



Government of Malawi



Parent Child Communication

A Guide for Community Facilitators



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ACRONYMS

AIDS:	Acquired Immunodeficiency Syndrome
CSE:	Comprehensive Sexuality Education
HIV:	Human Immunodeficiency Virus
JPGE:	Joint Programme on Girls' Education
MoEST:	Ministry of Education, Science and Technology
MoG:	Ministry of Gender
MoH:	Ministry of Health
NSO:	National Statistical Office
PCC:	Parent Child Communication
SRH:	Sexual and Reproductive Health
SRHR:	Sexual and Reproductive Health and Rights
SYP:	Safeguard Young People
UNFPA:	United Nations Population Fund
USAID:	United States Agency for International Development

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The Parent Child Communication Guide for Facilitators is an initiative by the Government of Malawi and UNFPA aimed at filling a void in materials for ensuring that parents and children work as partners in combatting sexual and reproductive health and rights (SRHR) issues that could be addressed through communication. This resource particularly focuses on the role of parents and other caregivers in SRHR for their children, and complements an existing library of materials on SRHR that speak directly to young people in Malawi.

This guide has been adapted from a similar guide developed in Zimbabwe, and from an existing Comprehensive Sexuality Education training package for young people in Malawi. It has also taken into account a number of other existing materials on the issue in Malawi and beyond, in addition to incorporating views from parents, young people and community facilitators consulted in Salima, Chiradzulu and Chikwawa. Further, the guide contains input from various stakeholders at the national level, including government departments and agencies, as well as non-governmental organisations working in SRHR in Malawi.

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ABOUT THIS TRAINING MANUAL

Over half of the population in Malawi is accounted for by young people aged 18 and below (NSO, 2018), but shoulder a greater burden of the HIV and AIDS pandemic compared to other age groups. There is a culture of silence and secrecy on issues of sexual and reproductive health (SRH) between parents and their children. Talk of sexuality issues is often associated with discomfort among parents, but is also inconsistent and may yield inconsistent results (Biddlecom, et. al., 2009). Although life skills education, which includes a component on HIV prevention, is taught as part of the curriculum of Malawian schools, it is an optional subject. Not all teachers have yet been equipped with skills to confidently and comfortably teach the subject. Thus, the delivery of the subject is both inadequate and inconsistent. Several training packages on sexual and reproductive health among young people exist. However, these packages target young people, and have very limited focus on the role of parents in supporting children in dealing with SRH issues.








This training manual has been developed to cover the existing gap in tools for facilitating communication on SRH between parents/guardians and children. It is intended to be used by community facilitators of capacity building in SRH, including youth officers, social welfare officers, community health workers and other community based volunteers, including community committees. The primary participant groups for this facilitation guide are parents and caretakers of adolescent children, as well as adolescent children aged between 10-19. Youth aged between 20-24 may also benefit from using this training manual. Training facilitators should make efforts to familiarise themselves with all the contents of this manual, although they may choose to facilitate particular modules or topics, depending on need.

Preparing and delivering this training

This training has been designed as a participatory and empowering activity, using adult learning methods, which should encourage participants to build their existing knowledge, capacities and experiences. This training assumes that participants are not blank slates, and therefore already have a lot to contribute to their own learning in the training process. It will take approximately three full days to deliver a training covering the entire contents of this training manual. However, facilitators may opt to compress the training program into a one-day training package, in which case, adjustments to the participatory processes and exercises will become critical. See Annex XXX for model schedule for the trainings.

It is best that this training is delivered in a venue that has adequate space for interactive sessions (as the main training venue), as well as adequate breakaway spaces. Breakaway spaces may be additional training rooms, or open spaces, where small group exercises can be conducted.

This training manual contains exercises and games, role plays, lecture notes and reference to other materials that can be of help. Look out for the icons below in order to determine the type of activity that you need to conduct.

ICON	ACTIVITY
	<p>This icon signals where participants quickly discuss issues in pairs or in groups of up to three people. Buzz group sessions run up to a maximum of five minutes and is done while participants sit in the same place that they are sitting in the session.</p>
	<p>This icon signals where participants discuss issues in small groups of up to eight people. Small group sessions can run up to a maximum of 30 minutes. Here, participants meet in separate breakaway spaces, such as breakaway rooms or gazebos etc</p>
	<p>This icon signals where participants are required to prepare and perform certain roles in a short drama piece. Performance of role plays can run up to a maximum of 10 minutes</p>
	<p>This icon signals a list of materials required to carry out a particular session</p>
	<p>This icon signals where there is need to read a particular passage or material</p>
	<p>This icon signals where there is need to refer to a particular job aid</p>
	<p>This icon signals where participants are asked questions in order to reflect on how the preceding activity has made them look at issues differently</p>

Tips for Group Sessions

- Agree on the meeting place, day and time – remind people when and where the next session will be.
- Ensure that participants are reminded of the minimum requirement of 20 sessions, and invite those who express interest in attendance after a group has already formed to join a future group once the group is formed.
- Encourage the group leader to remind peers of the meetings.
- Take and record attendance at the end of every session.

Using icebreakers, energizers and warm-ups to engage/re-engage a group

When participants are meeting for the first time, the facilitator should start with an icebreaker that helps everyone to learn names and become comfortable in the group. Icebreakers and warm-ups can also be used at any point in the program to bring the group back together, take breaks, or relieve tension during more stressful or serious discussions. Some sessions have warm-ups or icebreakers included. Tips for conducting icebreakers:

- Read the facilitator's notes well before each session, so you know when icebreakers are suggested.
- Appoint one or two participants to identify songs familiar to everyone within the community to energize the group.
- Ask others in the group to lead the icebreakers.
- Have fun!

Dealing with challenges in groups

Facilitating a group can be challenging. There will be a mix of personalities, and some participants will be more engaged and talk more than others. Be prepared for challenges that arise:

- Agree to disagree! Everyone's parenting will be different.
- Settle disputes after the session is completed, and do not allow disagreements to distract from the process.
- Identify participants who may have a harder time following the rules, and appoint them as leaders in the group with some responsibilities.
- Remind participants of the rules before every session; have them read the rules and decide amongst themselves how to solve issues of rule breaking.
- The chairperson and assistant should be empowered to enforce rules – the rules are the group's rules, not yours!

Dealing with gender imbalance

- Consider an equitable representation of men and women when the group is formed.
- Have men and women serve as facilitators, chairpersons and assistants.
- Encourage shared roles and responsibilities between men and women.
- Ensure that rules apply to everyone.
- Talk about sociocultural beliefs and values that promote gender imbalance, and encourage ideas that support a better balance.
- Avoid asking questions in a way that makes distinctions between male and female, i.e., 'What do the men think'?
- De-emphasize competition, group tasks and/or exercises based on gender, i.e., 'What are the women committing to do when they go home'?

Missed sessions/absences

Every session is unique, and provides the foundation for sessions that follow. It is important to deliver the content in full, and to encourage attendance at all sessions.

