Islands”.
10. At the end of the session, say “In the “Future Island” exercise we learned that it is more effective to focus on what we want and where we want to go than on the problems in our lives. To do that, we must create a vision of what we want our future to look like and then develop a plan which will help us get there. In reality, creating a future vision for one's family is most effective when done by both a husband and his wife together. When you are working in the community, this “Future Island” exercise might be a good tool you can use to get men to discuss their future desires with their wives.”

This tool worked very well with the Male Motivators. By the end of the session, many men were sharing personal stories of how the number of children they have had an impact on their family life.

Time Needed: 45 minutes*

Materials Needed:

- 2 wooden stick bridges
- Pictures of an island, 2 crocodiles, a hippo, and a snake

Advance Preparation: none

Objectives: To demonstrate in an active and participatory way how many kids might inhibit the achievement of one's goals.

Instructions for Facilitator:

1. Lay down *one* of the bridges with the animals on either side and the island at the far end of the bridge (just like in the "Future Island" activity)
2. Say "Now that you have created your "Future Island", we will now talk about crossing the river safely to get to the island. To do this you have to walk across the bridge, putting one foot in front of the other, so that with each step, the heel of your foot touches the toe of your back foot. The bridge represents the choices you make that help you get to your "Future Island" and the animals represent some of the challenges that might get in our way of reaching our "Future Island."
3. Ask the participants to brainstorm some of the challenges they might encounter that could get in the way of reaching their "Future Island". (Some examples might include; not enough money to pay for school fees or health care, no work, children get sick often, etc.)
4. Demonstrate trying to walk on the plank yourself. Get all willing participants to try walking the length of the bridge from one end to the other. Tell those who fall off not to worry, as they will have another chance later.
5. Now ask a participant who crossed successfully to spin around 1 time and then immediately try to walk across the bridge. Ask another to spin 2 times and cross the bridge. Continue this with the participants who spin 3 times, 4 times, 5 times, 6 times and 7 times.
6. Ask different participants and discuss:
 - What do you think this activity represents?

Tell the participants that the number of times you spin equals the number of children you want to have. Often, with each additional child comes more financial responsibility and more time needed to care for the children, which can make it harder to reach their "Future Island". Discuss:

* adapted from "Bambo Wachitsanzo: A Hope Kit Update," p.20-21

- In what ways does the number of children a man has affect his life?
 - What can help a husband and wife avoid or overcome some of the challenges that get in the way of reaching the “Future Island”?
 - What can help a husband and wife reduce the risks of having a lot of children?
7. Now lay down the second bridge parallel to and about 30cm from the other bridge. Invite all participants (particularly those who fell off the first time they tried) to try crossing again, making use of both bridges if they need to. Everyone should now cross safely.
 8. Ask and discuss: “What does the second bridge represent?” One possible interpretation is that it represents support from wives, friends, relatives, and other men to use family planning. It can also represent a man who communicated with his wife about their “Future Island” and made a plan to get there. It can also represent a wife that uses family planning.
 9. At the end of the session, say, “In the “Spin and Walk” exercise, we practiced staying on the bridge to reach our “Future Island”.” Explain how this can be an effective method to motivate men to talk to their wives about their own “Future Island” and how they can use family planning to help achieve their vision of the future.

Practice “Future Island”, “Spin and Walk”, and Self-Reflection Activity in Smaller Groups

Time Needed: 1 hour 15 minutes

Materials Needed: none

Advance Preparation: none

Objectives: To get comfortable using and moderating these tools.

Instructions for Facilitator:

1. “Now we’re going to practice using these three tools in small groups.”
2. Break up the large group into small groups of 4 men.
3. Tell them to begin practicing the self-reflection, “Future Island”, and “Spin and Walk” activities. Also tell them that every group member should have a chance to practice facilitating the activity in their smaller groups. They should remember that these are the motivation tools they will use with the men they will visit in the community.

Time Needed: 30 minutes

Materials Needed: none

Advance Preparation: none

Objectives: For participants to share their experiences trying these activities and to ask any questions about using these tools.

Instructions for Facilitator:

1. Ask and discuss, “Now that you’ve had a chance to use these tools, what was it like to try these activities?” Invite them to ask any questions that they might have about the activities.
2. How can you effectively use these tools when visiting with men in the community?
3. After the discussion, briefly summarize what people shared about their experiences.

Time Needed: 15 minutes

Materials Needed: none

Advance Preparation: none

Objectives: To discuss the day's activities and the plan for tomorrow.

Instructions for Facilitator:

1. Say "Today we learned about three important tools that we can use when we visit with men in the community: self-reflection, "Future Island", and "Spin and Walk". Self-reflection involves sharing your own experiences of using family planning and talking with your own wife to help the men you visit assess both their lives and their relationships with their wives. "Future Island" is an activity that helps people create a vision for their lives and their family's lives and then make a plan on how to reach that future. We learned that being able to attain that future means making choices that help us stay on the "bridge". Finally, in the "Spin and Walk" exercise we experienced how having lots of children or having them too close together makes it difficult to stay on the "bridge" that leads us to the future we desire."
2. Ask if anyone has any questions from the day's sessions.

DAY 4: Behavioral Skills

Time Needed: 15 minutes

Materials Needed: none

Advance Preparation: none

Objectives: To review some of the key lessons from Day 3.

Instructions for Facilitator:

1. Sitting in a circle with the Koosh ball, ask each participant to share one thing that they learned from Day 3.
2. Participants cannot repeat what others say.

Time Needed: 15 minutes

Materials Needed: none

Advance Preparation: none

Objectives: To present how behavior skills build on the information and motivational tools.

Instructions for Facilitator:

1. Say “We’re now going to briefly review what we have learned so far.”
2. Briefly recap the information that was provided on Day 2. “On Day 2 we talked about the importance of delaying first birth, family planning and birth spacing. We discussed reasons such as it’s not good for the mother’s health when she is too young or has too many children, and the babies are at higher risk of dying when they are born too close together or to a young mother.”

“We also talked about the various family planning methods, how they work, and the advantages and disadvantages of using each method. And we shared our own experiences in discussing family planning with our wives and what men’s role is in family planning use. Then we reviewed how to properly use a condom and looked at some of the misconceptions about family planning.”

