



Facilitator guide

Community activities
for **unmarried women
with disabilities**

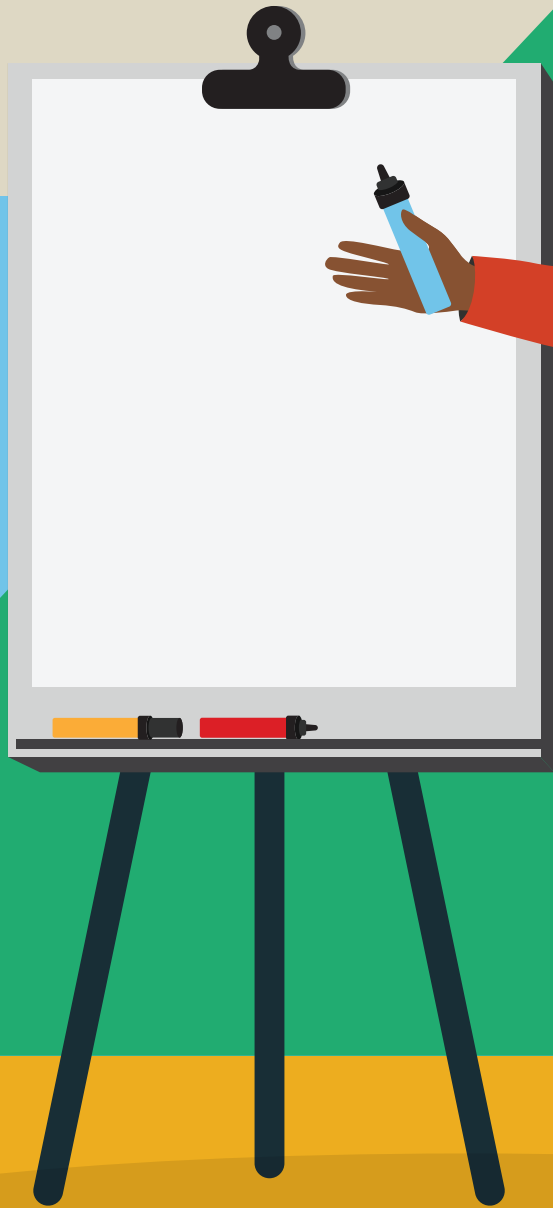
Introduction

This is a guide to help you run in-person sessions with unmarried women with disabilities within your community. The aim of the guide is to spark a conversation about family planning, child spacing and modern contraceptives, and to encourage people to access health facilities to get more information.

Materials

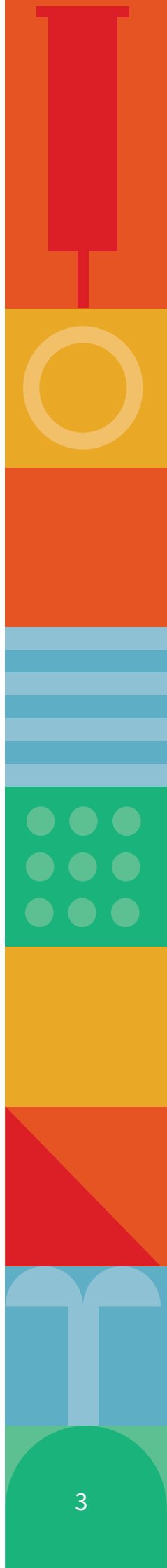
To run the activities, you will need:

- This guide
- A flip chart or board
- Markers or chalk
- Picture codes



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Running accessible and inclusive sessions

Use this **checklist** to ensure everyone can participate in the sessions.

x	Ten days before the session
	Check that the venue doesn't have physical barriers (for example, steps, steep ramps, narrow doorways, poor signage) both outside and inside.
	Check that the venue has toilets that are accessible for people with disabilities (for example, barrier-free entry, a wide door, a cubicle large enough to comfortably fit a wheelchair).
	Check the seating. Is it too high? Is it stable?
	Ensure the venue allows sufficient privacy to encourage participants to engage more actively.
	Check the venue is well-lit.
	Check there are no loud and/or distracting sounds that can be heard from the venue.
	When inviting participants, ask them about their accessibility requirements. These could include, for example, sign language interpretation, materials in braille or large print, or personal assistance. You can ask Sightsavers staff to provide these.
	When inviting participants, tell them what to expect. How long the session will be? What's the format of the meeting?
	Tell them what will be provided (food, water, etc).
x	Right before the start of the session
	Arrive early to prepare the facility for the session and address any potential last-minute issues.
	Ensure physical obstacles inside the venue (for example, extra chairs, tables, cables) are removed, especially from busy areas.
	Ensure there's enough space between seating for a wheelchair to pass through.
	Ensure seating is arranged so that everyone can see the facilitator easily. A semicircle arrangement is a good option.
	No seating should be behind the facilitator.

x	During the session
	Start by introducing yourself and ask everyone to introduce themselves.
	Speak clearly and at a normal pace, especially if there are interpreters present.
	Make sure there is a clear view of your face and mouth to assist lipreading.
	Use hand and physical gestures, as well as the provided picture codes, to support what you are saying.
	Talk to the participants directly, even if they are accompanied by an assistant.
	Observe and ask if someone needs assistance before providing help. Helping in the wrong way can hurt or humiliate someone.
	Don't pretend to understand someone when you don't understand them.
	Ensure scheduled breaks are taken.
	If you write or draw, ensure your writing is large and bold for maximum clarity. Always describe what you are writing or drawing, or what you are pointing to, to assist participants who may not be able to see.
	When participants are presenting to the group as part of the activities, the facilitators should encourage the other participants to pay attention and ask questions once they have finished presenting.
x	After the meeting
	Ask for feedback from participants, telling them their honest comments will contribute in making next sessions better for them and everyone else.

Session 01

Methods of contraception

Agenda

1. Introduction and icebreaker (15 minutes)
2. Making decisions on family planning, child spacing and methods of contraception: group discussion (30 minutes)
3. Break (20 minutes)
4. Role-play session (45 minutes)
5. Conclusion/End of session



Invite an
experienced
family planning
health worker
to this session.



Goal of session

After this session participants should have a good understanding of the various contraceptive options for child spacing that are available, including the various advantages and disadvantages of each one.

1. Introduction and icebreaker (15 minutes)

At the beginning of the session, introduce yourself and welcome participants. Invite participants to introduce themselves and then briefly share with the group a particular skill or thing they're especially good at. Ask them not to be modest! All of us have at least one particular thing we seem to excel at, or that comes more naturally to us. It's what helps make us all unique.

2. Making decisions on family planning, child spacing and methods of contraception: group discussion (30 minutes)

Show the picture below to the group and ask them to describe the illustration.



Picture
code 1



Ask participants to share their personal experiences of making decisions around family planning, child spacing and contraceptive methods. You can use the questions below to guide the discussion:

- Have you ever discussed family planning with your partner, your friends or relatives?
 - What's the best way to understand the best method for you?
 - What methods can a person use to plan the number of children they want and when to have them?
- Facilitators should encourage participants to pay attention when others are talking, and to ask questions once they have finished.



Use the discussion notes and picture code 2 (making sure you describe it to any participants with a visual impairment) to help guide the conversation:

- **Using contraception is not contrary to either the Christian or Muslim faith**, nor does it encourage young or unmarried people to abandon their morals. In fact, both faiths actually consider it a responsible and sensible practice for many reasons.
- Healthcare centres displaying the green dot logo are the trusty source of information on family planning. Health staff there will be able to offer advice on the best family planning methods for you. If you have a disability you should talk to staff about your specific needs and requirements, including any medication you already take (if applicable). Health staff can then make the best possible, most suitable, recommendations based on your individual needs.
- As a woman with a disability, you have the right to decide whether to become pregnant and give birth, as well as the number, spacing, and timing of your children. You also have a right to obtain accurate information regarding contraception (birth control). Only you and your healthcare provider can determine which birth control method is safe for you.
- A woman's rights are violated when sterilisation is either unnecessary or performed without her full consent and express wishes. Women with disabilities are at increased risk of being coerced or forced into sterilisation against their wishes. This is something that should never be allowed to happen. Equally, it is also a violation of a woman's rights when she gives her consent for sterilisation but is denied the procedure due to local policies or laws.



Picture code 2

Common methods of contraception: advantages and disadvantages

Condom
Male and female



The male condom, usually made of latex, is a thin film cover placed over an erect penis.

The female, or internal, condom is a thin pouch with a flexible, soft, ring on each end made from non-latex rubber. One end of the female condom sits inside the vagina and the other end stays outside.

Both male and female condoms are barrier methods of contraception. **When used properly, they are the only contraceptive method shown to be effective against both pregnancy and sexually transmitted infections (STIs).**

Advantages

- Highly effective when used correctly.
- Provide protection from STIs, including HIV/AIDS.

Disadvantages

- Can potentially rip/tear (care must be taken when opening the packet and when putting it on or inserting).
- Many people with disabilities that limit the use of their hands find it difficult to use barrier methods of contraception. Some use assistive devices or ask their partner to help them place the barrier.
- Women with certain disabilities are more allergic to latex than the general population.
- The female condom may not be as effective as male condoms in protecting against STIs.

Injection



The contraceptive injection is usually given by a doctor or nurse once every 8 to 13 weeks, depending on the type. However, if you prefer, you can choose to use one type of contraceptive injection yourself at home (self-injectable). A nurse or doctor can show you how to do this.

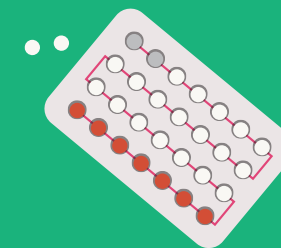
Advantages

- Highly effective and safe.
- Can be used throughout breastfeeding, starting six weeks after birth.
- Does not decrease breast milk production.
- Contraception is hidden.

Disadvantages

- Does not protect against STIs, including HIV/AIDS.
- For some people, can cause side effects such as nausea/dizziness, weight gain, slight irregular bleeding.
- Potential weight gain for women with mobility issues can have a further negative impact on their mobility.
- For some people, may weaken bones.
- Delays return to fertility.

Oral contraceptive pill



The 'pill' is a prescription tablet that prevents women becoming pregnant. Some women with disabilities may also take the pill to make it easier to manage periods.

Advantages

- Highly effective in preventing pregnancy.
- Reduces menstrual cramps.
- Mini pills can be used by breastfeeding women.
- Fertility is restored once the use of the pill is stopped.

Disadvantages

- Has to be taken every day at about the same time.
- Does not protect against STIs, including HIV/AIDS.
- Women with disabilities may have an increased risk of blood clots.
- For some people, can cause side effects such as nausea/dizziness, weight gain, breast sensitivity, no periods or slight irregular bleeding.
- Some anti-seizure medications (ASMs), that are used to treat people living with epilepsy, can make the pill less effective.