- If participants miss a session, encourage them to get information from others.
- Request volunteers to share their experiences with anyone who misses a session.
- Encourage participants to practice at home, and utilize and share new skills.

An attendance roster keeps track of how many people participate in each session. Ideally each participant should attend all sessions, but 18 sessions and one post-test must be completed to receive a certificate.

INTRODUCTORY MODULE: BEING A PARENT CHILD COMMUNICATION FACILITATOR



Objectives:

At the end of this module, participants should be able to:

1. Establish a working relationship and trust with one another as facilitators
2. Define who a parent child communication facilitator is
3. Describe qualities of a parent child communication facilitator
4. List essential skills and tools required in parent child communication training

Materials required:

Post it notes/VIPP cards, flip chart paper and flip chart stand, sticking tape, human bingo game



Getting to know each other

Human Bingo Game – 30 minutes

Steps:

For facilitator:

- Facilitator explains that through this activity, participants will be able to explore different personalities that are present in the training.
- Each participant is given a piece of paper that lists different individual characteristics in small phrases or short sentence.
- Participants must then walk around the training room introducing themselves to each other and also trying to find as many individuals who poses the listed characteristics/ phrases.
- Once a vertical/ horizontal pattern is established; the individual will say “Bingo” and can stop.
- Challenge participants to achieve at least 3 patterns.

Key questions for reflection:

- What is your brief analysis of your fellow participants?
- What are your expectations from them?
- How do you feel knowing some of the characteristics of your fellow participants?

For the participants:

Who are you? 30 minutes

Steps:

- Explain that this is a game to help everyone learn each other's names.
- Ask participants to stand in a circle, say his/her name and something to remember them by that

starts with the same first letter as their name.

- Explain that this can be your favourite colour, a description of your personality, or a plant or animal you are drawn to.

For example:

My name is Chimwemwe, you can remember me by calling me Chimsy.

My name is Salome and my favourite food is fish.

- Ask each participant to do the same, going around the circle. Let participants know that they need to listen to what everyone says.
- Once each person has said their name and something to go with it, explain to the participants that you are going to play a game.
- You are going to go around in a circle again, and rather than the person saying their own name and associated word, everyone else is going to say it for them.

Key questions for reflection:

- Which description did you like and why?
- What interesting things have you learnt about your fellow participants?

Establishing ground rules:

Learning Activity – ball up

Trainer steps:

- Trainer introduces a locally made ball (from the workshop resources) to the participants and explains that they will use the ball shortly.
- Trainer invites the participants to stand in a circle big enough to all allow them see each other.
- Participants to be given a small ball (locally made)
- Ask them to keep it up in the air as a group for a specific period i.e. 15 touches Observe how the activity goes and stop it when participants are unable to reach the target.



Reflection question

- What did you like about the activity?
- What did not go on well/ What could have been done differently?
- Is it important to have rules in the game? (take note of all the rules that participants propose.

Re-do the activity

- Ask the participants to do the activity again, taking into consideration all the proposed rules
- When the target has been achieved in the second game, stop the activity!

Reflection questions

- How do we differentiate the first and second game? (take note of all the differences)
- How important is it to have rules and regulations when doing something?
- As a group, is it also important to have rules during trainings?
- What rules should we have in this training that all of us should follow? Why is it important to have ground rules? How can we reinforce the rules during the training this week? What should we do when someone breaks a rule? (take note of all the suggested rules on a flip chart and paste them on a wall. Where necessary, probe/hint for important rules that may have been overlooked, such as respecting everyone's opinions; and also probe on rules that may be unrealistic/contravene human rights principles)

Establishing trust:

Steps:

- Inform participants that this activity is one of the first activities in the programme and is the same for all ages.

- It encourages the participants to develop trust amongst themselves so that conversations about emotional topics will be easier to have.

I like it when... 30 minutes

Form two groups: one with male participants and another with female participants. For each group, while seated in a circle, participants must each share a single sentence that makes them proud about anything related to openness on SRH and PCC. It can be from what they have already experienced or witnessed before. They have two minutes to recall. A ball will be passed on from one participant to the other, such as:

- I like it when a radio spot about safe sex practices is aired while am sitting next to my 14-year daughter...
- I like it when my mother asks me if I have a boyfriend/ girlfriend...

Key reflection question:

- How do you feel?
- Did you know this is how they felt?
- What can you learn from this?

Would I lie to you? 30 minutes

Steps

- Trainer invites participants to stand in a circle.
- Trainer makes a brief attempt to introduce himself/herself to the participants again stating three facts about themselves.
- One fact should be fake
- He then asks the participants to pick which fact they think may not be true?
- Once the participants have guessed right, he then asks invites them one by one to come and stand in the middle of the circle and each also does the same- stating three facts about themselves, one of which be fake but must sound as truthful as possible.

Key reflection questions:

- How easy or difficult is it to distinguish persons true/ false characteristics?
- Is it easy or hard for you to tell when someone is lying to you? How?
- Can you tell when your daughter/ son is lying? How do you react?

Defining a parent child communication facilitator



Buzz group activity:

In two minutes and in groups of two, participants should define who a parent child communication facilitator is. Participants write their responses down on post it notes/VIPP cards. After the two minutes, ask one pair of participants to present their definition. Write the definitions down on a flip chart paper pasted on the wall. Afterwards, ask another pair to add on to the definition presented by the first set of participants. Continue with other pairs until you have exhausted all definitions, and keep listing all new keywords on the flip chart on the wall.

Recap the activity by presenting the following:

- Parent child communication facilitators organise and lead discussions using the Community Discussion Guide.
- Parent child communication facilitators attend training, which includes practice sessions. They can also observe sessions conducted by other trained and experienced facilitators



What do parent child communication facilitators do?

Buzz group activity:

In five minutes and in groups of two, participants should list roles that are played by parent child communication facilitators on VIPP cards. After the five minutes, ask each buzz group to present their discussions. List them down on a flip chart paper. Ask all groups to present additional information to that which has already been written down.

Recap the activity by presenting the following:

A parent child communication facilitator does the following:

- Leads training and mentorship sessions with groups of parents, allowing participants to contribute meaningfully and apply what they learn.
- Studies and understands the Parent Child Communication Facilitation Guide to learn material and adapt lessons/presentations to local setting and answer questions from parents and children
- Is friendly and trustworthy to the participants.
- Ensures that participants understand the skills they learn, and encourages them to utilise these skills
- Refers participants to other supports and services
- Models and encourages mutual respect for all group members.
- Makes sure all participants are actively engaged during discussions, and that a space for mutual learning is provided.
- Follow up with participants to ensure that those who require more information, support or referrals have access to them

Notes:

Being a parent child communication facilitator is an empowering process. As a facilitator, it is important that you:

1. Familiarise yourself and be comfortable with each session.
2. Choose appropriate and relevant stories, examples or role plays for each session.
3. Remember that you are not a teacher, but a facilitator of people's learning.

Be prepared with your materials!