3. Briefly recap the motivational tools that were provided on Day 3. “Yesterday, we learned three tools that can be used to motivate men to discuss family planning with their wives and to want to use family planning themselves:
 - Personal self-reflection
 - Future Island
 - Spin and Walk

Personal self-reflection involves sharing your own experiences discussing family planning with your wife with the person you want to motivate, to help them reflect upon their own lives. “Future Island” has you create a future that you find inspires you to make choices that will help achieve that future. “Spin and Walk” demonstrates how using family planning is an important part of reaching our goals.”

4. Say, “In the last two days we have learned FP information and motivational tools to use with other men. Next, we are going to talk about key behavior skills men will need to communicate with their wives and begin using family planning.”

Time Needed: 60 minutes*

Materials Needed:

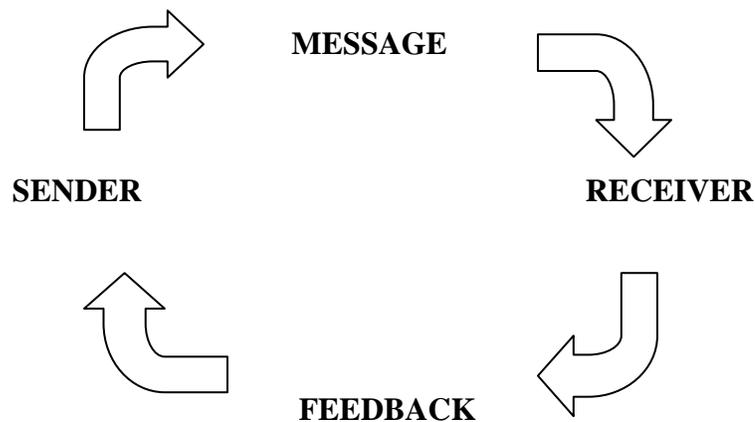
- Flipchart
- Markers
- Poster-size diagram of the model of communication

Advance Preparation: Draw the model of communication on a piece of flipchart paper

Objectives: To clarify what communication is and what makes it effective

Instructions for Facilitator:

1. Say “First, we need to define communication.”
2. Write the word “communication” on the flipchart and as the group for examples of ways they communicate. List their responses, adding others from the list below if appropriate:
 - Talking on the phone
 - Writing a note or letter
 - Telling a story
 - Acting out a situation
 - Sending signals with body, clothing, and so on
 - Making a face
 - Singing a song
3. Ask someone to explain the purpose of communication. Help participants articulate that communicating is sending a message from one person to another.
4. Display your diagram illustrating this model of communication:



* adapted from “Life Planning Education,” pp.57-58, Advocates for Youth

5. Explain the elements in the model: “The sender creates and transmits the messages. The receiver is the person (or group) who receives and responds to the message. The message contains both the sender’s information and the receiver’s interpretation of the message. Feedback is the way the receiver acknowledges the message.”
6. Read the example of communication below:
Matthews and Mary are talking. Matthew says, “I think we should talk about waiting to have children. A man came to talk to me about it and told about how your health can be in danger if you begin to have children too young. I want us to make the best decision for our future.”
7. Ask the group the following questions:
 - Who is the **sender**? (Matthews)
 - Who is the **receiver**? (Mary)
 - What is the **message** Matthews is sending to Mary? (Possible messages include: “I don’t want to have children now,” and “I want us to work together towards a bright future.”)
8. Make the point that the **message** is not just what a person says, but the meaning in that message. Meaning takes two forms: the meaning *intended by the sender* and the *meaning interpreted by the receiver*. Clarify that **feedback** is both the way the receiver lets the sender know she or he got the message and the way the sender finds out if the receiver correctly understood the message.
9. Review the scenario between Matthews and Mary. Ask the group what Mary could say to Matthews to clarify the communication and give him feedback. Several possibilities include:
 - Mary can ask a question: “Are you saying that you don’t want to have children right away?”
 - Mary can tell Matthews she doesn’t understand: “I guess I don’t really understand why you don’t want to have children now. I thought you loved me.”
 - Mary can repeat the message she thinks she got from Matthews: “It sounds like you are worried about what having children right away would mean for our health and future.”
10. Point out that any of these responses opens the door for Matthews to re-communicate with Mary and clarify and/or offer additional information. Without the feedback, Mary may never know what Matthews meant and Matthews may not tell his wife what he is really feeling.
11. Tell the group that poor communication can result from any breakdown in the communication model:
 - The sender fails to send a clear message.
 - The receiver does not listen and fails to get the message.
 - The receiver fails to clarify the message by giving feedback to the sender.
 - The sender does not acknowledge and/or respond to the feedback.

Emphasize that poor communication causes problems in families, relationships, jobs and so on.

12. Conclude the activity using the following discussion points:

- Have you ever had difficulty sending a message to your wife? What happened? Why is it sometimes difficult to say what we really mean?
- Have you ever tried to communicate and been misunderstood? What happened? What could you have done differently?
- What happens when communication between you and your wife breaks down? (Answers: “Senders” may get angry or frustrated because their message is not received or interpreted correctly; “receivers” may get hurt feelings if they think the sender has sent them a negative message; a job may not be done correctly because the receiver did not get the message from the sender; relationships may end because two people have not been able to communicate clearly and effectively.)

13. Say “In this session, we talked about what communication is and how it works. We talked about the ways senders and receivers need to act in order to ensure good communication. This is important because as Male Motivators you will be communicating with other men about the importance of family planning and good communication will help you relay your message. It is also important because you will also be coaching these men on how to communicate with their wives about a sensitive topic. Understanding more about communication will enable you to coach these men on how to be better communicators.”

Due to a lack of time, this session was skipped during the male motivator training in Malawi.

Time Needed: 45 minutes

Materials Needed: none

Advance Preparation: none

Objectives: To identify ways to start a difficult conversation.