Intrauterine devide (IUD)



An intrauterine device (IUD) is a small, plastic, T-shaped device containing either copper or hormones. The IUD is placed into a woman’s uterus by a healthcare provider.

Advantages

- Highly effective.
- Can be used by most women.
- Immediately effective and can last for ten years.
- Fertility returns immediately after its removal.
- Lasts up to seven years.
- Can be removed anytime.
- Contraception is hidden.

Disadvantages

- Does not protect against STIs.
- For some people, can cause side effects such as nausea/dizziness, weight gain, slight irregular bleeding.
- Generally very safe, but there is a very low risk of damage to the womb which, in rare cases, can result in ectopic pregnancy (when a fertilised egg implants itself outside of the womb).
- Women with spinal cord injury, lupus, and some other disabilities may be advised against using IUDs due to a variety of potential complications.
- Women with a disability may not be able to feel if the device has moved from its correct location.

Implant



A contraceptive implant is a small plastic rod, around four cm long, that a doctor or nurse puts under your arm. It prevents pregnancy by releasing a hormone. A doctor or nurse can remove the implant at any time.

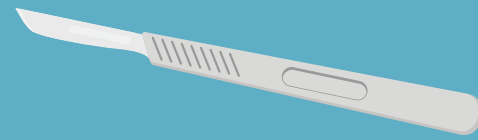
Advantages

- Highly effective.
- Lasts about three to five years.
- Contraception is hidden.
- Fertility returns immediately after its removal.

Disadvantages

- Does not protect against STIs, including HIV/AIDS.
- For some people, can cause side effects such as nausea/dizziness, weight gain, slight irregular bleeding.
- Very rare, more serious possible risks, include blood clots and ectopic pregnancy.
- May not be suitable for people who have previously had a heart or liver condition, breast cancer or unexplained vaginal bleeding.
- Some anti-seizure medications (ASMs), that are used to treat people living with epilepsy, can make implants less effective.

Vasectomy



Vasectomy, also called male sterilisation, is a procedure that stops sperm being ejaculated from the penis during sex.

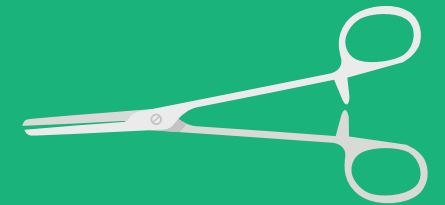
Advantages

- Highly effective method.
- The surgery is safe. Complications are exceedingly rare.
- The surgery has no effect on sexual function and ejaculation.

Disadvantages

- **This a permanent method of contraception.**
- It should only be used if you are certain you do not wish to have children at any point in the future (vasectomies can sometimes be reversed with further surgery, but this is usually not available free of charge and the success rate for the procedure is not 100 per cent guaranteed).
- Does not protect against STIs, including HIV/AIDS.
- The most common potential complication resulting from a vasectomy is a condition called epididymitis, which can cause pain and swelling in the testicles. However, this condition is easily treated with painkillers and antibiotics.
- It's vital that people with disabilities give their full consent to an operation that permanently sterilises them. It must be 100 per cent their choice and decision. They must never be forced or coerced into a procedure that is not their choice.

Tubal ligation



A tubal ligation is also known as 'having your tubes tied'. In this procedure, a surgeon cuts, seals, clips, or ties the woman's fallopian tubes.

A separate method also exists called 'tubal implant'. A tubal implant involves placing a tiny, spring-like coil in the fallopian tubes, which causes scar tissue to build up and block the tubes. Tubal implants typically take about three months to become effective at preventing pregnancy.

Advantages

- Highly effective method.
- Though it has some risks, the surgery is generally safe (you should always discuss any potential risks with your doctor).
- Does not affect female hormones.

Disadvantages

- **The process is irreversible and is a permanent method of contraception.**
- It should only be used if you are certain you do not wish to have children at any point in the future.
- It's vital that people with disabilities give their full consent to an operation that permanently sterilises them. It must be 100 per cent their choice and decision. They must never be forced or coerced into a procedure that is not their choice.
- Does not protect against STIs, including HIV/AIDS.
- Women with autoimmune diseases may be at a higher risk of chronic pelvic pain following tubal implants.

3. Break (20 minutes)

Announce a comfort break of 20 minutes before the second half of the session.

4. Role-play session (45 minutes)

1. Divide participants into four groups and give each group one of the following personal situations for consideration:
 - A young woman has recently given birth to her first child and does not wish to have another child for a couple of years.
 - A couple with four children have decided they do not wish to have any more children
 - A woman has used one particular contraceptive method in the past, but it did not work well for her, giving her some uncomfortable side effects. Ideally she would like to use contraception but, because of her previous experience, she is nervous and uncertain.
 - A young wife, whose husband has two other wives, is worried about catching an STI.
2. Each group should discuss the situation they have been given, deciding together what they think the best contraceptive method would be for that scenario – including advantages and disadvantages. They should also discuss how they think the person in the situation should go about obtaining the right advice and help.
3. The four groups should then present their situation and the decisions they made for it, explaining the reasoning behind them, to the rest of the participants . The facilitators should encourage participants to pay attention and ask questions once each of the four groups has finished presenting.

Note for facilitators: The objective behind this role-play session is to encourage participants to fully think through all of the issues that have been discussed during the session and apply them to common, real-life situations or potential decisions they themselves may have to take in the future. It's important to stress during the groups' feedback that the best place to obtain information specially tailored to individual needs is to go to the health facilities with the green dot logo.

Facilitators should make it clear to the group at the end of the session that **there is never a clear right or wrong**

answer. These decisions are always very much based on individual situations and personal preferences. For example, the couple that don't want any more children could have chosen to use an IUD because it means they won't have to buy condoms or take a pill every day. However, another couple in the same situation may prefer to use condoms because it provides protection from STIs. The most important thing when deciding on contraceptive methods is to fully understand how each one works – including its particular advantages and disadvantages – and then make an informed choice that feels right for you as an individual.

5. End of session

- Tell participants they can obtain more information on family planning and child spacing at their local healthcare centre displaying the green dot logo. If health service providers are attending the session, tell participants they can ask them any questions at the end of the session.
- Ask participants if they have any questions for the health service provider.
- Thank participants for their contribution and let them know when you are meeting next and what you will discuss.

Session 02

Invite an
experienced
family planning
health worker
to this session.

Does using contraceptives have any side effects?

Agenda

1. Introduction and icebreaker (15 minutes)
2. Does using contraceptives have any side effects?
Group discussion (30 minutes)
3. Listen to an episode of Madubi (15 minutes)
4. Break (20 minutes)
5. Contraception quiz: True or false? (45 minutes)
6. Opportunity to ask questions (45 minutes)



Goal of session

After this session participants should feel reassured about the possible side effects linked to using contraceptives. They should also feel more confident about using them, especially in the knowledge that using contraceptives will not make them infertile.

1. Introduction and icebreaker (15 minutes)

At the beginning of the session, introduce yourself and welcome participants. Invite participants to introduce themselves one by one and share something that makes them unique.

2. Does using contraceptives have any side effects? Group discussion (30 minutes)

Show the picture to the group and ask them to describe what's happening in the illustration.



Picture
code 3



Ask participants to share their personal views of what the possible side effects of contraceptive use could be. What might put them off?

You can use the questions below to start the conversation:

- What types of side effects have you heard about? Which contraceptives do they relate to?
- Have you, or anyone you know, ever experienced any side effects from using contraceptives?
- In terms of the possible effects on your body, what are the main things that would put you off using contraceptives? Or, is that not something you are worried about?
- Do you think using contraceptives might, in the future, make it more difficult for you to become pregnant if you decide you'd like to have a child?

Facilitators should encourage participants to pay attention when others are talking, and to ask questions once they have finished.



Use the discussion notes below to help guide the conversation:

It's important to remember, before discussing its potential side effects, that using contraception is not contrary to either the Christian or Muslim faith, nor does it encourage young or unmarried people to abandon their morals. In fact, both faiths actually consider it a responsible and sensible practice for many reasons.

Main feared side effects:

- **Using contraceptives will make you infertile, or make it more difficult to become pregnant at a later date if you decide that it is now the right time for you.** This is not true. Aside from deliberate permanent sterilisation (which is discussed in this section shortly), the only method of contraception that has any longer-term impact on fertility is the contraceptive injection. The injection can cause a delay to the return of your fertility for up to a year. Intrauterine devices (IUDs, sometimes known as the coil) are generally very safe, but there is

a very low risk of damage to the womb which, in rare cases, can result in ectopic pregnancy (when a fertilised egg implants itself outside of the womb).

With all other methods, as soon as someone stops using the contraception, fertility generally returns to normal within a few months.

- **If I use contraceptives for a long time it will affect my fertility.** Again, this is not true. Long-term contraception use has no impact on fertility. However, fertility does naturally decline with age. It is harder to become pregnant over the age of 35 (although it is definitely still possible).
- **If I don't have regular bleeds whilst using contraception this will affect my fertility.** Hormonal methods of contraception such as the pill can often lead to no bleeding for long periods of time. However, this is completely safe and has no negative impact on fertility.

- **Some birth control methods can't be reversed.** There are only two types of contraception methods that can't be reversed, sterilisation for men and sterilisation for women. These are permanent operations given to men or women who are certain they do not wish to have children and decide to have the operation. It's very important that people with disabilities give their full and informed consent to an operation. It must be 100 per cent their choice and decision. They must never be forced or coerced into a procedure that is not their choice.

Aside from sterilisation, all other methods of contraception are completely reversible.

As a woman with a disability, you have the right to decide whether to become pregnant and give birth, as well as the number, spacing, and timing of your children. You also have a right to obtain accurate information regarding contraception (birth control). Only you and your healthcare provider can determine which birth control method is safe for you.



A woman's rights are violated when sterilisation is either unnecessary or performed without her full consent and express wishes. Women with disabilities are

at increased risk of being coerced or forced into sterilisation against their wishes. This is something that should never be allowed to happen. Equally, it is also a violation of a woman's rights when she gives her consent for sterilisation but is denied the procedure due to local policies or laws.

The table below highlights some of the possible side effects that can be caused by some methods of contraception. While these do exist and can happen, it's important to stress again that not everyone will experience them.

People should be aware of these possible side effects of contraception, as opposed to the often incorrect myths and rumours they may hear, but this awareness also needs to be balanced against the benefits of using contraception if it helps your situation.