1. Have your Facilitator's Manual handy so you can refer to the supplements if needed.
2. Write out any stories, examples or key issues you may need to address during the session.
3. Have an attendance list, notepaper and pen or pencil with you.
4. Prepare information on how to do any exercises, icebreakers or role plays.
5. Check to make sure others are prepared – for example, if a small group is preparing a role play for the larger group, they will need time and a designated space in which to rehearse beforehand.
6. If you need to use technology, for instance, a phone on which to play a song, be sure that it is charged!
7. Prepare any handouts.

MODULE 1: POSITIVE PARENTING



Objectives

At the end of this module, participants should be able to:

1. Develop an understanding of what positive parenting is, and what it entails
2. Describe and identify with different parenting styles
3. Describe essential obligations and responsibilities of parents in their children
4. Identify key issues in their own life related to positive parenting in SRHR; and clarify their own values about SRHR

Materials required:

Post it notes/VIPP cards, flip chart paper and flip chart stand, sticking tape, copies of handouts of Alinafe's story, values clarification worksheet

Parenting scenario (60 minutes):

Handout: Alinafe's story (suggested image for the story/handout – Alinafe's mother sitting on Alinafe's bedside, with a pack of condoms in her hands, talking to Alinafe. Alinafe is sitting on the bed, leaning against the wall, with her legs folded)

Alinafe is 16 years old and in Form 4 at the local community day secondary school. She has a boyfriend, Ian, who is also 16 years old and in the same class with her. She has heard from her friends that having sex is a way of strengthening her relationship with her boyfriend. Ian has also been asking Alinafe for sex, and has said he would end the relationship if she does not give in to his demands. Alinafe has been considering it, and has even got three female condoms and three male condoms from the youth friendly desk at the local clinic. She does not want to be unprepared when she finally gives in to her boyfriend's demands.

One day, Alinafe has a headache and lays down on her bed all morning. Her mother is cleaning Alinafe's room, when she stumbles upon her school bag, which falls and reveals the two sets of condoms which were in Alinafe's bag. She is shocked and does not know how to react. She quickly puts the condoms back in the bag and leaves the room. She sits on the veranda and ponders upon what she has just seen. She has never talked about sex with her daughter because she is uncomfortable to do so. She has often said to her friends that talking about sex with her daughter is like “undressing herself” in front of the little girl. She is now afraid that her daughter might be having sex, and is at risk of getting pregnant, or contracting HIV or other sexually transmitted infections. She does not know what to do.

In 2-3 small groups, discuss the following (and report back):

1. (For female participants) put yourself in Alinafe's mother's shoes. What would you do?
2. (For male participants) imagine that you are Alinafe's father, and you are the one who found the condoms. What would you do?
3. What feelings did you experience when you put yourself in Alinafe's parents' shoes? Are there similarities to your own experiences?
4. As Alinafe's parents, how can you draw and build on positives from this story and impact positively on Alinafe's life?

Values clarification exercise (30 minutes):

Instruction: bring all participants together in an open space (could be in the centre of the room or outside) and have them stand on one side of the room leaving an empty space. Draw a straight line across the centre of the open space (or use a rope to cut across). Read out statements 1 – 8 and ask participants to show their stand on the issues contained for each of the statements.

1. For each statement, participants who strongly agree with the statements should cross the middle line and stand further from the line.
2. Those who just agree with the statements should cross the middle line and stand close to it.
3. Those who just disagree with the statements should just stand close to the middle line, but should not cross it.
4. Those who strongly disagree with the statements should not move from the original position.
5. Randomly ask one or two people in each group to explain their reasons for choosing their stand on each statement.
6. After completing debate/discussions for each statement, ask participants to return to the original position before moving on to the next statement. Repeat until all the statements have been addressed.

1. A group of 13-year olds is not capable of having a mature conversation about sexuality.

Strongly Agree Agree Disagree Strongly Disagree

2. Most families feel comfortable talking about sexuality.

Strongly Agree Agree Disagree Strongly Disagree

3. I feel very comfortable talking with my children about sexuality.

Strongly Agree Agree Disagree Strongly Disagree

4. A 15-year old is too young to have sex.

Strongly Agree Agree Disagree Strongly Disagree

5. Girls rarely pressure boys for sex.

Strongly Agree Agree Disagree Strongly Disagree

6. Boys are "hornier" than girls.

Strongly Agree Agree Disagree Strongly Disagree

7. Masturbation is wrong for young people.

Strongly Agree Agree Disagree Strongly Disagree

8. It is best to wait until marriage for sex.

Strongly Agree Agree Disagree Strongly Disagree

**What is positive parenting?****Buzz group activity (30 minutes):**

In five minutes and in groups of two, participants should define what they understand by the term positive parenting and write down on VIPP cards. After the five minutes, ask each buzz group to present their discussions. List them down on a flip chart paper. Ask all groups to present additional information to that which has already been written down.

Recap the activity by presenting the following:

Parenting is a lifelong commitment, and has an impact on children's achievements. Parental influence has impact on children's social skills and peer relationships, emotional and physical health and wellbeing, academic achievements and exposure to violence.

Positive parenting entails a positive and high quality emotional bond between parent and child that is felt by both parent and child (mutual) and is long lasting (sustained over time). Parenting goes beyond conception, feeding and raising a child. Parenting entails creating a relationship with your child that is safe, healthy and conducive to growth, which helps the child realize his or her full potential. Parents are the primary caregivers to their children beginning from pregnancy, all the way into adulthood. Employing a positive parenting approach makes parenting an easier and enjoyable experience for both the parent and the child. It helps in building relationships, communicating well and encouraging the kind of behavior you want to see. It helps you manage your child's behavior, emotions and development in a way that is not hurtful. It makes you feel more confident and less stressed about raising children.



Positive parenting is a prerequisite for a positive parent-child communication on SRHR. A positive parenting environment makes it possible for parents and children to communicate on any issues, ranging from life in general, money issues, sports and many more, which makes it possible for them to be open to discussing deeper issues related to SRHR. Without a positive parenting environment, the bond between the parent and the child is weak, if not non-existent, which makes it harder, if not impossible for them to discuss any issues at all, let alone SRHR issues.

Principles of positive parenting:

1. **Creating a safe, interesting environment:** Bored children are likely to misbehave and may resort to activities that create problems for them and for the family. Parents should therefore create an environment that allows children to explore safely and develop their skills.
2. **Having a positive learning environment:** If a child or teenager comes to you for help or a chat, they're ready to learn. Give them positive attention, even if only for a minute or so. Encourage their ideas and opinions.
3. **Using assertive discipline:** Set clear rules and boundaries and follow through with fair consequences. You can negotiate some of these with older children and decide on the rules and consequences together. Praise young and older children to encourage the behavior you like.
4. **Having realistic expectations:** No parent or child is perfect—so don't expect your child to do more (or less) than they're capable of. And remember, we all make mistakes sometimes.
5. **Taking care of yourself as a parent:** As a parent, you have to look after your own needs too, so make sure you're getting some support from your friends and community!

Why is positive parenting important?

Group work activity— 30 minutes

In groups of 8-10 participants, ask them to discuss the importance of positive parenting and write their points down on a flip chart paper. After report-back, recap with the following points (presentation).