Instructions for Facilitator:

1. Say, “It is often difficult to start conversations with our wives on topics related to our reproductive health. Building on the experience we discussed on Day 3 about sharing our personal experiences with other men, now we are going to talk about ways to start a difficult conversation with our wives.”
2. Ask:
 - Have you ever had to start a difficult conversation with someone?
 - What was the conversation about?
 - How did you begin the conversation?
 - Where were you when you had the conversation?
 - How did you start the conversation?
3. Ask the group to brainstorm how a man can start a conversation with his wife about family planning. Write all the responses down on a flip chart. Help guide responses with the following questions:
 - When would be the best time to have a conversation? For instance not while eating or doing chores at home. The best time is when a man is relaxed and has time to give, etc. Why?
 - Where would be the best place to have the conversation?
 - What are the key phrases a man can use to start the conversation?
(Ex. I was thinking about the health of our family and wanted to discuss it with you. Could we talk more about this?)
4. Ask the participants “How can we use this useful list of phrases to coach other men how to start conversations with their wives about Family Planning?” (the self-reflection exercise is one method)
5. Summarize some of the participants’ responses to the questions. Say, “Next we are going to act out good and bad communication.”

The Malawi team added in role plays at the end of this session. For example, they used one scenario; “Say you come home after this training and notice a used condom in the house. How would you start talking about this?” Other scenarios were used to see different techniques of starting difficult conversations and the other trainees would comment on each person’s approach.

Time Needed: 90 minutes*

Materials Needed:

- Flip chart
- Markers
- Role-play scenarios for facilitators and participants

Advance Preparation:

- Facilitators should review the role play scenarios and be prepared to act them out.
- Copies of role plays (10 copies of each)

Objectives:

- To review men’s role in communication within the relationship.
- To discuss and re-enact role plays depicting good and bad ways to communicate with one’s partner.

Instructions for Facilitator:

1. Brainstorm with participants regarding what are some types of “good” communication; what are some types of “bad” communication. Write their responses on a flip chart. Make sure you include the types listed in the boxes below.

Good Communication Skills:	Bad Communication Skills:
<ul style="list-style-type: none">• Listen carefully and politely• Not interrupting the person while s/he is talking• Accept and validate what the person says, regardless of whether or not you are in agreement with it.• Positively reinforce someone for their efforts to communicate their ideas, needs and feelings• Coming to a mutually beneficial conclusion to a conversation for both parties involved• Using open and welcoming body language to send the message that you are not defensive (arms crossed) or angry (scowling face) at the speaker.	<ul style="list-style-type: none">• Interrupting the person before they are finished talking• Not listening carefully; not validating what the speaker has contributed to the conversation• Being defensive or argumentative• Using put-down words or statements: dumb, stupid, lazy; calling someone names during a conversation• Telling someone what to do, rather than asking them what they would like to do• Ignoring or giving the silent treatment to someone because you do not agree with something they said or did

* “The Importance of Effective Communication,” Northwestern University, College of Business Administration, <http://web.cba.neu.edu/~ewertheim/interper/commun.htm>

2. **Role play: Bad Communication/Hinder Family Planning Use**

Workshop facilitator will demonstrate a role play, depicting “bad” communication between a couples; this role play will focus on men’s role in hindering family planning use within the couple.

Scenario:

Blessings is a good husband. He works in the fields all day to provide housing, food and necessities to his wife and six children. Blessing’s wife, Faith, recently gave birth. She has a six month old baby and five older children, ranging in age from two to eleven years old. One evening, Blessings decides to visit the local bar with some friends. Blessings only intended to drink one “Kuche Kuche” but one beer soon turned into several. Before he knew it, Blessings was quite tipsy and also late for dinner! He knew he would be in trouble with his wife since she liked to wait for him to return home before feeding the children; he was sure she would be furious by now.

Blessings arrived home and as he suspected, found a very angry wife and six hungry children waiting for him. He made jokes with the children and even offered to help his wife clean up after the meal. By now it was bedtime and it seemed like his wife was no longer angry. Blessings and Faith settled down for the night and began to talk; soon after Blessings desired to be intimate with his wife.

Since the baby was born, Faith hasn’t had much interest in sex. Possibly since this is her sixth baby in twelve years. Faith is tired – she has to cook for, clean up after and take care of her children; the littlest baby, Rosie, had been sick for the past two weeks, which made Faith’s job even more difficult. Worse yet, it appeared that Faith had started bleeding again, which made her fearful that she could get pregnant. The last thing Faith wanted was to become pregnant while still trying to manage a household full of children and breastfeeding a small baby.

Blessings: (Puts is arm around Faith but she pushes him away): “Hey, I thought you liked being intimate with me?” he asks Faith

Faith: “I do, but I am tired right now and want to go to bed. Rosie has been crying all day and I hope to get a good night’s rest in case she wakes up in the middle of the night with another fever.”

Blessings: “Faith, why don’t you like being intimate with me anymore...is there something you need to tell me? Why is it that every time I want to be intimate, you push me away? I am your husband and have a right to be intimate with you when I please. You used to like being with me – what’s going on with you”.

Faith: (Reacts defensively) “Look, I do like being with you, but I explained that I’m tired. I am intimate with you whenever you please. Yes, as my husband, it is your “right” to be with your wife, but don’t I have rights when it comes to deciding whether or not I feel like it?”

Blessings: (Reacts angrily) “Come on, you used to like being with me before Rosie was born. What’s wrong with you – why do you keep rejecting me? What is your mother telling you about me that makes you not want to be with me? What about your friends? What have they

been saying about me? You shouldn't spend all of your time with your mother and your friends – you should be spending more time taking care of your children and your husband”.

Faith: (Reacts angrily) “I do spend all of my time taking care of *our* children and of my husband; however, it appears that my husband is ungrateful for all of the work I do”.

Both Blessings and Faith go to bed angry.

3. **Role-play: Good Communication/Support Family Planning Use**

Workshop trainers will demonstrate a role play, depicting “good” communication between a couple; this role play will focus on men's role in supporting family planning use within the couple.

Please continue using the same story line, but use the following role play.

Blessings: (Kisses Faith but she pushes him away): “Hey, I'm sorry, I thought you were enjoying kissing me. What's going on, Faith, please tell me how you are feeling”.

Faith: “Oh, thanks for asking Blessings, to tell you the truth, I would love to keep kissing you, but I am tired right now and can only think about going to sleep. Rosie has been crying all day and I hope to get a good night's rest in case she wakes up in the middle of the night with another fever.”