The most important thing when deciding on contraceptive methods is to fully understand how each one works – including its particular advantages and disadvantages – and then make an informed choice that feels right for you as an individual. Only you and your healthcare provider can determine which birth control method is safe for you.

Method of contraception	Potential side effect(s)
Male condoms 	<ul style="list-style-type: none">• Women with certain disabilities are more allergic to latex than the general population.
Injection 	<ul style="list-style-type: none">• For some people, can cause side effects such as nausea/dizziness, weight gain, slight irregular bleeding.• Potential weight gain for women with mobility issues can have a further negative impact on their mobility.• For some people, may weaken bones.

Oral contraceptive pill 	<ul style="list-style-type: none"> • Women with disabilities may have an increased risk of blood clots. • For some people, can cause side effects such as nausea/dizziness, weight gain, breast sensitivity, no periods or slight irregular bleeding. • Some anti-seizure medications (ASMs), that are used to treat people living with epilepsy, can make the pill less effective.
Intrauterine device (IUD) 	<ul style="list-style-type: none"> • For some people, can cause side effects such as nausea/dizziness, weight gain, slight irregular bleeding. • Generally very safe, but there is a very low risk of damage to the womb which, in rare cases, can result in ectopic pregnancy (when a fertilised egg implants itself outside of the womb). • Women with spinal cord injury, lupus, and some other disabilities may be advised against using IUDs due to a variety of potential complications. • Women with a disability may not be able to feel if the device has moved from its correct location.
Implant 	<ul style="list-style-type: none"> • For some people, can cause side effects such as nausea/dizziness, weight gain, slight irregular bleeding. • Very rare, more serious possible risks, include blood clot and ectopic pregnancy. • May not be suitable for people who have previously had a heart or liver condition, breast cancer or unexplained vaginal bleeding. • Some anti-seizure medications (ASMs), that are used to treat people living with epilepsy, can make implants less effective.
Tubal implant 	<ul style="list-style-type: none"> • Women with autoimmune diseases may be at a higher risk of chronic pelvic pain following tubal implants.
Vasectomy 	<ul style="list-style-type: none"> • After a vasectomy, some people experience a condition called epididymitis, which can cause pain and swelling in the testicles. However, this condition is easily treated with painkillers and antibiotics.

3. Listen to an episode of Madubi (15 minutes)

1. Listen to Series 13, Episode 14 – Misconceptions.

2. Afterwards, discuss as a group the storyline involving Amrah:

- Have any of the participants been in a similar situation to Amrah, where friends or family have tried to put them off using contraception for any reason?
- How do they think Amrah handled the situation with Alheri?

4. Break (20 minutes)

Announce a comfort break of 20 minutes before the second half of the session.

5. Contraception quiz: True or false? (45 minutes)

1. If you are outside, write a T on the ground (for 'True') with a stick, as well as an 'F' (for 'False') in a separate but nearby area. If you are inside, place two objects, one to signify 'True' and one to signify 'False', on the floor.

2. Then, read out each statement and ask the participants if they think it is true or false. Instead of answering out loud, they should walk to the answer they think is correct.

People with visual impairment should be told where true and false are situated in relation to where they are so they know where to go.

To help ease their movement you could also consider allocating them their own 'walking lane' so they don't bump into other people rushing to their preferred answer.

People who cannot, or struggle to, walk can be given a small soft object to throw towards the answer they wish to pick.

3. After everyone has made a decision, reveal the answer and then explain the reason behind the answer.

Statement

Using contraception stops you from catching an STI.

Answer

False, for all contraception methods except one. All contraception methods will help you avoid pregnancy, but only condoms also provide protection against catching STIs.

Statement

Contraception causes blood clots.

Answer

True, but this is unusual for most people. Women with disabilities may have an increased risk of blood clots if they take the pill while, in rare instances, contraceptive implants can also cause blood clots.

<p>Statement</p> <p>Older people don't need to use contraceptives.</p>	<p>Answer</p> <p>False. For a woman, unless she has gone through the menopause and has not had a period for 12 months, becoming pregnant is still possible. For men, while their fertility declines as they get older, they can remain fertile well into their 70s and beyond.</p>
<p>Statement</p> <p>Birth control causes weight gain.</p>	<p>Answer</p> <p>True, but only in some instances. For example, this is a possible side effect for some people if they take the pill, have injections, use an IUD or have an implant. Other possible side effects for these methods include nausea and irregular bleeding. If you experience any such side effects you should immediately discuss this with your health care provider, who can then suggest an alternative method. You can do this until you find a contraception method that works for you without causing any unpleasant or unwanted side effects.</p>
<p>Statement</p> <p>Using contraceptives will make you infertile, especially if you use them for a long time.</p>	<p>Answer</p> <p>False. Aside from deliberate permanent sterilisation, the only method of contraception that has any longer-term impact on fertility is the contraceptive injection. The injection can cause a delay to the return of your fertility for up to a year. Intrauterine devices (IUDs, sometimes known as the coil) are generally very safe, but there is a very low risk of damage to the womb which, in rare cases, can result in ectopic pregnancy (when a fertilised egg implants itself outside of the womb).</p>
<p>Statement</p> <p>If I don't have regular bleeds whilst using contraception this will damage my fertility.</p>	<p>Answer</p> <p>False. Hormonal methods of contraception such as the pill can often lead to no bleeding for long periods of time. However, this is completely safe and has no negative impact on fertility.</p>

<p>Statement</p> <p>Some birth control methods can't be reversed.</p>	<p>Answer</p> <p>True. There are only two types of contraception methods that can't be reversed, sterilisation for men and sterilisation for women. These are permanent operations given to men or women who are certain they do not wish to have children and decide to have the operation. It's very important that people with disabilities give their full and informed consent to an operation. It must be 100 per cent their choice and decision.</p>
<p>Statement</p> <p>Using two condoms (one over the other) provides safer protection.</p>	<p>Answer</p> <p>False. In fact, you should never use two condoms. They can rub against each other, making the material weaker and more likely to break. When condoms tear, there's a greater risk of unplanned pregnancy and STIs.</p>

6. Opportunity to ask questions (45 minutes)

Firstly, remind participants that taking, or not taking, contraception is their right. It is their decision alone and no one should force you to use contraception or, equally, say that you can't use it. It is their free choice, and theirs only.

Ask the family planning health worker to share her personal experience of using contraception (this will need to be discussed with her well ahead of the session, and would only be with her advance permission). If she has not used contraception herself, then an alternative would be to ask her (again, well ahead of the session during the planning stage) if someone she has provided contraception to in the past would be willing to attend the session in order to talk about their positive experience.

If people are struggling to think of questions to ask the contraception user, the following are questions they could consider:

- What was their main reason for choosing that method of contraception?
- What other methods did they consider?
- Did they experience any side effects? If so, what were they?
- Would they recommend that method of contraception?
- Was their partner/family supportive?
- What general advice do they have?

However, the questions are entirely up to the participants. It's their opportunity to speak to a role model/peer and ask them anything they wish about contraceptives.

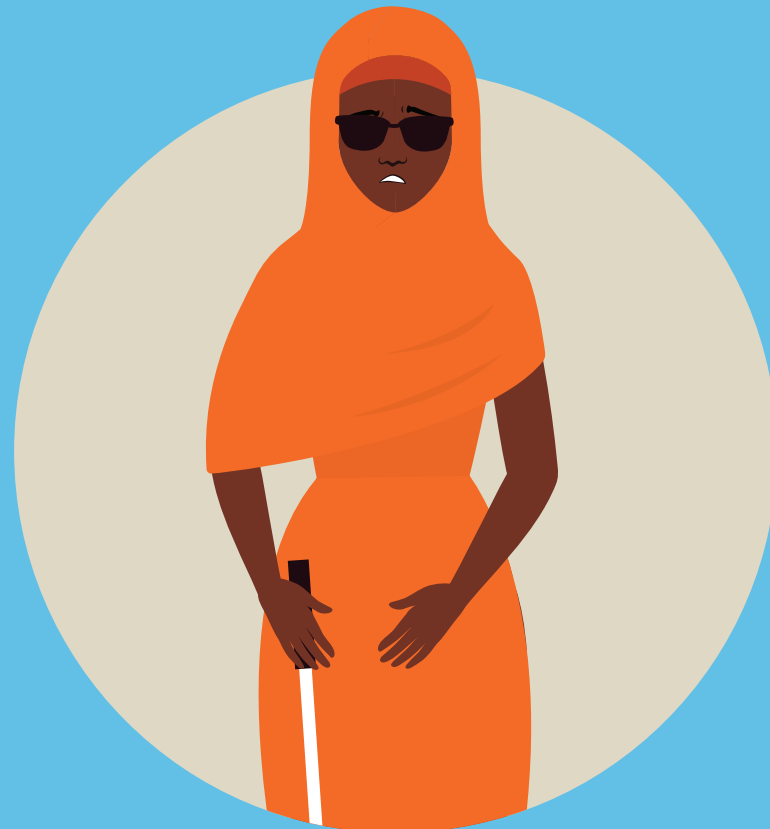
Session 03

Invite an
experienced
family planning
health worker
to this session.

Sexually Transmitted Infections (STIs)

Agenda

1. Introduction and icebreaker (15 minutes)
2. Group discussion: STIs (30 minutes)
3. Condoms: group exercise (30 minutes)
4. Break (20 minutes)
5. STI quiz: True or false? (45 minutes)
6. End of session: homework