1. It makes children feel secure and loved, which helps their brains develop
2. It makes it easier for your family to solve problems and resolve conflict
3. It helps you and your children respect differences of opinion as your children develop more

independence

4. It gives children the skills they need to build healthy relationships of their own.
5. Parents and children spend enjoyable time together
6. They communicate freely and openly
7. They are affectionate and warm with each other
8. They trust each other
9. They respect and support one another
10. They share similar values and respect their differences
11. They support each other and make an effort to meet each other's needs
12. They feel optimistic about the family relationship
13. Family conflict is at a low level
14. Both parents and children are satisfied with the relationship

Parenting styles:

Group work activity (60 minutes):



In 15 minutes and in groups of 8-12 people, ask participants to describe the different types of parenting styles they know or can identify as parents. They should think about their ideas about how their children should behave, about who sets the rules, and about what their roles are in the home? After the group work, ask each group to present its discussions. List them down on a flip chart paper. Ask all groups to present additional information to that which has already been written down.

Recap the activity by presenting the following:

Different parents raise their children differently from one another for various reasons, some of which are:

- They may have learnt certain parenting skills or experienced a certain way of parenting from their parents;
- They may be afraid to parent in the way their parents did, or have deliberately chosen to parent differently (for example, parents can be permissive if they experienced abuse, and are afraid of hurting their children);
- Some parents may actually be overwhelmed by parenting and other responsibilities, and do not have time to change how they parent;
- Some parents might be very young or otherwise have no preconceived idea of how to parent.

After the discussion present the statements under each of the different parenting styles as described below. If parents indicate that all four styles are utilised in the ways they parent, help by providing them with a name for the style of parenting that they are describing.

Different parenting styles ⁱ	
<p>Authoritarian Parent</p> <ul style="list-style-type: none"> • You believe kids should be seen and not heard. • When it comes to rules, you believe it's 'my way or the highway' • You don't take your child's feelings into consideration 	<p>Role-model (Authoritative) Parent</p> <ul style="list-style-type: none"> • You put a lot of effort into ensuring you have a positive relationship with your child. • You explain the reasons behind your rules. • You enforce rules and give consequences, but you take your child's feelings into consideration.
<p>Permissive Parent</p> <ul style="list-style-type: none"> • You set rules, but rarely enforce them. • You don't give out consequences very often. • You think your child will learn best with little interference from you. 	<p>Neglectful Parent</p> <ul style="list-style-type: none"> • You don't ask your child about school or homework. • You rarely know where your child is, or with whom he/she is. • You don't spend much time with your child.

ⁱ Adapted from USAID Nigeria, Better Parenting Training Manual

It is important for parents to understand that:

1. Sometimes parents don't fit into just one category, there are times or areas where they tend to be permissive and other times when they are more authoritative.
2. Studies show clearly, that authoritative – not authoritarian – parenting works really well in raising healthy children. And there are always things you can do to change or improve your parenting.
3. With dedication and commitment to be the best parent you can be, you can maintain a positive relationship with your child, while still establishing your authority in a healthy manner. And over time, your child will reap the benefits of your style.
4. Parents make mistakes, too! Don't be afraid to keep trying – it's hard to learn new skills!
5. Stress can make it hard to give children the attention that we want to and can impact parenting style as well as the ability to connect to children.

Tips on building a positive relationship with children

1. **Spending time with children:** It is important for parents to make deliberate efforts to spend time with their children. This can be in form of sharing meals together, sharing jokes, having one-on-one talks between parents and children, playing together and making decisions about important family events together.
2. **Positive communication:** This entails stopping what you are doing to pay full attention to what the child wants to talk about. Being open to discussing difficult issues, such as admitting mistakes and all kinds of feelings, including anger, joy, frustration, fear and anxiety. Parents should also plan for difficult conversations, such as those about sex, drugs, academic and money difficulties. Parents need to assure children and encourage them when they make positive moves or achievements.
3. **Positive non-verbal communication:** It is important to be aware of communication that is not expressed with words. These non-verbal communications could be signals for need for comfort, assurance or sympathy. Parents also need to be aware of the non-verbal signals that they send to children, including voice/tone in which they address them.
4. **Teamwork and family meetings:** It is important for families to periodically meet and “check-in” with one another on general life issues, as well as to discuss any possible difficult issues. This can also be achieved through sharing or responsibilities and chores around the home, in order to make everyone feel like part of the family. Children should be allowed to make contributions to decisions made during family meetings.

Notes

Building a healthy relationship with your child requires you as a parent to think about, plan and do a number of things:

1. Connect with your child right from the start (birth) in order to have a good foundation. Do not wait until your child enters adolescence before you start building a relationship.
2. Work on your relationship with your child in order to make it work.
3. Prioritise time with your child. Even if you have work pressures, it is important to spend time with your child in order to get a better relationship. Always stay available for your child, even when you are physically away.
4. Build trust with your child. Believe in your child's abilities (without believing blindly whatever he or she does. Make all efforts to fulfil promises that you make to your child.
5. Encourage your child in order for him/her to see that he/she is capable of doing good things.
6. Develop an environment of mutual respect. Treat your child with dignity and empathy.
7. Communicate always: pay attention to what your child is saying in order to learn about and teach your child.
8. Resist the urge to always be punitive as this destroys your relationship and may make your child misbehave even more.
9. Do not let small fights with your child separate you from your child. Always make efforts to reconnect and positively address the bone of contention.

MODULE 2:

PARENT-CHILD COMMUNICATION: WHAT MAKES IT POSSIBLE?



Objectives:

By the end of this module, participants will be able to:

- Identify what motivates them in their roles as parents
- Identify potential obstacles to parent child communication and how to overcome them
- Identify key sexuality issues with their children, including how to create a conducive environment for communication about sexuality issues

Materials required:

Post it notes/VIPP cards, flip chart paper and flip chart stand, sticking tape

Introduction to parent-child communication

**Key reflection questions (30 minutes):**

Facilitator to put participants into two groups to discuss the following questions. Create an environment where participants are free to provide examples from practical experiences in order to enrich the rest of the session. Note keywords from responses on a flip chart paper.

For parents, use these questions:

1. Have you ever discussed sexuality issues with your child? If yes, at what age was the child when you first discussed sexuality issues with him/her? What was the trigger for this discussion? What were the issues that you discussed?
2. How easy/difficult is it to discuss sexuality issues with your child? What made it easy? What made it difficult?
3. Is it easy for male parents to discuss sexuality issues with both male and female children (and for female parents with both female and male children)?

For children, use these questions:

- What do you enjoy most about your parents' response when you tell them something new?
- What issues do you usually take to your parents as stories or something you wish to hear more about?
- How can you ensure that are consistent with sharing anything else that affects you?

Ask participants to present their discussions in plenary.