Blessings: “Faith, I'm sorry to hear that you've had a rough day. And I'm sorry for not coming home earlier. I will come home extra early tomorrow to help you with dinner. Please tell me, how is little Rosie doing – do you know why she is still sick?”

Faith: “I don't know why Rosie is still sick. I took her to the doctor last week and they gave her an injection and told me to bring her back if she doesn't get better. She is a lot better, but cries all the time. She also doesn't want to drink my breast milk. Blessings, I also started bleeding three days ago. I think my period has returned, which scares me.”

Blessings: “Why are you scared, Faith? Why does your menstruating scare you? I thought it was normal for women to bleed every month”

Faith: “Ahhh, Blessings, because bleeding again means I can get pregnant again and I don't want to have another baby right now. Rosie is only six months old and little John is only two. It takes a lot of energy to run around after those two – plus the others. I would like to wait awhile before we have another baby. Actually, I was thinking that six children is a good number; we don't need more than six children, right?”

Blessings: “Well, I was thinking we would have a few more children before quitting, but you do have a point. I guess I don't often see how hard it is on you and on your body to keep having children one after the other. In fact, we've had six children in twelve years. You are only thirty one years old, Faith. It makes me scared to see you so tired and desperate while you are still young. With Rosie getting sick lately and our other children starting school, it has also been very hard on me financially. Let's talk more about what we can do to avoid having another child for the moment. Do you have any ideas?”

Faith: “Well, I was talking to Nyika the other day and she mentioned that someone had come by her house to talk about waiting to have kids. There are pills a woman can take to avoid becoming pregnant. At first I was skeptical and thought “who would want to take pills and what are they going to do to my body”, but after talking to Nyika, I’m convinced they are a good thing. She explained to me that the pills don’t stop me from bleeding every month, but they stop me from being able to get pregnant. Can you believe it’s that easy? All I have to do is take a pill every day and I won’t get pregnant.”

Blessings: “Wow that sounds interesting. I have heard of using condoms, but I don’t know anything about the pill. Wouldn’t it be nice if we could still be intimate, but you could avoid getting pregnant? Did Nyika say how you could get these pills?”

Faith: “Yes, she said I could either get them from the community based distribution agent who lives in the village or I could get them from the nurse when I go to the health clinic. Maybe I can talk to someone at the health clinic when I next take Rosie back to the doctor? What do you think?”

Blessings: “Faith, I think it’s a great idea. Let’s keep talking about this and let’s find a solution that works for the both of us. I know you’re exhausted so lets’ go to bed, okay?”

Faith: “Okay. Hey, Blessings, thanks for talking and for listening. This is the best I’ve felt all day long. Good night”.

Blessings: “You’re welcome, Faith. Good night”.

Blessings and Faith hug each other and fall into a deep sleep.

4. Discussion

Ask the participants the following questions:

- How did the first scenario differ from the second scenario?
- What were some good communication and bad communication skills you witnessed during the role-play?
- Did this role-play seem realistic? If so, why? If not, why not?
- Is it often hard to talk to our partner about sensitive subjects such as intimacy? How about when we feel vulnerable or rejected by our partner?
- How do you think Faith felt after the first scenario? What about after the second scenario?
- How do you think Blessings felt after the first scenario? What about after the second scenario?
- What could Blessings have done differently in the first scenario to resolve the situation differently?
- Ask if there are anymore questions

5. Role plays (participants):

Ask all the participants to get into pairs.

Pass out one scenario to every pair. Each group must come up with a role play to illustrate the situation presented on the card. After 15 minutes, ask a few of the men to present their role plays in front of the group.

Issac and Sara:

Issac and Sara are a young, married couple with one small child who is one year old. Issac has been away, working at the lake, for the past six weeks. Upon his return home, he finds out Sara has begun taking birth control pills, which angers him. Issac suspects Sara has been seeing someone else, which explains why she began taking the pills. Sara explains to Issac that during his absence she received a visit from the community health worker who convinced her that taking the pill would be a good way to avoid having more children for the next year since children and mothers are most healthy when births are spaced two years apart. Sara thought that Issac would be happy that she had taken steps to avoid getting pregnant again. Things had been difficult for Sara and Issac ever since he lost his job as a mechanic and had to look for work by the lakeshore. Both Sara and Issac know that getting pregnant again is not an option for the couple because of their financial situation.

Action: Act out a role play between Issac and Sara with a positive outcome. What could Sara have done differently to avoid angering Issac? What could Issac have said to make Sara believe he trusts her and in her decision-making abilities? What kinds of decisions can they make together from this moment forward?

John and Grace:

John and Grace were recently married. John is 26 years old and Grace is 17 years old. John works as an office assistant in the local government and Grace is almost done with secondary school. Grace has a dream of being a nurse. As a newlywed, Grace has a lot of responsibilities in the new house she shares with her husband, but also helps her mother who lives nearby take care of her younger brothers and sisters. Grace's father died four years ago, and as the oldest child, she has had to take on many responsibilities in his absence.

Being a nurse has been Grace's dream since she was a small child. Grace and her mother have saved some money to help her go to nursing school. Although Grace wants to have children – she would like to have 2 or 3 – she is not ready to have them quite yet. Because of the many sacrifices she has made in helping to take care of her younger siblings, Grace knows that with children come many responsibilities. She has told John that she would like to wait 4 or 5 years before getting pregnant. John didn't want to hear this. He got angry and said that since they were now married they would need to start having their own family. John, who used condoms before they were married, now refuses to wear them. Grace is unhappy with this situation and is also afraid of getting pregnant and having to give up all of her dreams of becoming a nurse. She has tried to talk to John, but he won't listen to her; he only tells her that she is abnormal for not wanting to have a family with him.

How can John and Grace find a solution to their problems? How will communication be important? What about planning for the future? What would John say to other men if they choose to wait and not have children?

Time Needed: 60 minutes*

Materials Needed:

All materials are in the HOPE KIT:

- A set of printed photographs of people living openly with HIV, each on a separate A4 sheet, together with their stories/case histories on separate sheets
- Card characters
- Large blue cloth with 3 boats and pockets
- A wall or tree on which to hang the blue cloth or an open area on the ground
- Crocodile, hippo, and snake cards

Advance Preparation:

- Read and familiarize yourself with the stories of the different people in the photographs you are going to use.
- If possible, arrange for an HIV positive speaker to join the session, and present/answer questions from the participants. This should be someone who is currently healthy and reasonably positive about life.