Goal of session

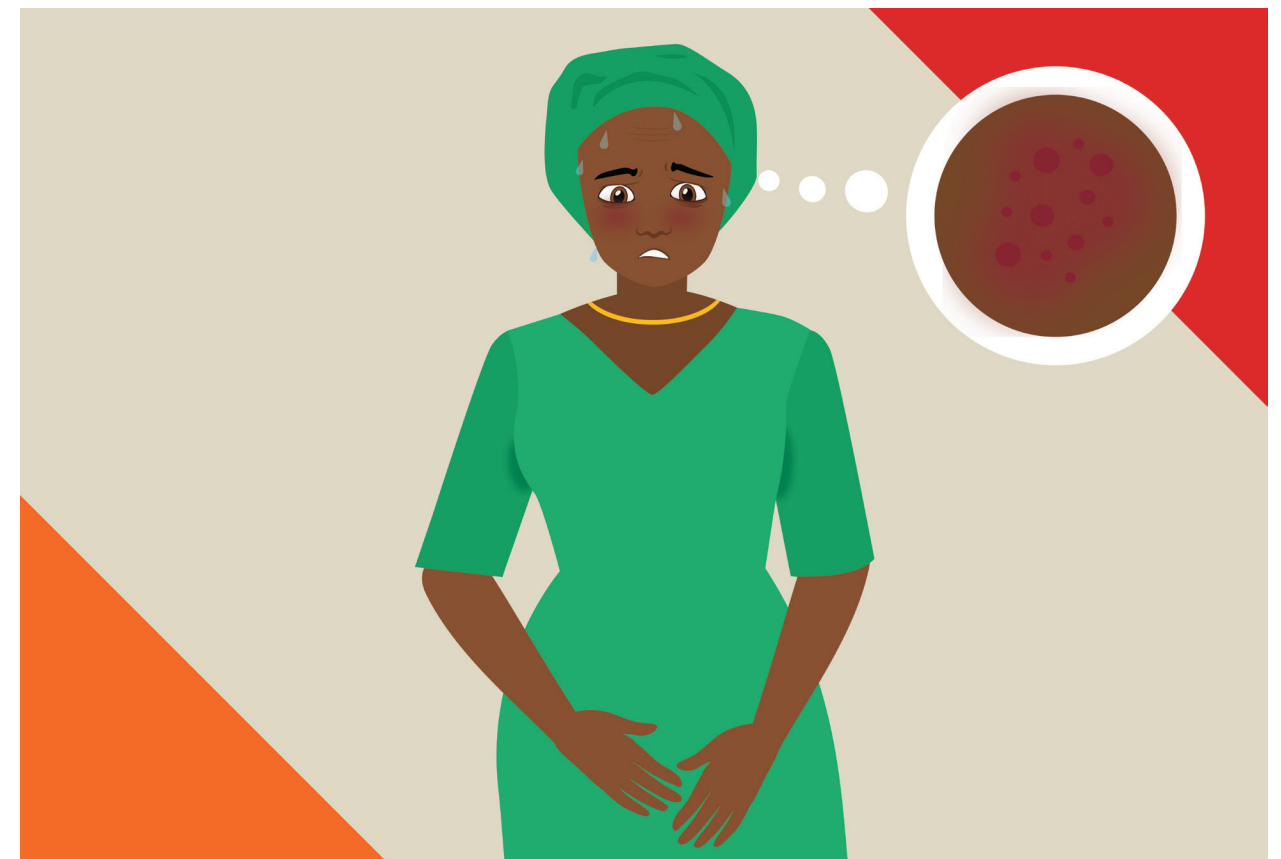
Participants will come away with an understanding of the importance of preventing and regularly checking for STIs, even if they do not have any obvious symptoms or don't feel unwell. They will be made aware that, aside from abstinence, the only effective way to avoid catching STIs is by using condoms. People with disabilities will also have learned some tips about how they can check for signs and symptoms of STIs.

1. Introduction and icebreaker (15 minutes)

At the beginning of the session, introduce yourself and welcome participants. Invite participants to introduce themselves and then also to take a moment to think about a personal achievement they're particularly proud of. This can be literally anything (it doesn't necessarily need to be about work or qualifications for example). Ask them to briefly share what the achievement is and why it makes them feel so proud.

2. Group discussion: STIs (30 minutes)

Show the picture to the group and ask them to describe what's happening in the illustration.



Picture
code 4



You can use the following questions to help move the discussion along:

- What are Sexually Transmitted Infections?
 - How do you think Sexually Transmitted Infections (STIs) are passed from one person to another?
 - What do you think is the most reliable way to avoid catching an STI?
 - Do you discuss STIs with your partner? Do they also regularly check themselves?
- Facilitators should encourage participants to pay attention when others are talking, and to ask questions once they have finished.



Use the discussion notes and picture codes 5 and 6 to help guide the conversation (describe the pictures to any participants who have a visual impairment):

It's worth reminding participants, before discussing STIs and their symptoms, that using contraception is not contrary to either the Christian or Muslim faith, nor does it encourage young or unmarried people to abandon their morals. In fact, both faiths actually consider it a responsible and sensible practice for many reasons – including the good health of people and their families.

As well as STIs, you may also sometimes hear the term Sexually Transmitted Diseases (STDs). The two things are very similar – the only difference is that an STI is only considered a disease when it causes symptoms.

STIs are infections passed from one person to another during sex. STIs can be passed from one person to another through any type of sex. It can be penis to vagina sex, or penis to anus sex, or oral sex (mouth to penis or mouth to vagina).

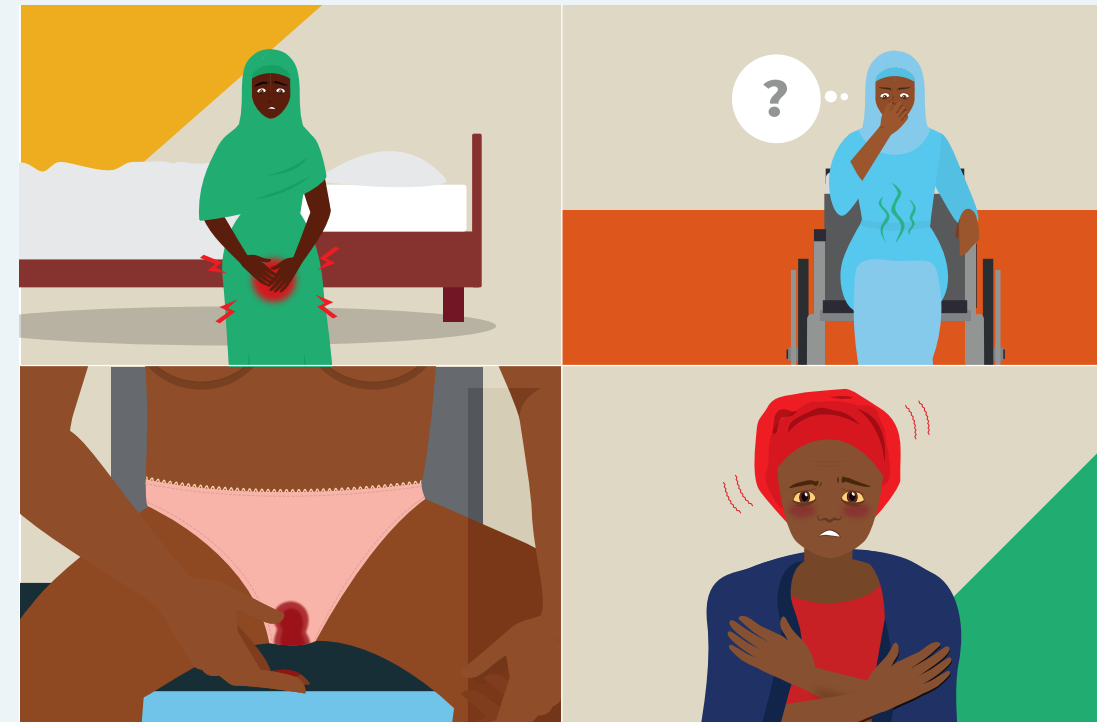
Common STIs include

- Gonorrhoea
- Chlamydia
- Trichomonas

- Pelvic Inflammatory Disease (PID)
- Syphilis
- Chancroid
- Genital herpes
- Genital warts (HPV)
- Hepatitis
- HIV/AIDS
- Pubic lice
- Scabies

Don't worry, you don't need to remember all of these medical names and terms! In fact, you don't need to know the names of any of them at all unless you're unfortunate enough to catch one of them.

The above STIs all have different symptoms and are treated in different ways. Some are more serious than others. Confidential healthcare centres displaying the green dot logo can provide the best advice for diagnosing you and then issuing you with the best treatment in order to make it better.



Picture code 5

If you feel different in any way, or notice something that looks different, this may be a sign you have an STI. For example, this could be if:

You feel pain, a burning sensation or itchiness...

- In your vagina.
- In your stomach/belly, possibly feeling nauseous at the same time.

You notice an unusual smell... from your vagina.

You notice something that looks unusual or different around your intimate parts...

- A discharge.
- Blood after you have had sex.
- Small painful blisters.
- A rash, bump(s) or spots.
- Something unusual in your underwear (dark red or brown spots), urine (if it's particularly dark in colour), or stools you have passed (especially if they look a whitish colour) after you have gone to the toilet.

You notice something that looks unusual or different in the rest of your body:

- Yellow eyes and/or skin (especially the palms of the hands and soles of the feet).
- Small red or blue spots on your skin (lice bites).
- White/yellow dots attached to your hair (lice eggs).
- Crusted or sticky eyelashes.

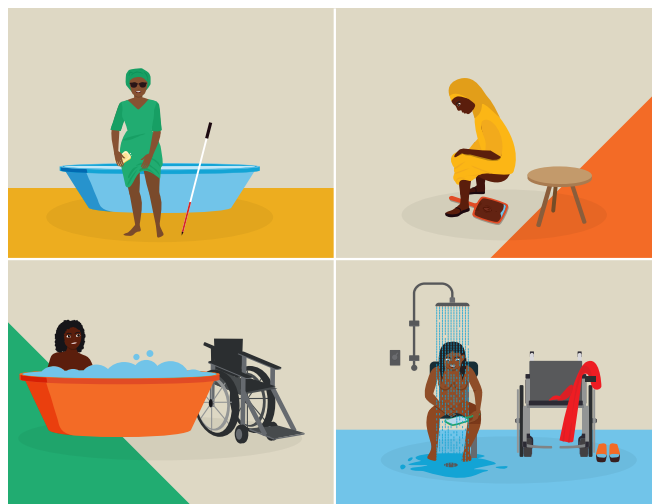
You generally don't feel as well as your normally do...

- You have a fever or high temperature.
- You feel tired and weak.
- You've lost your appetite.

However, it's important to stress that you may not have any symptoms at all. You cannot rely on having an obvious symptom to know if you have an STI. Therefore, it's really important to have regular, routine check-ups for STIs at a local healthcare centre displaying the green dot logo. **These services are always completely confidential.**

Ways to check yourself for STIs if you have a disability

- If you are blind: When you wash your genitals, use your fingers to feel for any unusual discharge, lumps or soreness. Do this once a week. If you do it every day, it will be difficult for you to notice any changes.
- If you have little or no hand control: If you are unable to use your fingers to feel your genitals for any changes, try to use a mirror to look for them instead. If you cannot hold the mirror, put it on the floor and crouch over it.
- If you have a spinal cord injury: If you can feel and look at your genitals, do this once a week while you bathe. If you are unable to do this yourself, ask someone you trust to help you. You will probably not be able to feel if there is any pain in your belly or itching in your genitals.
- If you have limited or no movement in your legs: If possible, find a position in which you can either feel your genitals with your fingers while you wash, or use a mirror to look at them. If necessary, ask someone you trust to hold your legs steady.



Picture code 6

What to do if you have an STI

Start treatment right away. Early treatment will protect you from more serious problems later on and will prevent the spread of infection to others.