Summary (10 minutes):

The reflection exercise above will have generated a variety of opinions and experiences in parent-child communication on SRHR. It is important to reassure and allow participants feel positive about how they have already been conducting their life. Recap the session by presenting the following points:

- Beginning intergenerational conversations about SRHR can be more difficult with family members than with non-family members. However, it guarantees children acquiring safe and factual information versus misleading information.
- Communicating with your children in an assertive way is often the most effective way to acquire support
- Sharing general thoughts around different social matters enables you develop confidence that you can have a one on one conversation with your children.
- Finding special time with either your children keeps you in a close relationship.

Trusting relationship (in a box)

Trust and respect are essential to a positive parent-child relationship. Even in the early years with your child, developing trust and respect is important. Your child will feel secure when he/she learns he/she can trust his/her primary caregivers to meet his/her needs. Trust and respect become more of a two-way street as your child gets older.

You can nurture trust and respect in your relationship. For example:

- Be available when your child needs support, care or help. This helps him/her learn to trust that you'll be there when he needs you.
- Get to know your child and value him/her for who he/she is. If he/she loves football, cheer him/her on or ask about his/her favourite players. This shows respect for his/her feelings and opinions, and also lets him/her know she can trust you with them.
- Allow the relationship to evolve as your child develops, and his/her needs and interests change.
- Set up some firm but fair [family rules](#). Rules are clear statements about how your family wants to look after and treat its members. They can help your child trust that you'll be consistent in the way you treat him/her.

Plenary exercise (30 minutes):

Hang the flipchart that says, “what motivates your role as a parent?”. Ask participants: *“Please think about this question: what motivates your role as a parent? Please think quietly to yourself. Write three of your ideas on the paper/cards that I provide. Write one idea per paper/card and write in large letters.”* Give three papers/cards to each participant. After 5 minutes ask participants to share their three motivators with the group and to stick them on the wall. Ask participants to stick their paper/cards with similar contributions, if there are any. The facilitator goes through the work that is written down on the flip chart.

Discuss the following:

- How can it help us to know our own motivators?
- How can understanding the motivators for fellow activists help community action?
- Are there ways that we as a group can help each other stay motivated?

Assure participants of the following:

- Speaking out about sensitive issues is challenging. If we recognize the motivations behind our role as parents as well as some of the obstacles, we can help each other stay focused and committed our work.
- While there are many motivators for our role as parents, there are also obstacles that prevent you from your roles.

Obstacles to parenting:**Plenary exercise (30 minutes):**

Hang the flipchart that says: “What are or could be the obstacles of parent child communication? Ask participants: *“please think about this question: ‘what are or could be obstacles of parent child communication?’ Please think quietly to yourself. Write three of your ideas on the papers/ cards I provide. Again, write one idea per paper/ card, and write in large letters.”* Give three more papers/ cards to each participant. After 5 minutes ask participants to share their three potential obstacles with the group and to stick them on the wall. When participants are sticking their papers/ cards on the wall, ensure again that they group similar contributions together.

Discuss the following:

- How can it help us know our potentials to potential obstacles to parent child communication?
- How can the potential obstacles for fellow parents help better improve parent child communication?

Ways of overcoming obstacles to parenting:

Group work activity (60 minutes):

Explain to participants: *“We will split into five groups. I will assign each group one of these obstacles. In your groups brainstorm ways of overcoming the obstacle. Record your ideas on a flipchart. Each group will have 10 minutes to do this work”.* Ask participants to divide into five groups, by counting from one to five, and then grouping themselves by number. Choose five major obstacles from those that participants shared and assign one to each group. Give each group a sheet of flipchart and a marker. Ask each group to present their ideas for overcoming their obstacles. Discuss all presentations.

Summary: Recap the exercise by presenting the following:

- There are many ways to overcome obstacles to parent child communication
- Work with others to keep supporting and motivating each other
- Celebrate achievements, big and small!
- Take action in small steps
- Remember to be creative. Doing the same activities over and over will become boring. Spice up your role as a parent!
- Be convinced of the value of your activism!

- Taking action might not be easy, but it results in a lot of benefits. Not only will you feel good about yourself, but also community will look up at you.

Dealing with children in their adolescence (in a box):

It is important to note that adolescents have specific parenting demands due to some of the changes that are taking place in their bodies and in their life. The following are some of the major changes that take place in children between the ages of 13-19:

- This is a period of transition to adulthood.
- Development of secondary sex characteristics – puberty
- Children are becoming more independent and seek approval of peers; they may spend more time with friends than with their own family
- They may be exposed to social media and television and movies in which sex, drugs and alcohol are portrayed as normal life activities
- Their brains are still developing but they may feel they “know everything”
- They may want to achieve so much in little time
- They may struggle to obey parents.
- They need a sense of clear identity.

Active listening

- Use more than just your words
- Let the speaker know you are listening (eye contact, responding with words like 'really?' and 'oh?')
- Show you understand by repeating back in your own words what was said
- Share empathy, not judgment – demonstrate that you understand what the other person is feeling. Show that you want to know more – 'Can you tell me more about it?' ... So how do you feel about it?'

Having difficult conversations with your children

It is important for parents to anticipate having difficult conversations with their children, particularly teenage/adolescent children. These could be conversations that are centred around topics that are embarrassing, upsetting or controversial, such as sex, sexual orientation, masturbation, alcohol and drugs. These conversations have the potential of causing disagreements between parents and children. It's normal to feel uncomfortable discussing these things. But being prepared can help you feel more confident and comfortable to tackle difficult conversations. The following tips can help parents in managing these situations:

- **Try to stay calm.** Be honest if you're shocked by the topic, but reassure your child that you do want to discuss the issue. This can help your child feel he or she can talk to you about anything.
- Make sure the first thing you say to your child is something that lets him/her know you're happy that he/she wants to talk to you. For example, *'I'm so happy that you trust me to help you with this'*. [Listen to your child.](#)
- This means giving your child a chance to talk through what's going on, without you trying to fix the situation. Often, teenagers aren't expecting you to fix things – they just want you to listen.
- Avoid being critical or judgmental, or getting emotional. If you need to let off steam, choose another adult to talk to when your child isn't around.
- Thank your child for coming to you.

Next steps

- If you need a bit of time to calm down or gather your thoughts before you talk, set a time to talk later. Make sure it's soon – don't wait until the next day. The longer you wait, the harder it will be. Your child might go ahead without your input in the meantime.
- If your child has some specific issues he wants your help with and you're not sure how to advise him, say so. Offer to work with your child to find out what he needs to know – for example, about

contraception, sexuality, alcohol and so on.

- If your child wants your help with a tricky situation, a [problem-solving approach](#) can help you work together to find a solution.
- If your child wants your opinion, let your child know how you see the situation rather than telling her what to do. For example, *'I would prefer it if you don't have sex until you're older. But if you're going to, let's talk about making sure it's safe!'*

When your child won't talk

It's common for teenagers to avoid talking about embarrassing or upsetting topics, especially if you raise them first. Sometimes you might not even realise a topic is upsetting or embarrassing until you raise it.