Objectives:

- To address assumptions and stereotypes about who is/is not living with HIV.
- To clarify that physical appearance is a very poor indicator of HIV status.
- To improve understanding of issues for people living with HIV, and what it means to live positively and openly with HIV.
- To encourage participants to get tested in order to know their HIV status.
- To help participants explore and openly discuss some HIV-related issues facing them and others in their community.

Instructions for Facilitator:

1. Introduce this session by saying, “We have been talking about family planning for many sessions and hope that you are gaining the skills necessary to talk to other men in the community about family planning. We would like to spend 1 hour briefly talking about HIV since we are living in communities affected by HIV. We are going to do an activity to look at the assumptions and stereotypes we all have about people who are and are not living with HIV.”
2. “Who is living with HIV?” activity: (15 minutes)
 - a. Lay out a selection of the photographs of people living openly with HIV, or get participants to hold one picture each so that everyone can see them. Ask participants to look at the pictures and identify those they think are living with HIV and those they think are not living with HIV. Ask them to move pictures of people they think are living with HIV in one direction, those they think are not living with HIV in the other direction, leaving the ones they are not sure about in the middle.
 - b. Ask participants to explain why they have selected the people they have as either ‘living with HIV’ or ‘not living with HIV’. When someone says for

* adapted from “Journey of Hope Malawi Users Guide,” pp. 3-4, 25-28

example, “He looks sad – he probably has HIV” respond by asking them: “So if anybody looks sad, do you think they have HIV?” Respond in a similar way to other comments like “She looks very religious” or “He is too old to have HIV”. This gets participants thinking about the judgments and assumptions they make and the stereotypes they have about people’s HIV status.

- c. Select some of the pictures, one by one, and summarize the actual stories of these people. Clarify that all the pictures are of people who are HIV positive, and that it is impossible to know someone’s HIV status just by looking at them.

3. Fleet of hope with card characters activity: (30 minutes)

- a. “Next, we are going to explore and discuss some HIV-related issues that we face in our communities. First, I am going to tell you a story about a very serious flood that shows how people in the community handled it. The waters of this flood have been rising for several years, flooding houses, villages, and towns.”
- b. Lay the cloth with the boats on the ground or hang it up in front of the group. Put the dangerous creatures (crocodile, hippo and snake) on the cloth or in the pocket in the middle. Explain that some of these dangers you can see, but HIV and sexually transmitted infections (STIs) lie hidden in the water. “Many people do not notice the flood is coming and they do not know what caused it. Some people climb onto the roofs of their houses or move to higher ground to escape. The flood keeps rising. There are three different boats available for people to escape the flood called Abstinence, Faithfulness, and Condom.”
- c. “Each person in the community can choose which boat they want to get on depending on their culture, religion, character, age and way of life. Anyone not on any one of the three boats is swimming about in the flood water, risking attack by dangerous creatures. Some do not notice the flood coming until it is too late. Others see the flood coming but find it very difficult to leave their way of life and so the flood takes them. Some are trying hard to climb back into the boats.”
- d. Show participants the card characters you have selected, and explain this activity will involve their telling stories about these characters and the relationships they have formed. Distribute the card characters amongst the participants. Allow participants to select a character they want to tell a story about, since this may make it easier for them to bring up the issues they believe to be important.
- e. Ask the participants with card characters, one at a time to: “Introduce your character. Give him a name. Make up a story about who he is, what he is like, the relationships he has and what he is doing today. Then, put him in a boat according to whether he is at the moment Abstaining, Being Faithful, or using Condoms. If he is not in any of the boats, put him in the water. Put him where you think he is now, not where you think he ought to be.”
- f. Encourage participants to create relationships between the different card characters. The discussion can develop in many directions, addressing different issues through these ‘characters’. Clarify that people can and often do change and use different boats. Illustrate this with the card character that looks like a businessman: “The businessman has a faithful relationship with

his wife most of the time. Then he goes away on a business trip. He gets on the Abstinence boat, but after a week away, he meets a pretty woman. If he decides to have sex with her, he must use the Condom boat; otherwise he will take a dive into the water. Then, when he returns to his wife, he may drag her into the water, too, even though she has been faithful herself. People often change and use different boats as they go through life.”

g. Ask the group:

- What support and suggestions can you offer the different characters to address the issues they are facing?
- What will help those already on the boats stay on the boats?
- What will help those in the water get back onto the boats?

Take one character at a time and use these questions to develop the discussion around the issues facing these characters and what can assist them. Ask the group what support they could offer to that person to overcome the issues/problems he is facing. The advice directed to these card characters is often helpful to group members facing similar situations and issues in real life.

In Malawi, one of the male motivators was HIV positive and was involved with advocacy and counseling in his community. He was asked prior to this session if he would be interested in sharing his story with the group. This participant felt comfortable doing so, and shared a very compelling personal story with the group. The other participants had many questions for him and were very respectful. It helped make this session more real for the participants.

Time Needed: 15 minutes

Materials Needed: none

Advance Preparation: none

Objectives: To summarize the day's sessions and to discuss the plan for tomorrow.

Instructions for Facilitator:

1. "Today we defined communication and discussed how to have effective communication. Then, we talked about ways to make it easier to start a difficult conversation. We practiced having good communication and bad communication. Finally, we talked about HIV and the stereotypes and assumptions we make about people living with HIV.

Tomorrow morning we will have about 40 guests: the 7 Youth Zone Coordinators and about 35 Youth Community Distribution Agents. They will be with us until about 1:30. During that time we will learn about their roles and responsibilities in the community and how they can be a resource to us. Then, we will break up into zones and each zone will create a map of its community.

In the afternoon, after the Youth Zone Coordinators and Youth Community Distribution Agents have left, we will talk about your specific responsibilities as Male Motivators, how to record your visits and how to provide referrals for health services to the men you are visiting. We'll discuss what's going to happen in the following three months and finally take a test to assess what you have learned from this workshop."