Note for facilitators: Make sure the pictures are described to participants with a visual impairment. When looking at picture code 6 together, ask the group if all of them would be able to perform these checks and if they find them relatable. Leading on from this, ask the group how they think a person who wants to check themselves for STIs, but who has reduced ability to be able to do this independently, can make sure they are

able to check themselves. If no one in the group suggests this, you can point out that one possible solution is for a person with a disability to ask for help with checking from someone they can trust. However, they should only do this if they feel completely comfortable to do so and the person they ask is someone appropriate, such as their partner or support person.

3. Condoms: group exercise (30 minutes)

Aside from abstaining from sex, the only effective way to reduce your risk of catching an STI is to use either a condom or female (internal) condom when you're having sex. It is far better to avoid catching an STI in the first place than having to treat it if you do catch an STI. Prevention is always better than cure.

Male condoms are more commonly used and generally more widely available.

In this session, the healthcare worker will demonstrate how to put on a male condom (using a model of an erect penis). After the demonstration, if they choose to, participants will be able to have a go themselves.

Key tips and advice include:

1. Always check the expiry date on the packet hasn't expired.
2. Carefully open the packet, ensuring you don't rip the condom.

3. Squeeze the tip of the condom to get rid of any air, before placing it over the tip of the penis.
4. Carefully roll the condom all the way down to the base of the penis.
5. If the condom doesn't roll down then it is the wrong way round. If this happens, discard the condom and start again with a new one.
6. After sex, while the penis is still erect, the man should hold the condom in place as he withdraws. The used condom should then be wrapped in tissue and put in a bin (when doing this, you should also check that it is still intact and hasn't torn during sex).
7. Remember, if you have sex, the only method of contraception that protects against STIs is using a condom.

4. Break (20 minutes)

Announce a comfort break of 20 minutes before the second half of the session.

5. STI quiz: True or false? (45 minutes)

1. If you are outside, write a T on the ground (for 'True') with a stick, as well as an 'F' (for 'False') in a separate but nearby area. If you are inside, place two objects, one to signify 'True' and one to signify 'False', on the floor.
2. Then, read out each statement and ask participants if they think it is true or false. Instead of answering out loud, they should walk to the answer they think is correct.

People with visual impairment should be told where true and false are situated in relation to where they are so they know where to go. To help ease their movement you could also

consider allocating them their own 'walking lane' so they don't bump into other people rushing to their preferred answer.

People who cannot, or struggle to, walk can be given a small soft object to throw towards the answer they wish to pick.

3. After everyone has made a decision, reveal the answer and then explain the reason behind the answer.

The aim of this quiz is to underline some of the key learning points of the session. However, the tone should be light-hearted and not too formal.

Statement	Answer
All STIs have symptoms.	False. Many STIs don't have any symptoms, so it's important to have regular STI checks even if you feel fine.
Statement	Answer
If you are worried you might have an STI you should see a healthcare professional.	True. A healthcare worker will be able to test to see if you have an STI. If you do, they will be able to treat it and give advice on how to avoid passing it on.
Statement	Answer
Taking the contraceptive pill prevents STIs.	False. The contraceptive pill only prevents pregnancy. Using condoms is the only form of contraception that prevents pregnancy and STIs.
Statement	Answer
All STIs can be treated.	True. All STIs can be treated, and many can be completely cured. If you have an STI that cannot be cured, your healthcare worker will tell you how to manage it so that you can stay healthy and not pass it on.
Statement	Answer
If someone has an STI it means they've been intimate with lots of people.	False. STIs are very common. Having an STI is no reflection of the number of people anyone has been intimate with. You can get an STI any time you have unprotected sex - even if it's your first time or you are only intimate with one partner.
Statement	Answer
If you've been diagnosed with an STI you should use a condom.	True. If you have been diagnosed with an STI it is especially important to use a condom or not have sex until the infection has been fully treated.

Statement	Answer
The STI test is always a blood test.	False. An STI sometimes involves taking a genital or oral swab, a simple blood test or a urine sample. All of the tests, though, are quick and easy.
Statement	Answer
You can tell that someone has an STI by looking at them.	False. There is no way to know by looking at someone. The only way to know for sure if a person has an STI is for them to get tested.
Statement	Answer
Once you have been treated and cured of an STI, you can't ever get it again.	False. Even if you are completely cured of an STI, you can still get it again if you are intimate with someone who has it.
Statement	Answer
You can catch an STI from sitting on a toilet seat.	False. This is a common, but totally untrue, myth. STIs are only transmitted through sexual contact, not toilet seats.



6. End of session: homework

- If any of the participants have partners, suggest they talk about the quiz with them when they next see them. They could also do this with close friends if they wish.
- The participants can ask some of the questions they remember from the quiz, before revealing the correct answer and why.
- Asking questions from the quiz is an excellent way to prompt discussion on the topic, especially in terms of promoting accurate knowledge and dispelling some of the misinformation that exists around STIs.

Session 04

Informed decisions

Agenda

1. Introduction and icebreaker (15 minutes)
2. Informed decisions: group discussion (30 minutes)
3. Personal stories and reflection (45 minutes)
4. Break (20 minutes)
5. Listen to an episode of Madubi (15 minutes)
6. Personal autonomy: Role play exercise (30 minutes)
7. End of session: homework



Goal of session

This session will explore the meaning of personal autonomy and informed choices. After discussing some of the barriers and issues they may face due to the personal prejudices and beliefs of others, participants should hopefully leave the session with an understanding that being able to make their own decisions about their health, body, who they would like to be with, and who they would like to be intimate with (or not), is their absolute right - no matter what type of disability they have. They will also have gained some strategies to help them exercise this right.

Important note for facilitators: It's possible that this session around informed decision-making may trigger conversation about gender-based violence (GBV). Only run this session if you have already fully completed the safeguarding training module, and have the support of local GBV consultants.

1. Introduction and icebreaker (15 minutes)

At the beginning of the session, introduce yourself and welcome participants. Invite participants to introduce themselves and then also to state or describe their disability. Ask them to explain why they prefer that particular term over any others that are sometimes used.

2. Informed decisions: group discussion (30 minutes)

Show the picture to the group and ask them to describe what's happening in the illustration.



Picture
code 7

You can use the questions below to encourage the conversation:

- Have you ever felt pressured to be with someone, or to be intimate with them, when you did not share the same feelings towards them at that time?
- Have you ever felt pressured to use, or not use, contraceptives?
- Do you talk regularly to your partner about how you feel in the relationship? What makes you happy, and what makes you less happy? Do you make sure your thoughts and feelings are listened to?
- When you are in a relationship, who should decide what the best method of contraception, if any, should be? Do you make sure your thoughts and feelings are listened to?
- Who are the best people to talk to, and provide reliable advice, about contraception and child spacing?
- If you have a disability, do you feel other people are prejudiced about whether you may wish to be intimate with people, just like many other people? If you encounter this prejudice, are you able to make your voice heard?
- Do you feel that your husband or partner is a good role model and an ally? Does he usually support you when someone is saying you cannot do a certain thing because you are a woman?
- **Based on everyone's answers to all of these questions so far, what do you think having personal autonomy means?**

Use the discussion notes and picture code 8 to help guide the conversation (please describe the pictures to participants with a visual impairment):

What do people here believe?

Local customs and beliefs may include wrong and harmful ideas about disability. Some people think a person gets a disability if they or their parents did something bad in a former life, or if one of their parents had a sexual relationship outside their marriage.

Another harmful idea about disability is the belief that anybody who is 'different' should be excluded and mocked. Some people think a person with a disability is a bad omen or will bring bad luck. Women with disabilities are often abused, or forced to become beggars or do sex work for a living. Sometimes women with disabilities are sexually abused because people believe they are free of HIV/AIDS or that having sex with a disabled woman can cure HIV/AIDS.

It's important to recognise, as well, that men with disabilities also experience an increased risk of abuse and sexual and reproductive health rights (SRHR) violations when compared to their peers

without disabilities. It isn't just an issue that affects women, and violations against men with disabilities and lack of resources for services for men with disabilities are serious problems. This group of people experiences many of the same issues, is also neglected and should be given the same level of support as women.

Disability is never a punishment, is not caused by witchcraft or a curse, and it cannot spread to other people. The truth is that no person with a disability should ever be abused or treated differently.

Personal autonomy is about having the power to make your own decisions and shape your own life according to your own values and desires, not those of someone else. Picture 8 on the next page shows some of the areas in which all people, including those with disabilities, have a right to personal autonomy and freedom of choice.

People in your community may not understand what a disabled person can or cannot do. Because of their ignorance, to provide just a few examples, they may not realise that:

- You are an adult and can make your own decisions.
- You need health care.
- You can also get diseases, such as HIV/AIDS.
- You think, feel and have emotions.
- You can have close relationships with anyone. You can love or be loved by a person without disabilities or a person with a disability.
- You can have sexual desires, and you can be sexually active.
- You can marry and have children.
- You are capable of having sex, but may not want to have sex.
- You can be a good parent.
- You do not curse people or curse children, and you are not a bad omen to be avoided.



Picture code 8

Key points

- Being able to make our own decisions about our health, body, who we would like to be with, and who we would like to be intimate with (or not), is important for everyone.
- Wherever you are, and whoever you are, it's important to be able to make these types of decisions for yourself without feeling under any pressure to do anything you don't feel comfortable about.
- Another incorrect belief that can be common in society is that using contraception is against the wishes of God. In fact, using contraception is not contrary to either the Christian or Muslim faith. What's more, both of these faiths actually

consider contraception to be a responsible and sensible practice for many reasons – including helping to ensure the good health of people and their families.