If your child doesn't want to have difficult conversations with you, you could try the following:

- Try to set aside some time each day to talk with your child. Ask him open-ended questions, and let him know that if he does want to talk, you're happy to listen. This will help you stay connected with your child and might help him feel more comfortable to come to you in future.
- Keep up to date with your child's interests. This gives you things to talk about and shows that you're interested in your child's wellbeing.
- If your child won't talk to you, it might help to find another adult she can talk to. You could suggest a relative, teacher, counsellor or neighbour. But tell your child that you're happy to listen any time she wants to talk to you.

End of box

Notes:

Benefits of difficult conversations

Tackling difficult conversations together with your child is a sign that you have a healthy relationship. It helps to keep your relationship with your child close and trusting. If you're **warm, accepting, non-judgmental and uncritical**, and also open to negotiating and setting limits, your child is likely to feel more connected to you. Your child is also more likely to discuss issues with you in the future.

And if you know what's going on in your child's life, you're better placed to help him manage difficult situations. Discussing tricky topics with you gives your child the opportunity to explore his choices and work out whether they're the right ones for him.

Try not to avoid difficult conversations with your child. If you do, your child might end up making choices that have negative consequences. For example, a sexually active teenager who doesn't ask for advice about contraception might end up with an unwanted pregnancy or a sexually transmitted infection.

MODULE 3: HUMAN SEXUALITY



Objective:

At the end of this module, participants should be able to:

1. Develop an understanding of sexuality issues related to young people

Materials required: (In a box)

Post it notes/VIPP cards, flip chart paper and flip chart stand, sticking tape

Preamble

- Adolescents usually face a lot of challenges during their transition from youth to adulthood.
- The changes come from the physical and emotional changes experienced during this period.

Sensuality

- The awareness and feelings that you have about your body and other people's bodies
- This allows you to feel good about your bodies appearance, feelings and what your body can do.
- Allows you to enjoy the pleasure your bodies can give you and other e.g. whether you feel attractive, experience pleasure and tension form sexual tension, feel physical attraction from another person.

Sexual intimacy

- This the need and ability to be emotionally close to another person
- This enriches personal relationships that one may have
- Intimacy focuses more on emotional closeness
- Some aspects of intimacy include; liking or loving somebody
- As sexual beings, you can have intimacy with or without having sexual intercourse

Sexual Identity

- Refers to a person's understanding of their physical make up, including the awareness of being male or female.
- It can be thought as three interlocking components;
 - Sex identity: knowing whether you are male of female
 - Gender role: knowing what a man or woman can do because of his or her sex
 - Sexual orientation: whether a person's primary attraction is to a person of the same sex (homosexuality), the opposite sex (heterosexuality), or both sex (bisexuality)

Sexual health and reproduction

- This refers to the capacity to reproduce and the behaviour and attitudes that make sexual relationships, physical and emotionally healthy.

Sexualization

- This involves using sex, or sexuality to influence, manipulate or control other people.
- This includes; flirting, seduction, withholding sex from partner to “punish” or get something you want.
- It also includes offering money for sex, selling products with sexual messages, sexual harassment, sexual abuse, and offering sex for money

Key reflection questions on sexuality

- What distinguishes a male from a female?
- What do females/ males expect from sexual relations?
- How frequently do most people have sexual intercourse?
- How can parents help their children understand more about their sexuality?

Hand out on boys' and girls' physical changes**Notes:**

For detailed notes on sexuality, refer to Comprehensive Sexuality Education Participant Workbook for Out of School Young People in Malawi page 29.

MODULE 4: TEENAGE PREGNANCY



Whose fault is this?

For 10-14 years and 15-19 years

Objectives:

At the end of this module, participants should be able to:

1. Develop an understanding of key issues related to early pregnancy and child bearing, including negative consequences.
2. Identify key ways in which they can address key problems related to early pregnancy and child bearing

Materials required:

Post it notes/VIPP cards, flip chart paper and flip chart stand, sticking tape

Facts:

- In Malawi 29% of adolescent girls aged 15-19 are already mothers or pregnant with their first child.
- The best way to prevent pregnancy is to practice abstinence.
- Abstinence means not having sexual intercourse.
- Both rural and urban girls are impregnated by their fellow teenage boys before their bodies are mature enough for child bearing.
- Teen age pregnancy contributes to high levels of school dropout, unsafe abortions, early marriages, maternal death, fistula, malnutrition, poverty, etc.
- A teen age is anyone within the age range of 13-19 years. Teenage pregnancy therefore refers to a person who falls pregnant within the age range.
- Pregnancy will occur when a male and female who have reached puberty have unprotected sexual intercourse, and when a male's sperm has fertilised a female's ovary.
- For girls, pregnancy occurs only when they have started menstruating and boy can ably impregnate only after he has started producing sperms.
- Although a girl can have a baby as soon as she starts to menstruate, other parts of her body such as pelvic girdle are still in the process of growing.
- Thus it is dangerous for a girl to have a baby before the pelvic girdle is fully expanded.

**Key reflection questions**

- What does it mean to have self-esteem?
- What are some of the factors that can enhance self-esteem?
- How can having a high self-esteem you help you overcome influences that can lead to teenage pregnancy?

Consequences of early child bearing

There are many dangers associated with early child bearing. Teenage pregnancy leading to early child bearing occurs when a female is under 20 years of age.

When a girl is below 20, she is not physically and physiologically mature to give birth. Giving birth at such an early age may result in very serious maternal complications such as these;

- Vasco vaginal fistula (VVF) which is the rupturing of the bladder during birth resulting in uncontrolled flow of urine
- The death of the mother and or child during child bearing
- Failure to look after the children due to lack of money and skills
- The mother may develop physical disability which may happen during child birth
- The child may be born prematurely or with very low birth weight
- Both the boy and girl may drop out of school
- The girl may become infertile due to maternal complications
- Teenage mothers may be subjected to nutritional deficiencies. This results from poor eating habits
- If the father of the child is also a teenager, the boy may also be affected psychologically because he is not mentally ready for fatherhood
- Both the boy and girl may be affected psychologically

For 15-19 years only

- Consequences of adolescent pregnancy is a major health concern because of its association with higher morbidity and mortality for both the mother and child.
- Adolescent mothers suffer from stress and trauma when they realize that they are pregnant and the difficulty they face in deciding who to tell and what to do, as well as the negative response they receive from family and friends.
- Adolescent pregnancy may also have psycho-social consequences. The young mother may be overwhelmed by the constant needs of the child and the baby may end up facing neglect from the adolescent mother.

- Women who become mothers in their teens are more likely to curtail their education as they are usually expelled from school.
- Adolescent pregnancy may result in child marriage and is also associated with domestic violence and family disruptions.
- Girls who become pregnant are also likely to suffer from stigma, rejection by parents and the man responsible for the pregnancy. Adolescent mothers have nowhere else to go except their parents' houses, and increased visibility in the society also means increased stigma. This stigma, during or after pregnancy, can lead to depression, social exclusion, low self-esteem and poor academic performance affecting the prospects of employment in the future.
- As a result of little or no education, adolescent mothers are likely to have fewer skills and opportunities to find a job. Due to unemployment these adolescent mothers live in poverty.
- Parents and children need to discuss some the factors that lead to teenage pregnancy including; misinformation, peer pressure, poverty, low self-esteem, drug and substance abuse, rape, sexual curiosity etc.