2. Ask if anyone has any questions about today sessions or the plan for tomorrow.

DAY 5: Roles and Responsibilities and Introductions to Youth Zone Coordinators and Youth Community Based Distribution Agents

Session 35

Introductions and Games

Time Needed: 45 minutes

Materials Needed: pieces of colored paper, 5-10 different colors.

Advance Preparation: none

Objectives: To introduce new participants and to get to know each other.

Instructions for Facilitator:

1. Say “We have some new participants with us today. All of these young people work in our communities as Youth Zone Coordinators and Youth Community based Distribution Agents. They will stay with us all morning and have lunch with us. We are now going to do an exercise that will help you get to know each other a little better.”
2. Pass out a piece paper to each participant.
3. Have each Male Motivator identify one of the new participants who has the same color paper.
4. After all the participants have found their partner, ask them to introduce themselves to the other person. They should share their name, what their role is with the Nchanda Project and one of their favorite interests or passions.
5. Then, ask everyone to form small groups of 10 people. In each group, ask each participant to introduce their partner to the group and what their role is in the community.
6. “So, we have gotten to know our partners a bit better. Next, the YZCs and YCBDAs are going to share what their roles and responsibilities are.”

Time Needed: 30 minutes

Materials Needed:

- Flip chart paper
- Markers

Advance Preparation: none

Objectives:

1. For youth to present the roles and responsibilities of being a Youth Zone Coordinator (YZC) and a Youth Community Distribution Agent (YCBDA).
2. To present the new Male Motivator role to the youth workers.

Instructions for Facilitator:

1. Ask 1-2 Youth Zone Coordinators to get up and share what their roles and responsibilities are within the Nchanda project and in which “zone” they work. As they are sharing, write down the roles and responsibilities of a YZC on a piece of flipchart paper.
2. Then ask 2-3 YCBDA’s get up and explain what their roles and responsibilities are within the Nchanda project and in which “zones” they work. As they are sharing, write down the roles and responsibilities of a YCBDA on a piece of flipchart paper.
3. Lastly, the facilitator will explain to the YZCs and YCBDAs what the roles of the male motivators will be. Facilitators can simply say “the male motivators will be meeting with men in the community who are married to women less than 25 years old. They will provide information on family planning and help motivate them to discuss family planning with their wives. They will practice the good communication skills needed for men to talk to their wives.” The facilitator can ask one Male Motivator to briefly explain what topics they have learned in the last 4 days.

Time Needed: 15 minutes

Materials Needed: 75 copies of the Male Motivator protocol of visits Handout.

Advance Preparation: Make 75 copies of the Male Motivator protocol of visits handout.

Objectives: To clarify the role of the Male Motivators and how they will be able to connect with the YCBDAs and health centers.

Instructions for Facilitator:

1. “Next we are going to go over how the Male Motivators responsibilities in a bit more detail so it is clear for everyone and how Male Motivators can reach the YCBDAs and connect with staff at the health centers.”
2. Explain the Male Motivator’s protocol and the points at which they can connect to the YCBDAs and the health centers. “Each male motivator will be assigned 5 men in the community who are married to women younger than 25 years old. Each Male Motivator will visit these men 5 times over a 6 month period. They will each follow the same structure for their visits:

Visit 1. Family Planning Information:

Discuss benefits of birth spacing, socio economic factors of having large families with children born close together; teach about different family planning methods

Visit 2. Motivational Factors:

Male Motivators will address gender norms related to family planning (with poster cards), community perceptions of men who use family planning; educator to disclose own experiences of using family planning and use other motivational tools such as the “Future Island” and “Spin and Walk” activities.

Visit 3. Role Play and Communication Skills Development:

Male Motivators will encourage men to discuss family planning with spouses, discuss the benefits of contractive decision-making. Male Motivators will use role-plays to help men learn how to start difficult conversations with their wives and discuss good and bad communication styles.

Visits 4 and 5. Continued Information and Motivation:

Male Motivators will provide time for participants to discuss the benefits and challenges related to their integration of information and skills developed through this intervention.

During each visit, Male Motivators will explain where family planning services are available and explain that there are Youth Community Based Distribution Agents (YCBDAs) who work in the region where condoms and pills are available. If a participant wants condoms or pills, the Male Motivator can contact the YCBDA and schedule a visit at the person’s home for the following day. Other family planning methods must be obtained at the hospital.

Participants who express interest in these will be given information as to where to go and an appointment will be facilitated by the Male Motivator.

3. At the end of the session, summarize the ways that the Male Motivators can connect to the YCBDAs and the health centers.

Handout

Male Motivator Protocol of Visits

For the next 8 months, Male motivator will be assigned 5 men in the community who are married to women younger than 25 years old. Each Male Motivator will visit these men 5 times over a 6 month period. They will each follow the same structure for their visits:

Visit 1. Family Planning Information:

Discuss benefits of birth spacing, socio economic factors of having large families with children born close together; teach about different family planning methods

Visit 2. Motivational Factors:

Male Motivators will address gender norms related to family planning (with poster cards), community perceptions of men who use family planning; educator to disclose own experiences of using family planning and use other motivational tools such as the “Future Island” and “Spin and Walk” activities.

1-day workshop: Male motivators will come back together for one day to share their experiences and improve their outreach to men.

Visit 3. Role Play and Communication Skills Development:

Male Motivators will encourage men to discuss family planning with spouses, discuss the benefits of contractive decision making. Male Motivators will use role plays to help men learn how to start difficult conversations with their wives and discuss good and bad communication styles.

Visits 4 and 5. Continued Information and Motivation:

Male Motivators will provide time for participants to discuss the benefits and challenges related to their integration of information and skills developed through this intervention.

During each visit, Male motivators will explain where family planning services are available and explain that there are Youth Community Based Distribution Agents (YCBDAs) who work in the region where condoms and pills are available. If a participant wants condoms or pills, the Male Motivator can contact the YCBDA and schedule a visit at the person’s home the following day. Other family planning methods must be obtained at the hospital. Participants who express interest in these will be given information as to where to go and an appointment will be facilitated by the Male Motivator.

When the study period is completed, Male motivators will be instructed that they can visit other men in the community. They will also be supplied with the name of 5 other couples who are willing to be visited.