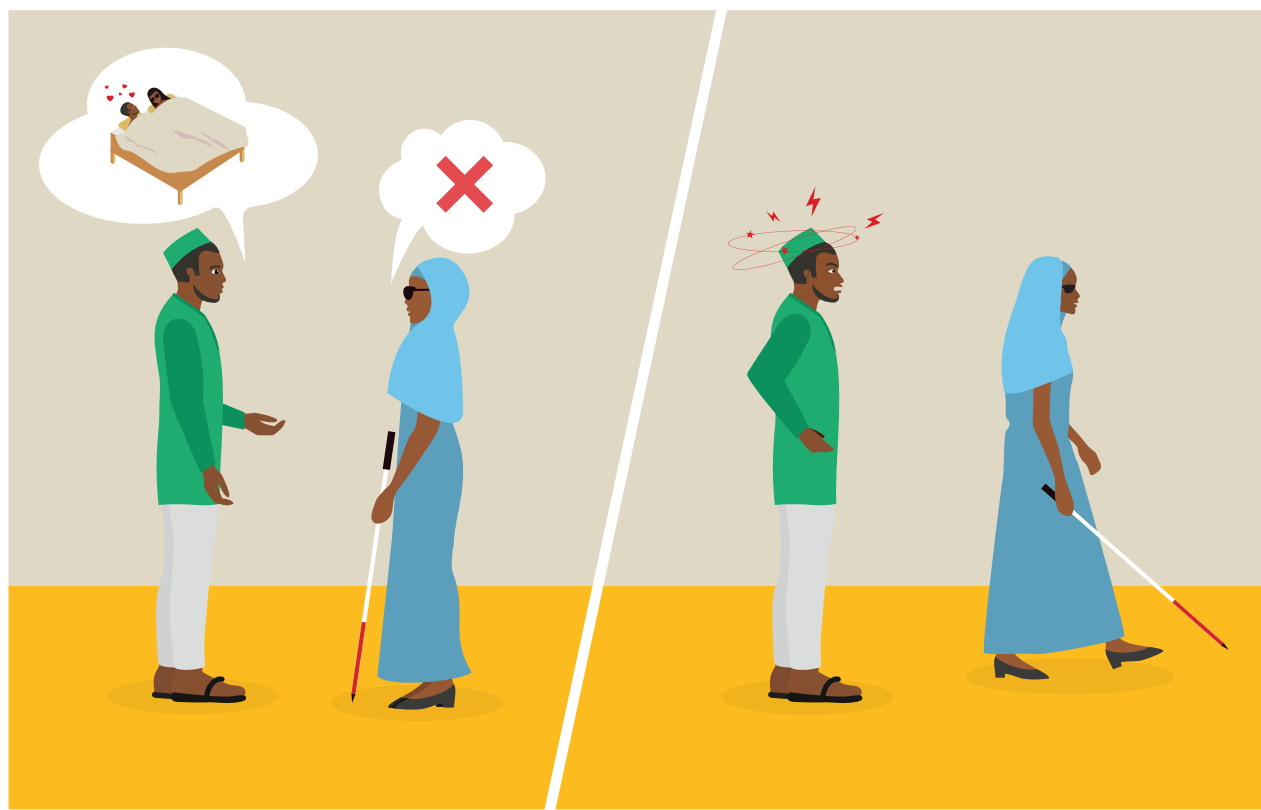
- The staff at local healthcare centres displaying the green dot logo have been trained to treat people with disabilities with respect. They should treat you confidentially and without discrimination. If you feel this is not happening, you should politely ask to speak to a manager. The healthcare workers can provide you with advice but they should never pressure you to either use, or not use, contraception. It is your body and your decision alone.

3. Personal stories and reflection (45 minutes)

1. Read out the following two stories while showing picture codes 9 and 10. Remember to describe the pictures for any participants with a visual impairment, to the group.
2. Afterwards, ask participants if anyone can relate to what happened in either of the stories.
3. Ask participants, if they feel comfortable to do so, to share their thoughts and feelings

about the stories and encourage them to look back and reflect on their own experiences - especially in relation to times when they had to try and make sure they were able to exercise their personal autonomy.

Facilitators should encourage participants to pay attention when others are talking, and to ask questions once they have finished.

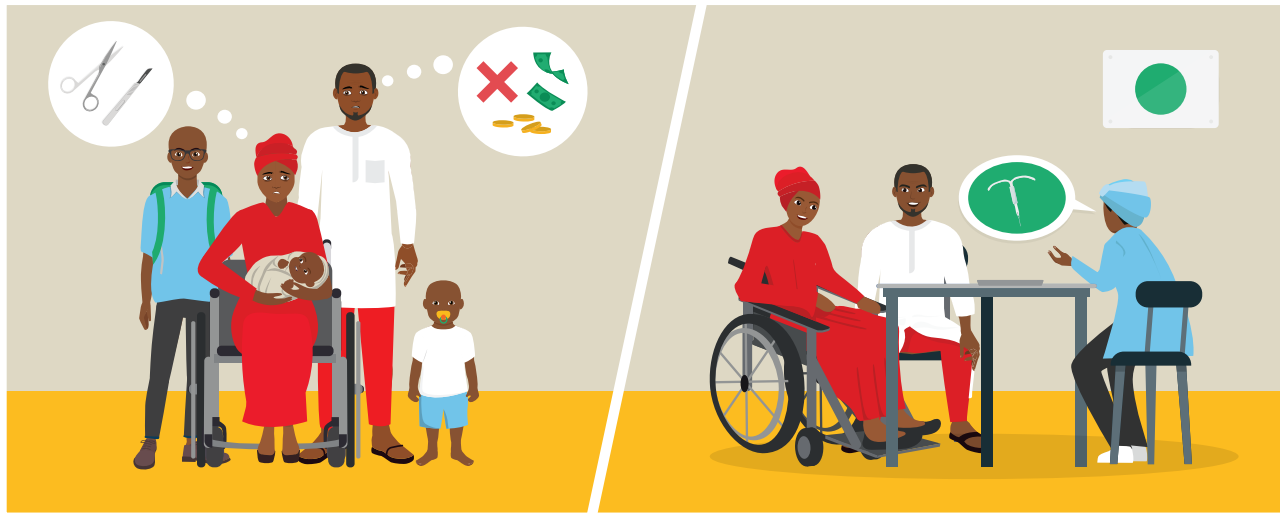


Picture code 9

Story 1

Amara and Remi study on the same course at college and have been on a couple of dates. Amara is visually impaired, and Remi has been a considerate and understanding friend to her, unlike some of the other people on their course. After their latest date, Remi told Amara that he would like them to become more intimate with each other. However, Amara has decided that, while she

really likes Remi and enjoys his company, she just wishes it to be a friendship and nothing further. When Amara tells Remi this, he becomes upset and angry with her – demanding that they become more intimate. This is a very difficult situation for Amara. Despite this, she repeats that she just wishes to be friends with Remi and leaves him to return to her home.



Picture code 10

Story 2

Chika and Termon have been married for five years and have three young children. The family are managing to get by but have very little money every month. The couple decide it would be sensible not to have any more children as it would make it more difficult to make ends meet each month.

Termon suggests that Chika is sterilised, but Chika is unsure that this is the best solution. For example, if their finances improve they may wish to have more children in the future. Chika goes to a local healthcare centre displaying the green dot logo. Chika uses

a wheelchair, and she is relieved to find that the access at the centre is excellent, including wheelchair ramps and wide doorways. Chika is also pleased to find that the staff there are very understanding and she is able to have a confidential discussion with a child spacing expert who is able to talk through all of the various contraception options that are available. Later, Chika returns to the health care centre with Termon and they decide that, on balance, the solution that works best for them is for Chika to use an intrauterine (IUD) device.

4. Break (20 minutes)

Announce a comfort break of 20 minutes before the second half of the session.

5. Listen to an episode of Madubi (15 minutes)

1. Listen to Series 13, Episode 8 – Stand up for your rights.
 2. Afterwards, discuss as a group the storyline involving Amrah, especially when she meets Zinaru.
- What did the group think about Zinaru's offer of support and reassurance? Do they think it's important to have allies like that? Do any of them have any allies that spring to mind, that have helped them in the past?

6. Personal autonomy: Role play exercise (30 minutes)

1. Ask participants to split into pairs for a role-playing exercise. Then, give each pair one of the following three scenarios:

This person has a disability and is being pressured by her family to be sterilised, because they believe people with a disability shouldn't have children. She is strongly against this.

This person is friendly with someone at work, but nothing more than that as far as she is concerned. He is pressuring her to be intimate with him and, recently, has acted increasingly annoyed when she politely declines his suggestions. He has even said she will never find anyone better than him because she has a disability, which really hurt her feelings.

This person is doing well at college, is happy with her partner and is due to be married in a few months. Her partner and all of her

family are talking about how they can't wait for her to have her first child. She would like to have children too, but maybe starting in a couple of years – not right now. She feels really pressured, though, and doesn't want to disappoint everyone.

2. Ask the pair to take it in turns to tell the other person why they feel their wishes should be respected. The aim of the exercise is to give calm, well-reasoned arguments, using diplomacy.
3. After all the pairs have finished (give them ten minutes or so), ask the group to come back together.
4. Ask the pairs to share with the group what type of arguments they put forward to state their case. Facilitators should encourage participants to pay attention when the other pairs are talking, and to ask questions once they have finished.



7. End of session: homework

At the end of the session encourage participants, after they have returned home, to book a visit to a local healthcare centre displaying a green dot logo. This is the best place for participants and their partners to discuss their options with trained professionals.

Session 05

Shape your own future: useful communication skills for unmarried women

Agenda

1. Introduction and icebreaker (15 minutes)
2. Difficult conversations about your future: group discussion (20 minutes)
3. Group exercise: planning ahead for the future (30 minutes)
4. Making decisions: group discussion (20 minutes)
5. Break (20 minutes)
6. Role-play exercise: challenging conversations (30 minutes)
7. End of session: homework



Goal of session

Participants will come away from this session with suggestions and ideas on how to communicate more effectively to achieve their future goals, especially when it comes to difficult conversations with important people in their life such as family members or potential partners. Participants should feel encouraged to think about their ideal future, along with all of the steps they may need to take to achieve this. Many people in their life, or society generally, may not share their vision for the future, especially because of prejudice around their disability. Participants should come away from the session feeling more empowered to make plans in their best interests while also being confident to voice their opinions and feelings when they need to.

Important note for facilitators: It's possible that this session around good communication may trigger conversation about gender-based violence (GBV). Only run this session if you have already fully completed the safeguarding training module, and have the support of local GBV consultants.

1. Introduction and icebreaker (15 minutes)

At the beginning of the session, introduce yourself and welcome participants. Invite participants to introduce themselves and then also to share with the group a word or term they particularly dislike that's sometimes used to describe their disability. Why do they find that term or word particularly inappropriate?

2. Difficult conversations about your future: group discussion (20 minutes)

Show the picture to the group and ask them to describe what they think is happening. Can they relate to the type of situation or conversation the woman in the picture is experiencing?



Picture
code 11



You can use the questions below to encourage the conversation:

- Have you ever made any decisions that you feel were more about pleasing other people and perhaps not in your own best interests?
- Have you ever felt too rushed when making a decision?
- Are there any decisions you have made in the past that you would now change if you were able to?
- Would you agree it's important to plan ahead in order to achieve your goals, both in the near and distant future?