Key reflection questions on teenage pregnancy

- Is there anything you can do to prevent your adolescents indulging in pre-marital sex?
- Is there ***anything*** you can do to help your adolescent prevent pregnancy after having unprotected sex?
- What are some the factors that lead to teenage pregnancy?
- What discussion should you have with your daughter/ son when you suspect their sexually active?
- Why should you have this discussion?

Notes:

For detailed notes on pregnancy, refer to Comprehensive Sexuality for Out of School Young People in Malawi Participant Workbook on page 84.

MODULE 5: CONTRACEPTIVES



For 10-14 years and 15-19 years only

Objectives:

At the end of this module, participants should be able to:

1. Identify key ways in which to prevent unwanted and unplanned pregnancies
2. Identify key issues related to different types of contraceptives, and choose which ones can be appropriate for different groups of people

Materials required:

Post it notes/VIPP cards, flip chart paper and flip chart stand, sticking tape

Preamble

- Although middle adolescents (14-15 years) should learn about contraception, emphasis should be placed on abstinence as the most effective form of preventing pregnancy.
- Emphasise that only abstinence is 100% effective in preventing pregnancy and contracting STIs including HIV

Contraceptives

- A contraceptive is a drug or device used to prevent or delay pregnancy.
- There are many different contraceptive methods – but only the condom can prevent pregnancy as well as HIV or STIs. Therefore, a condom is said to offer dual protection.
- Most contraceptive methods are reversible; that is a woman will be able to become pregnant again after she has stopped using the method.
- Some methods, such as surgical sterilization, are permanent, meaning a woman cannot become pregnant ever again or a man cannot make a woman pregnant again.
- Even though not all methods may be available where you are (or recommended for young people), it is important that you know about them and how they work. Contraceptive methods are frequently referred to by the way in which they prevent pregnancy
- Emergency contraception must be taken within 3 days of unprotected sex.
- You should take it as soon as possible after unprotected sex. The sooner you take it, the better it works.

For 15- 19 years only**Condoms:**

- Condoms are only effective when used correctly and consistently.
- Correct condom use means wearing the condom as the guidelines are written.
- Consistent condom use means using the condom correctly and every time for each sexual encounter.
- They are both female and male condoms available for use.
- Female condoms are to be worn by the females only and male condoms are to be worn by the male only. Partners must agree which condom they prefer use for their encounter.
- Both the male and female condom should not be used at once.
- Condoms reduce the risk of contracting STIs/HIV and unintended pregnancies.
- Condoms are also, emphasized for dual contraception for adolescents including those living with HIV.
- condom can prevent pregnancy as well as HIV or STIs. Therefore, a condom is said to offer dual protection.

Emergency contraception:

- Emergency contraception is available in health facilities and pharmacies, and adolescent and young people can access them from their youth-friendly sexual and reproductive health service providers.
- Emergency contraception is for emergencies and should not be used as a regular family planning method.
- Emergency contraception does not protect you from STIs and HIV.
- If a woman takes emergency contraception and then has sex again without using another kind of contraception or her method fails, she can still get pregnant. If she still doesn't want to get pregnant, she needs to take emergency contraceptive pills again.

Daily pill:

- One pill is taken every day at same time - For those who prefer to use the pill, it should be taken once every day at the same time in order for it to be effective.
-

Injectable Depo

- Injection administered on the arm or buttock.
- Effective for 3 months.
- Require that you get on time when due.
- Often considered as private and discrete

Notes:

Hand out on more various contraceptive methods (use Moyo ndi Mpamba wall chart)

Handout on using a male condom (CSE Facilitator Guide Pages 241-242)

Handout on using a female condom (CSE Facilitator Guide Pages 243-245)

MODULE 6: MENSTRUAL HYGIENE



For 10-14 years and 15-19 years

Objectives

At the end of this module, participants should be able to:

1. Develop an understanding of what menstruation is, and what it is not
2. Dispel myths and misconceptions related to menstruation in relation to facts about it
3. Develop an understanding of the importance of menstrual hygiene and identify key ways in which to maintain hygiene during menstruation

Materials required:

Post it notes/VIPP cards, flip chart paper and flip chart stand, sticking tape

Introduction to menstrual hygiene (15 minutes)

Discuss the following in buzz groups:

- Have you seen the girl or woman in your house excluded from the rest of the house or refrained from usual activities on any particular day(s)?
- Are women/girls subject to exclusion from the rest of the house or refrained from your usual activities on any particular day(s)?
- What do you think are the reasons for these exclusions, restrictions and customs?

Summarize by emphasizing the following (15 minutes):

- Menstruation is a female's monthly shedding of the lining of the uterus, and often lasts about 3 to 5 days (average). It is nature's own way of preparing a woman's body for pregnancy. It is a completely natural process, and is nothing to be ashamed of.
- Female's menstrual period vary; the flow may be light, moderate or heavy and can vary in length from about 2 to 7 days; and with age, the cycle usually shortens and becomes more regular
- Menstruation starts between the ages of 9 and 16 and females will continue to menstruate regularly, unless they become pregnant, or until menopause, which happens between the ages of 45 and 55.
- Once a girl begins ovulating, she is capable of becoming pregnant. It is important for every female to know her own cycle.
- It is important that parents initiate the conversation about menstruation with their daughters to avoid misleading information that may come to the daughter.
- Girls need to understand that every girl once they reach puberty starts menstruation as such should not feel shy or think that there is something wrong with them.
- It is important that a girl learns how to take care of herself during her monthly periods, therefore a mother should teach her daughter how to keep clean.

End of box

Myths and facts about menstruation**Buzz group work (30 minutes)**

In 5 minutes and in pairs, ask participants to discuss anything that they have heard about, experienced or associated with menstruation in their home or community that may not necessarily be true. In 10 minutes, ask the participants to report back and note the myths and misconceptions on a flip chart paper. At the end of the plenary, summarise the session by presenting the following points:

Due to the culture of silence on sexual and reproductive health issues in Malawi, there is often secrecy about menstruation, which leads to myths and misconceptions. Some people believe and propagate that menstruation is sickness, illness, disease, infection, harmful, dirty, shameful, unclean or otherwise 'negative'.

Facilitator notes**However, the fact of the matter is that menstruation is:**

- The shedding of tissue and blood from the lining of the womb through a female's vagina.
- Also called 'menses', 'menstrual period', 'monthly bleeding' and 'period', menstruation is a normal and natural biological process.
- The blood and tissue that comes from the uterus when fertilization does not occur.
- The monthly self-cleaning action of a healthy uterus.
- An important developmental milestone for girls, the same way wet dreams are for boys.

Other facts about menstruation:

- The first menstrual cycle is called 'menarche'.
- Periods in the first few years of menstruation are not very regular.
- Some girls have their first period as early as eight or nine years of age.
- Some women menstruate every 28 days, while others have longer cycles (35 days) or shorter cycles (21 days).
- Periods usually last from 2-7 days, with five days being the average length of menstrual flow.