Time Needed: 75 minutes

Materials Needed:

- Flip chart paper for the maps
- Markers
- Larger map of the project area that depicts all 7 zones

Advance Preparation: Figure out which YZC, YCBDA and MM work in each of the 7 zones

Objectives: To better understand where each person works and where family planning services are available.

Instructions for Facilitator:

1. “Now that we know at what points the Male Motivators can and should connect with the YCBDAs and the health centers, we are going to map out where each person works and where FP services are available.”
2. Divide participants into 7 groups (one for each zone). Ask each Youth Zone Coordinator (YZC) to lead the group. Ask the Youth Zone Coordinators to come to the front of the room and explain which zone they work in. Then ask the YCBDAs that also work in their zones to join them in their groups.
3. Ask the Youth Community Distribution Agents (YCBDAs) and the Male Motivators located in each zone to go their corresponding group.
4. Ask each group to spend the first few minutes introducing themselves again to each other and state their role (YZC, YCBDA, MM).
5. Have each group map out the villages/communities in their zone. They should include the health center, youth resource centers, each YCBDA’s catchment area and where each Male Motivator lives.
6. This activity should help everyone get to know what structures are available in their zones and the referral system in place. Ask the Male Motivators to get to know the services and referral sources in each zone.
7. “In this session, we got to know where each person works and where there are family planning services. The Youth Zone Coordinators should keep the maps and post them in the youth resource center”

Time Needed: 30 minutes

Materials Needed: A set of family planning cards for each group (each method will be listed on a group of cards and information about the methods will be listed on another group of cards).

Advance Preparation:

- Make 7 sets of the family planning cards below.
- Shuffle each set of cards.

Objectives: To provide one last refresher on family planning, birth spacing and condom use.

Instructions for Facilitator:

1. Keep participants divided into 7 groups.
2. “Now we are going to play a game just to refresh our memories on family planning, birth spacing and condom use.”

Matching game:

- a. Give each group a set of cards. They should be all mixed up. Explain to the participants that they are going to race to match the method with the correct information card. Ask if there are any questions before you begin the race. Say, “Ready, set, go!” When a group finishes, check to make sure that the cards are matched correctly. If not, have the group continue to match the cards. Continue the race until all the groups have matched their cards.
- b. When all the groups have completed matching their cards, go through and review the information provided about each method.
- c. Ask the participants what other methods they have heard or learned about that are not listed on the cards.

Family Planning Cards

CONDOMS

- A thin sheath made of latex
- Protection from HIV and pregnancy
- Easy to use with a little practice
- Easily available without a prescription
- No hormonal side effects
- Can sometimes leak or break
- Some feel it disrupts sexual intercourse
- Are available from YCBDA's

ORAL CONTRACEPTIVE PILLS

- The woman must take one every day
- They are very effective when used correctly
- Does not disrupt sexual intercourse
- Can be discontinued by a woman on her own
- The woman must remember to take them every day
- May cause unpleasant side effects
- Does not provide protection from HIV
- Are available from YCBDA's

INJECTABLES (*DEPO*)

- One of the most effective methods
- Does not disrupt sexual intercourse
- Can be used without the knowledge of others
- A woman doesn't have to remember to take something every day
- It may take a while to get pregnant after stopping use of the method
- Causes changes in menstrual cycle bleeding between periods or no periods at all.
- Return visits required every 3 months
- Does not provide protection from HIV

Lactational Amenorrhea Method (LAM)

A woman must:

- Breastfeed exclusively (baby must not get any other food, water, tea, or formula)
- Begin using another kind of birth control as soon as she has her first period and/or when her baby is 6 months old.

Time Needed: 1 hour

Materials Needed: Names and information on the five men/couples that each participant will visit.

Advance Preparation: The Research Coordinator should have already randomized the 200 couples and assigned 5 men to each Male Motivator. This should have been done in a way where randomized couples were clustered around the locations of the male motivator, thus 5 men should be in the same proximity of the Male Motivators. Their names, villages and home location should be provided to the Male Motivators.

Objectives:

- For the participants to understand the specifics of each visit, the number of visits they are to make, and when they should be made.
- To provide the participants with the information on the five couples that they will visit.

Instructions for Facilitator:

1. “Next we are going to go over the specifics of your visits and give you the information on each of the five couples you will visit.”
2. Explain to the Male Motivators that they all have been assigned five men to visit in their homes. Each man is married to a woman who is less than 25 years old. The men have all enrolled in this study and have signed a consent form stating they are willing to have a Male Motivator come visit them in their homes to discuss family planning. During the next 6 months the Male Motivators will visit each man one time per month. At the end of 6 months, each man will have received 5 visits from a Male Motivator. (The facilitator can visually draw this out on a flip chart) Because this is a research study, they Male Motivators are only to visit the men who are assigned to them. When the study is finished, they will receive the names of other men in their communities they can also visit. It is very important that the Male Motivators only visit the men assigned to them until the end of the study and the research coordinator advises everyone that the study is finished. But they can provide referrals to other men of YCBDA or health centers before the study is finished.
3. Go over the specifics of each visit, the number of visits they are to make, and when they should be made.

Use the handout: Male Motivator Protocol.

4. Provide each participant with the names and information of the five men/couples he will visit.
5. Explain that they cannot visit other men during the study period. Tell them what they can say to other men who want to be visited and that couples in the control group can be visited after the endline survey. For example, if someone in the community is

interested in talking to them, tell them that they can visit them in their homes at XX date but there are YCBDA's in the community whom they can get more information from at this time. The Male Motivators can also provide them referrals to local health centers. However, before the endline survey, they are only to visit the five men/couples they are assigned to.

6. "We have gone over the specific information for each visit, when to make the visits and how many to make" Allow time for question and answer.

Time Needed: 30 minutes

Materials Needed:

- Visit form
- List of referral sources per zone

Advance Preparation:

- Make 5 copies of the visit form for each participant
- A laminated cue card needs to be made with all the referral sources in Magochi and the names of the Youth Zone Coordinators in each community per zone that can refer them to the YCBDA's.

Objectives: To provide an orientation on how to record each visit and how to provide referrals to health services.

Instructions for Facilitator:

1. “Now we are going to go through how to record each visit and how to provide referrals to health services.”
2. Go through how to record each visit and how to provide referrals to health services.
3. “Now you know how to record your visits and how to provide referrals.”