Use the discussion notes below to help guide the conversation

- Being a woman or having a disability (or both of these things combined) does not mean you are weak, insignificant or less important. Your thoughts and feelings are just as important and valid as anyone else's.
- Being able to make your own decisions about your health, body, plans for the future, etc, is a basic right for everyone.
- It's important to have the confidence to tell your family, friends, and anyone else in your life, how you feel and what you would like to do.
- Successful communication with those you love, such as family members, can sometimes involve compromise. The important thing is that everyone in the conversation feels listened to, with their thoughts and feelings respected.
- If you decide to use contraception at some point in the future, this is also a basic right. It's also important to know that doing so is not contrary to either the Christian or Muslim faith. What's more, both faiths actually consider it to be a responsible and sensible practice for many reasons – including helping to ensure good health.
- It's important, and is your right, to be able to make decisions in the best interests of yourself without feeling under any pressure to do anything you don't feel comfortable about or which you disagree with. It's your future.
- If you are in a new relationship, or considering one, you should feel able and comfortable to tell the other person your thoughts, wishes and feelings – both for now and in terms of your future plans. It's important to start out in a relationship as you intend to go on. If the other person is not happy about this, he may not be the right person for you.

3. Group exercise: planning ahead for the future (30 minutes)

- Divide the group up into pairs and ask them to describe to each other their personal goals over the next six months, the next two years and lifetime. This could include anything - from starting a new hobby, to starting a family or seeking a new career.
- Ask the group to think about how they will need to plan ahead to achieve these goals.
- Also ask the group to think about who, in their home life, they will need to discuss their goals and plans with.
- Stress the importance of making the right decisions for your life.
- Stress the importance of planning ahead and discussing your goals with the important people in your life.
- Ask the pairs to feed back what they have discussed to the rest of the group. Facilitators should encourage participants to pay attention when other pairs are talking, and to ask questions once they have finished.

4. Making decisions: group discussion (20 minutes)

Ask participants to share their personal experiences on making decisions and ask them to talk about a time when they had to take an important decision. You can use the questions below to start the conversation:

- What were the reasons to make the decision?
- What helped you make the decision?
- What influenced your decision?
- What barriers did you face?



Use the discussion notes below to help guide the conversation

Decision-making is making a choice about a situation or thing that will affect our lives.

Examples of decisions include:

- Choosing your future profession or career.
- Deciding if you would like children in the future and, if so, how many and when.
- Thinking about setting up a business venture.

Steps for decision-making:

- Identify the situation or problem.
- Obtain information on the situation or problem.
- Identify possible solutions.
- Consider the various choices and discuss the advantages and disadvantages of each one.

- Make your choice based on your goals and values.
- Plan and take action.

Factors that influence decision-making:

- Religion
- Culture
- Family values
- Society/community
- Personal values and preference
- Friends
- Information
- Education

5. Break (20 minutes)

Announce a comfort break of 20 minutes before the second half of the session.

6. Role-play exercise: challenging conversations (30 minutes)

1. Ask participants to split up into pairs.
2. They will then role-play two people in a relationship.
3. One person will play the role of a young woman who has met someone she is keen to have a relationship with. However, she knows her parents will not approve of this because she has always been treated differently by them compared to her two sisters, neither of whom has a disability. Her parents feel she should stay at home and should not have a boyfriend or partner.
4. The other person will play the role of one of the parents.
5. The aim of this exercise is to try and put into practice all of the skills and considerations required for effective communication that are outlined in the following discussion notes. Remind participants to try to use the following skills during the role-play:
 - Speaking clearly and calmly.
 - Being a good listener and allowing the other person to speak (being respectful).
 - Observing the other person's non-verbal signals.
 - Using positive body language.
 - Seeking compromise, when necessary.
6. After the first conversation has finished, the two people can then swap roles.
7. Afterwards the group should come back together to feed back to the rest of the group how it went. For example, were there any objections they found difficult to push back against? This is a potential opportunity for some people in the group to pass on tips of anything they found particularly useful to say in order to get their point across. As with the previous exercise, facilitators should encourage participants to pay attention when the other pairs are talking, and to ask questions once they have finished.



Use the discussion notes below to provide guidance before participants try the role-play exercise

Negotiation skills – basic techniques and advice

- Negotiation is a discussion aimed at reaching an agreement.
- It allows people to solve a problem or resolve a conflict peacefully.
- It allows two parties to meet their needs without anyone feeling guilty, angry, cheated or intimidated.

Skills used in effective negotiation:

- **Effective communication**
Speak in clear and simple words and sentences so that it is easy to understand your intentions.
- **Listening**
Carefully listen to what the other person is saying so that you can understand them. Ask questions if you do not understand or need clarification.
- **Observation**
Carefully observe the other person's non-verbal signals (body language, distractions, etc) during your discussion to know if they are listening and understanding what you are saying.
- **Critical thinking**
Having listened to and observed the other person's intentions, carefully weigh the consequences of their suggestions.
- **Peer resistance**
Use positive body language to further help you to communicate your intention.
- **Problem-solving**
Think out the solution to the problem together.

The words you use, and how you speak, can make a big difference to how successful communication is. You can be assertive, but you should never resort to accusations or raised voices. Always use respectful language and respect the other person's opinion, even if you disagree.

Time and place is also important. If at all possible, never talk about important things at busy or stressful times – such as when you or the other person has just got back from work or are busy preparing a meal with other people coming and going all the time. Choose a private, neutral location – perhaps going for a walk – at a time when you are able to talk without other distractions or when there is a chance you could be interrupted.

For particularly difficult conversations, it can be useful to have a friend or ally with you sometimes. This should be someone you both know and respect and who understands your point of view and can speak on your behalf when necessary. The idea here is not to 'gang up' on the other person but, simply, to have a supportive ally with you. Sometimes this can help diffuse a difficult conversation. You should always let the other person know you are intending to bring someone along and, again, it should be someone you both respect, such as a mutual friend.

Supportive organisations

Unfortunately, in some relationships, and with some people, good communication doesn't make any difference – however hard you try, or however well you do it. Finding yourself in such a situation with someone who treats you badly, and who does not respect your wishes and feelings, is never your fault.

If you experience violence or abuse (physical or mental) you are never alone. There are free and confidential organisations that can help you, however hard or hopeless your situation may seem or feel. It's important to reach out to them for confidential help and advice. These organisations include:

- www.womensafehouse.org
- www.cleen.org
- www.actsgeneration.org
- www.baobabwomen.org
- www.projectalertnig.org
- www.wavefdn.org
- www.mercyeberefoundation.org



7. End of session

Homework 1

Suggest to the group that they should start using the communication techniques they have learned in the session as soon as possible when they are back home, and on a regular basis. This will mean they don't forget them, but should also help boost their confidence. It doesn't always need to be about big things or especially difficult subjects. The main thing is to get in the habit of regularly using the techniques.

Homework 2

Building on the earlier group exercise on planning ahead for the future, suggest to the participants that when they return home they should start keeping a journal to plan and chart their progress towards meeting their goals. Within the journal they can:

- At the start, write down a list of life goals in the immediate, medium and long-term future.
- They can tick things off as they start to achieve them, and also continue to add in new goals as they come up in life.

Session 06

Financial management and family planning

Agenda

1. Introduction and icebreaker (15 minutes)
2. Group discussion: planning and managing finances (30 minutes)
3. Listen to an episode of Madubi (15 minutes)
4. Group discussion: child spacing improves financial wellbeing (30 minutes)
5. Break (20 minutes)
6. Play the ideal family (Iyalai nagari) board game (1 hour)
7. End of session: homework



Goal of session

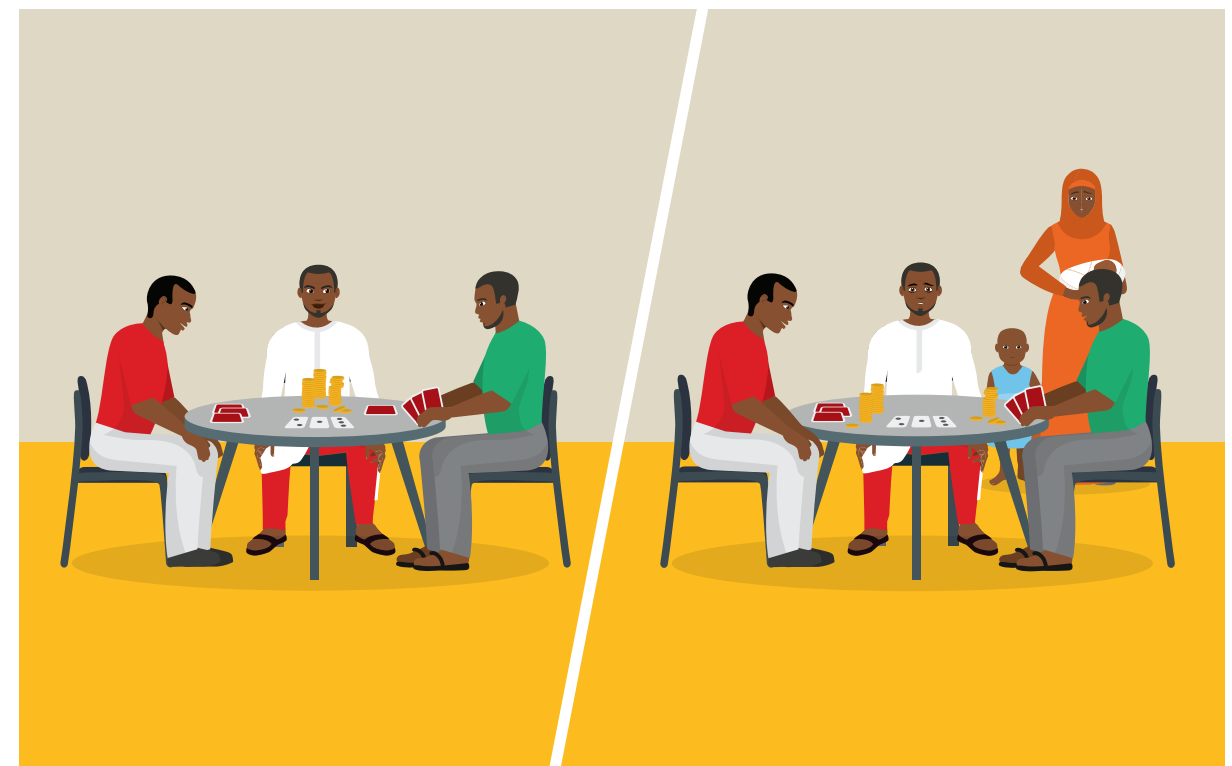
After this session, participants will have gained practical, hands-on advice about how to manage their finances effectively. They will also have an understanding of how effective use of child spacing and family planning services can often improve a family's financial situation. Participants will feel reassured that child spacing does not go against either the Christian or Muslim faith and, moreover, is seen as a positive solution for avoiding unnecessary poverty.

1. Introduction and icebreaker (15 minutes)

At the beginning of the session, introduce yourself and welcome participants. Invite participants to introduce themselves and then also to tell everyone what they think is the biggest misunderstanding – or incorrect stereotype – that people often have about their disability.