Maintaining hygiene during menstruation (60 minutes):

Due to the flow of blood, menstruation can lead into a lax in hygiene, bringing discomfort, and at times shame to girls. Every year, many young women and girls miss school during their menstruation period. The result is that they miss out on important school work and fail to compete fairly with boys in the same class, contributing to lower education achievement rates (performance and completion) for females compared to their male counterparts.

Put participants into two groups. One groups should discuss safe menstrual practices, while the other should discuss poor menstrual practices. After 10 minutes, ask each group to present its discussions in plenary. After presentation, summarise by presenting the following notes.

Safe menstrual practices include:

- Change sanitary material at least three times a day or when soaked.
- Change underwear/panties daily.
- Wash hands before and after changing sanitary pad/cloth.
- Use hot water and salt to wash sanitary cloth and dry them under sun.
- Use sanitary pad or clean cotton materials/cloth that have been preserved specifically for menstruation every month.

Poor menstrual practices include:

- Use of toilet tissue.
- Drying sanitary cloths inside dark corners of the house.
- Washing of used sanitary cloth in streams or rivers.
- Use of dirty/unclean underwear/panties.

Effects of poor menstrual practices (60 minutes):

Put participants into two groups. One group should discuss the effects of poor menstrual practices, and the other group should discuss different ways of maintaining hygiene during menstruation. After 15 minutes, ask each group to present its discussions in plenary. After presentation, summarise by presenting the following notes.

Effects of poor menstrual hygiene practices include Infection, discomfort, offensive odour and low self-esteem. The table below summarises some of the risks associated with lack of proper menstrual hygiene:

	Unhealthy practice	Health risk
1	Unclean sanitary pads/materials	Bacteria may cause local infections or travel up the vagina and enter the uterine cavity.
2	Changing pads	Wet pads can cause skin irritation which can then become infected if the skin becomes broken.
3	Insertion of unclean material into the vagina	Bacteria potentially have easier access to the cervix and the uterine cavity.
4	Use of tampons when not menstruating (such as to absorb vaginal secretions)	Can lead to vaginal irritation and delay the seeking of medical advice for the cause of unusual vaginal discharge
5	Wiping from back to front following urination or defecation	Makes the introduction of bacteria from the bowel into the vagina (or urethra) more likely.
6	Unprotected sex	Possible increased risk of sexually transmitted infections or the transmission of HIV or Hepatitis B during menstruation.
7	Unsafe disposal of used sanitary materials or blood	Risk of infecting others, especially with Hepatitis B (HIV and other Hepatitis viruses do not survive for long outside the body and pose a minimal risk, except where there is direct contact with blood as it leaves the body).
8	Frequent douching (forcing liquid into the vagina)	Can facilitate the introduction of bacteria into the uterine cavity

The following are the key ways for maintaining hygiene during menstruation:

Type of material	Advantages	Disadvantages
Cotton cloth pad	<ol style="list-style-type: none"> 1. Easily available 2. Low / no cost 3. Washable / Reusable 4. Wearable without underpants 	<ol style="list-style-type: none"> 1. Gets soaked fast 2. Difficult to change 3. Repeated use causes abrasions in the thigh 4. Improper washing, drying and storage causes infections
Sanitary pads/tampons	<ol style="list-style-type: none"> 1. Safe and hygienic 2. High Soaking capacity 3. Comfortable 4. Convenient to change 5. Convenient to carry 6. Easily available (except in some remote rural areas) 7. Light weight 	<ol style="list-style-type: none"> 1. Costly 2. Not biodegradable, making disposal difficult 3. Prolonged use of a single napkin causes infection and diseases 4. Not reusable 5. Toilets/drains can get choked if napkins are disposed there 6. Can cause environmental pollution



Safe disposal of sanitary menstruation materials:

Buzz group session (5 minutes)

Ask participants to discuss in pairs. They should mention any two key ways in which sanitary menstruation materials, such as pads, cloth and tampons can be disposed. After the report back, present the following points (25 minutes):

Notes:

Reuse

To clean blood-stained rags, clothes, bed sheets and cloth used as sanitary napkin, do the following:

- Soak the soiled material in soapy water for 20 minutes. To ensure there is enough soap in the water, make sure there are a lot of bubbles when you stir and shake the water with your hand.
- Wash the soiled material as you would normally with soap and water.
- Allow the cleaned materials to air dry in the sun. Throw the soaking water in the toilet.
- Wash your hands thoroughly with water and soap.

Disposal

Blood stained materials can contaminate the environment and spread diseases if not properly disposed of, so it is critical to emphasize the need for proper disposal of menstrual waste. Reiterate that women and girls should not throw soiled cloths or napkins in latrines, toilets, open drains or water bodies such as streams, rivers, ponds and wells. The following are some of the best available methods of safe waste disposal:

1. **Deep Burial:** Used cloth and / or sanitary napkins could be buried in a simple pit. Such pits should be dug a minimum of seven meters from water sources, including hand pumps, tube wells, open wells, ponds, reservoirs and rivers.
2. **Composting:** This is an improvement over the deep burial method. Used cloth and / or sanitary napkins could be buried in a simple pit. In a pit 0.5m wide x 0.5m in breadth x 1m deep, deposit the waste cloth and sanitary napkins along with leaves and other wet biomass. The additional material needs to be added every time cloths or napkins are disposed. Cover the material with a layer of soil.

GLOSSARY OF TERMS

Reproduced from USAID Nigeria, Better Parenting Training Manual

Sanders, M.R., 2009, Triple P-Positive Parenting Program and the Prevention of Child Maltreatment, University of Queensland, Australia

Parent-Child Connectedness: New Interventions for Teen Pregnancy Prevention ETR Associates with support from the Annie E. Casey Foundation

USAID Nigeria, Better Parenting Training Manual

Triple P (Positive Parenting Program) accessed online here <https://www.triplep-parenting.net/glo-en/about-triple-p/positive-parenting-program/>

Adapted from Triple P (ibid)

Reproduced from Resource Centre for Adolescent Pregnancy Prevention (ReCAPP) available online here <http://recapp.etr.org/recapp/index.cfm?fuseaction=pages.educatorskillshome>

Adapted from USAID Nigeria, Better Parenting Training Manual

Adapted from Australia's Raising Children Network (<https://raisingchildren.net.au>)

Reproduced from Aha Parenting (<https://www.ahaparenting.com/parenting-tools/connection/building-relationship>)

Adapted from SASA! Action Training Module- Inspiring behaviour change module

Ibid

Reproduced from Australia's Raising Children Network (<https://raisingchildren.net.au>)

Malawi Institute of Education, 2008, Life skills and Sexual and Reproductive Health Education, Book 1 pg31

Adapted from WaterSupplyandSanitationCollaborativeCouncil,WASHandHealthforMenstrualHygieneManagementTrainingofTrainersManualv1.0

Ibid

Ibid

Ibid