Male Motivator Visit Form

Couple's names:

Date of visit:

Length of visit:

Topics discussed:

- | | |
|--|---|
| <input type="checkbox"/> Gender roles & decision-making | <input type="checkbox"/> Communication with wives |
| <input type="checkbox"/> Importance of family planning | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Family planning methods | <input type="checkbox"/> Others? (please list) |
| <input type="checkbox"/> Myths and facts about family planning | <input type="checkbox"/> |
| <input type="checkbox"/> Planning for the future | <input type="checkbox"/> |

Methods used (from training):

- | | |
|---|--|
| <input type="checkbox"/> Processing self-reflection | <input type="checkbox"/> Family Planning Information |
| <input type="checkbox"/> "Future Island" | <input type="checkbox"/> Others? (please list) |
| <input type="checkbox"/> "Spin and Walk" | <input type="checkbox"/> |
| <input type="checkbox"/> Communication skills | <input type="checkbox"/> |

Materials used:

- | | |
|--|--|
| <input type="checkbox"/> Corn kernels/grains | <input type="checkbox"/> "Spin and Walk" materials |
| <input type="checkbox"/> Samples of family planning methods
or family planning counseling cards | <input type="checkbox"/> Others? (please list) |
| <input type="checkbox"/> Male poster cards | <input type="checkbox"/> |
| <input type="checkbox"/> Wooden penis for condom demonstration | <input type="checkbox"/> |
| <input type="checkbox"/> "Future Island" materials | <input type="checkbox"/> |

Referrals given:

- | | |
|--|--|
| <input type="checkbox"/> YCBDA | <input type="checkbox"/> Others? (please list) |
| <input type="checkbox"/> Local Health Center | <input type="checkbox"/> |
| <input type="checkbox"/> District Hospital | <input type="checkbox"/> |

Time Needed: 1 hour

Materials Needed:

- Flip chart
- Markers

Advance Preparation:

- Set a date for the follow-up workshop
- Develop a plan for distributing the bikes

Objectives: To discuss protocol for the next 3 months, bike distribution and expectations of the participants.

Instructions for Facilitator:

1. “Next we are going to talk about the plans for the next three months.”
2. Discuss protocol for the first 3 months (visits 1 and 2) and the follow-up one-day workshop to share experiences. A date should be set for the follow-up workshop.
3. Have the participants brainstorm their expectations on how they will act in the community and what is expected of them. Record all responses on a flipchart. As verification of these expectations and as a way to celebrate the end of the workshop, have all the Male Motivators gather around the flipchart and sign their name.
4. Explain how bikes will be distributed and roles and responsibilities around the bikes. (Bikes are on loan during the course of the study. The bikes can be used for other purposes outside the visits but they must maintain the bikes at their own cost. Male Motivators who do not complete the 6 visits with the assigned men will have to return the bikes. All Male Motivators who finish the study period get to keep their bikes and continue to use their skills with other men in the community.) The bike policy can be changed and designed by the research coordinator.
5. “So, we have talked about the coming three months, the follow-up one-day workshop, how bikes will be distributed and the expectations of you as Male Motivators”

Time Needed: 30 minutes

Materials Needed:

- Test
- Pencils

Advance Preparation: Make 40 copies of the post-test questionnaire.

Objectives: To find out what the participants have learned in the workshop.

Instructions for Facilitator:

1. “Next, you are going to take a test to see what you have learned in this workshop.”
2. Give each participant a test and a pencil.
3. Go over the instructions for the test and instruct them to begin.
4. Collect the tests as each participant finishes.

Time Needed: 15 minutes

Materials Needed:

- Evaluation form
- Pencils

Advance Preparation: 40 copies of the evaluation form

Objectives: For the participants to evaluate the workshop.

Instructions for Facilitator:

1. “Now you will have a chance to evaluate this workshop. This will help us improve the workshop for future participants.”
2. Give each participant an evaluation form and a pencil.
3. Explain the instructions and instruct them to begin.
4. Collect the forms as each participant finishes.

Final Evaluation

HOW USEFUL WERE THE FOLLOWING SESSIONS FOR YOU?

	Very Useful	Somewhat Useful	Not Very Useful	Not Useful at All
<ul style="list-style-type: none"> ● DAY ONE: UNDERSTANDING GENDER VALUES AND HOW THEY RELATED TO FAMILY PLANNING Comments: 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> ● DAY TWO: FAMILY PLANNING INFORMATION Comments: 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> ● DAY THREE: MOTIVATIONAL TOOLS Comments: 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> ● DAY FOUR: COMMUNICATION SKILLS Comments: 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>DAY FIVE: UNDERSTANDING ROLES AND RESPONSIBILITIES, MEETING YCBDA AND YZC Comments:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LOGISTICAL ARRANGEMENT

	Very Good	Good	Okay	Needs Improvement
● Venue (meeting room)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Timing of Breaks and Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Start and finish time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OVERALL STRUCTURE OF THE MALE MOTIVATOR TRAINING

How was the balance of interactive versus lecture style?	Too Interactive <input type="checkbox"/>	Just Right <input type="checkbox"/>	Too Much Lecture <input type="checkbox"/>
Do you feel the training was the right length for you to learn the material you will need to use in the community?	Too Long <input type="checkbox"/>	Just Right <input type="checkbox"/>	Not Short <input type="checkbox"/>
Overall, how would you rate the training?	Did Not Meet My Expectations <input type="checkbox"/>	Met My Expectations <input type="checkbox"/>	Exceeded My Expectations <input type="checkbox"/>

What were the three outstanding positive elements of this training for you?

1) _____

2) _____

3) _____

What are the three elements of this training that you think could be improved?

1) _____

2) _____

3) _____

What other feedback would you like to offer?

Thank you for your comments and participation!

Time Needed: 10 minutes

Materials Needed: none

Advance Preparation: none

Objectives: To complete the workshop.

Instructions for Facilitator:

A general closing statement can include the following points:

We truly believe that by engaging men in reproductive health and giving men the information, motivation and the skills to talk to their wives about family planning, their health and family well-being will be improved. We are extremely excited and proud of all of you for choosing to become Male Motivators and for completing this training program. We look forward to learning from your experiences two months from now when we all come back together for a day to share our experiences.