2. Group discussion: planning and managing finances (30 minutes)

Show the picture to the group and ask them to describe what's happening in the illustration.



Picture
code 12



You can use the questions below to encourage the conversation:

- Can any of you relate to what's happening in the picture?
 - How many of you have a set budget each month, that you try to stick to?
 - Do you discuss financial matters with your partner and work with each other on trying to make sure you have enough money each month to cover all of your essential payments?
- Facilitators should encourage participants to pay attention when others are talking, and to ask questions once they have finished.

3. Listen to an episode of Madubi (15 minutes)

1. Listen to Series 13, Episode 10 – Hudu's research.
2. Afterwards, discuss the episode – especially the storyline involving Hudu and Bala.
 - Do you think Bala was right to only offer Hudu the loan on the condition that he researches child spacing methods?
 - Why do you think Bala then refused the loan when Hudu said he still didn't know about the child spacing methods available for men?

4. Group discussion: child spacing improves financial wellbeing (30 minutes)

Show the picture to the group and ask them to describe what's happening in the illustration.



Picture code 13



Use the discussion notes below to guide the conversation

- Can any of you relate to what's happening in the picture?
- Do you feel the family in the picture could have done anything to improve their situation?
- Having a break, ideally of two years, between children gives women's bodies sufficient time to recover from childbirth and is more healthy for them. When they feel more healthy, it naturally makes them more productive and more able to take on paid work, if that is what they wish to do and their personal circumstances allow it. (It should be pointed out that some women may not be able to take on paid work due to family responsibilities. Also, it's common for women to face a great deal of prejudice when applying for jobs and they often lose out to men who are applying for the same role - even if the successful applicant has the same, or inferior, qualifications compared to them.)

In life, there are certain things you have to find the money for in order for you and your family to survive – most obviously things such as food, shelter, clothing and fuel. However, there are things you can control that can help you try and ensure you have enough money to buy these things.

Child spacing involves planning your sexual and marital life in a way that ensures conception happens when it is in the best interests of the mother, unborn child and family as a whole. The most reliable way to do this is by using contraception. Alongside efficient budgeting and planning, child spacing can be a highly effective way to better manage your finances.

Using child spacing can help produce many positive outcomes for financial wellbeing, including:

- Delaying giving birth can mean that younger women are able to complete their education before they become mothers. Aside from it being better for a woman's health not to have children at too young an age, the qualifications gained from completing education make the woman more employable in the future at times when she does not need to be a full-time mother. This makes it more likely that the household will be able to earn more money in the future. (It is worth noting here that, even when they have become mothers, young women can still return to their education at a later date if they have the support of their family in terms of assistance with childcare, etc. Having a baby doesn't necessarily have to put an end to anyone's education.)
- Both the Christian and Muslim faiths consider the use of contraception to be a responsible and sensible practice for many reasons, including helping to ensure the good health of people and their families.
- For example, in one Islamic hadith narrated by Abdullah bin Umar fil Mustadicrak, the Prophet (PBUH) said: "It is a great misery to have too many children without means of supporting them." In another hadith, he said: "Too many children are the other face of poverty, and fewer children are the other face of comfort." This can be seen as a clear endorsement of using child spacing to improve family finances while practising the Muslim faith.
- The more children you have, the more money you need for everyday essentials such as food and clothing. Using child spacing saves money and increases the household income.
- Using child spacing means you are able to invest more time, energy and money on your existing children. This might, for example, enable them to have a better education. In the longer term, this can help improve both your children's future, and yours.

Child spacing may not be the best option for everyone for a number of different reasons. For example, some couples may wish to have more children because it will be useful in the future for support on the family farm. It is an entirely personal choice. However, for many

families, child spacing is an excellent way to improve their financial situation. It is also worth remembering that the practice of child spacing is not contrary to either the Christian or Muslim faith. In fact, it is actually considered to be a responsible and sensible thing to do.

5. Break (20 minutes)

Announce a comfort break of 20 minutes before the second half of the session.

6. Play the ideal family (Iyalai nagari) board game (1 hour)

1. Divide the participants up into two teams and put the game board on a table, or anywhere where everyone can see it (it will need to be on a flat surface as you will be moving cups around on it).
2. Ask the two teams to choose a name for their family.
3. Have the game rules to hand and use them to talk the teams through what to do as the game progresses. (It is less confusing to do it this way, rather than by trying to explain all of the rules to participants before the game starts – which be too much for them to remember.)

The game is intended to be fun, but it's also important for you to help and advise participants with some of the decisions they need to take during some parts of the game (for example, when deciding on whether or not to have another baby).

4. When the game has finished, thank everyone for playing and remind them that the game is intended to make people think about some of the decisions they will need to take in their own lives as they plan ahead for the future.



7. End of session

Homework: Budgeting at home

- Encourage participants to put together a household budget as soon as they are able to after they return home, using the knowledge gained from the session on planning and managing finances.
- Stress that it is important to write the budget down and refer to it regularly, making sure you keep everything on track and are disciplined with it.
- It's also important to discuss and plan the budget with your partner. It won't work unless both people in a couple are committed to it.
- Consider together whether or not child spacing could further assist with your financial planning.

Session 07

Mental health

Agenda

1. Introduction and icebreaker (15 minutes)
2. What is mental health? Group discussion (30 minutes)
3. Listen to an episode of Madubi (15 minutes)
4. Break (20 minutes)
5. How to care for yourself and improve your mental health: group activity (45 minutes)
6. End of session: homework



Goal of session

The aim of this session is to create a safe space for participants to talk about mental health. After the session, participants will have a good understanding of what mental health is, as well as the situations or things that can have either a positive or negative impact on it. They will also have some suggestions about how they can try to look after their mental health, as well as some guidance on what kind of support and resources are available to them.

1. Introduction and icebreaker (15 minutes)

At the beginning of the session, introduce yourself and welcome participants. Invite participants to introduce themselves and then also, if they've attended any of these sessions before, to say which session they personally found particularly useful. What did they learn during the session and how has it had a positive effect on their life since that session?

2. What is mental health? Group discussion (30 minutes)

Ask participants to discuss what they think is happening in the picture. How do they think having a disability can impact your mental health?



Picture
code 14



Use the discussion notes below to help guide the conversation:

- We all have mental health, just as we all have physical health. Similarly, just as our physical health can sometimes suffer, so can our mental health.
- Poor mental health and mental ill-health are not the same thing. Anyone can experience poor mental health due to things or situations that are happening in their lives. Ignoring signs of poor mental health over a period of time can sometimes lead to mental ill-health, often referred to as mental health conditions.
- Situations that can have a negative effect on someone's mental health are wide-ranging. They could include, for example, being bullied or teased, financial worries, or grieving the loss of a loved one.
- Sexual and reproductive health (SRH) refers to a person's physical, emotional, mental and social well-being in relation to all aspects of their sexuality and reproduction. There is often a strong link between SRH and mental health for a wide range of reasons that vary from person to person. For example, inability to conceive can have an adverse effect on mental health while, conversely, some women can develop depression during pregnancy.
- Some of the common feelings to look for if you may be struggling with your mental health include not being able to sleep, being irritable with others, feeling sad all the time, not enjoying things you used to enjoy, reduced concentration, feeling tired, always feeling anxious.
- With prompt intervention and the right support, feelings such as the ones described above can be improved by tackling the cause of the poor mental health.
- Something called a psychosocial disability arises when someone with a mental health condition is faced by barriers that stop them from fully participating in society. This can include their basic human rights such as accessing healthcare, education and employment.
- People with disabilities are more likely to experience mental health conditions. What's more, they are also more likely to face barriers when it comes to accessing mental health information and services.
- A major problem with this issue is that people with disabilities are often reduced to being defined by their disability, rather than being treated as valuable members of society (the same as everyone else). When they are marginalised in this way, people with a disability can understandably struggle with their mental health as a result.

3. Listen to an episode of Madubi (15 minutes)

1. Listen to Series 14, Episode 7 – The young guns.
 2. Afterwards, discuss the episode – especially the storyline involving the young girl Patience.
 - Why do you think her mother is treating Patience differently from her younger sister?
 - How do you think Patience will have felt when her mother said boyfriends 'are not for people like her'?
- Would you agree that people with a disability being treated like this from a young age, even by people within their own family, is going to have a negative impact on their mental health?
 - How do you think her Patience's mother should have treated her as she grew up?

4. Break (20 minutes)

Announce a comfort break of 20 minutes before the second half of the session.

5. How to care for yourself and improve your mental health: group activity (45 minutes)

1. Divide the group up into pairs and ask them to share with each other the things that they personally find improve their mental health or make them feel better. This could be anything from talking through any problems with a friend to finding some quiet time to read a book. In what ways did they feel better afterwards?
2. After ten minutes, ask everyone to share with the rest of the group the kind of things they had talked about. Facilitators should encourage participants to pay attention when others are talking, and to ask questions once they have finished



Use the discussion notes below to help guide the conversation:

- It's important for everyone to take care of their mind and body. In fact, the two are closely linked.
- Eat healthy meals.
- If possible, exercise regularly, ideally every day doing something you enjoy. As well as being good for your body, exercise also creates chemical changes in your brain that can positively change your mood for the better.
- Try to get plenty of sleep.
- Don't drink too much alcohol.
- Have hobbies, doing something you enjoy. This could be anything from playing a musical instrument to reading. Whatever gives you pleasure. You could even try learning a new skill, something you've always fancied doing.
- Meet your friends on a regular basis, even if it's only once a week it's better than nothing. Connection with other people is really important.
- Have fun with your friends but, if there is anything that is getting you down, make sure you talk to them and tell them how you are feeling. It's not always easy, but talking is really good for your mental health. On the other hand, 'bottling things up inside' is very bad for your mental health.
- Be kind to others. This helps connect you with others, creates positive feelings and gives you a further sense of purpose in life.
- Try to pay more attention to the present moment. Doing this is known as mindfulness, and can help improve your mental health. When being mindful, try to pay attention to how your body feels, your thoughts and feelings, and the world around you, at that exact moment.

Additional support and resources

Sometimes just talking to a friend isn't enough. There are specialist organisations that can help you if you are experiencing particularly difficult challenges with your mental health. For example:

www.shewriteswoman.org
www.mentallyaware.org
www.thesunshineseriesng.com
www.truthshare.com.ng
www.nigerianmentalhealth.org/helplines



6. End of session

Homework

When you return home, pick one new thing you will start doing to improve your mental health. This can be anything from practicing mindfulness at least once every day to taking up a new hobby or learning a new skill. Whatever most appeals to you.

Notes

Notes

[illegible]

The decision
is mine.



**Inclusive
Futures**

