

Arab Women Speak Out™

A Training Manual for Self-Empowerment

by

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Introduction

The Arab Women Speak Out™ Project

Arab Women Speak Out™ was conceived as an innovative documentary, training, and advocacy project designed to promote women's empowerment and engagement in social development in the Arab countries. The project is comprised of a series of documentary video profiles featuring women from five Arab countries who have become agents of social change within their communities; a case study publication, profiling 30 women active in diverse areas of social change; and this training manual, including a viewer's guide to spark discussion and promote critical analysis of images of women in the media.

Developed by the Near East Division of the Johns Hopkins University Center for Communication Programs (JHU/CCP), the project's various components were produced in collaboration with the Center of Arab Women for Training and Research (CAWTAR) in Tunis and the London-based nongovernmental organization Population Initiatives for Peace, Ltd. The project was funded by the United States Agency for International Development (USAID), the European Community, and the Arab Gulf Program for UN Development Organizations (AGFUND).

The project features profiles of women in Egypt, Lebanon, Palestine, Tunisia, and Yemen who are perceived and respected as innovators within their communities. These women, most of them of modest means, have made significant contributions in the area of economic and social development, political activism and women's rights, literacy, and family health. Their achievements, attained by overcoming adversity on many planes, are inspiring.

The purpose of *Arab Women Speak Out™* is to share the experiences and skills of these women with their peers throughout the region, as well as with development workers, health care providers, community leaders, policy makers, donor agencies, and others, emphasizing the strategies these women have used and the resources—both internal and external—on which they have drawn.

A guiding principle of the project was to profile women who could provide realistic role models for other women in the region, in line with psychologist Albert Bandura's social learning theory which states that "the impact of modeling on beliefs of personal efficacy is strongly influenced by perceived similarity to the models" (Bandura 1997, 3). Studies of elite women can be instructive; however, they are unlikely role models for village and urban women of limited means who constitute the majority of women in most societies. Furthermore, affluent professional women are more likely than their less privileged peers to live in social circumstances that actively support women's public roles.

Therefore, women profiled in *Arab Women Speak Out™* come primarily from modest backgrounds. They are women with whom many others can identify—women whose concerns and priorities are broadly shared at the grassroots of their societies and whose strategies for change are compelling and instructive. They have contributed to the expansion and redefinition of women's familial and public roles.

Context of the Training Manual Within the Project

This training manual provides a tool through which the key factors contributing to the success of the women profiled in the project can be explored and discussed in group settings. It includes learning exercises designed to help women strengthen their self-esteem and self-confidence; develop their negotiating, networking, and decision-making skills; identify sources of information and support; gain access to available resources; participate in public life; communicate with authority figures; and safeguard their own health.

Women of modest means and quiet achievement, such as those featured in this project, generally go unrecognized by the media. Therefore, the central component of *Arab Women Speak Out™* is a series of video profiles in which these women relate their experiences in their own words, describing how they achieved personal goals and assumed greater stature in their households and communities.

The video profiles may also contribute to a broader goal: By providing alternative media images of Arab women, they may enhance the way images of women are presented and accepted in society. The dissemination of more positive and realistic images of women in the mass media, school curricula, and elsewhere is a vital need in the Arab countries. Positive depiction of women may promote new attitudes toward women among boys and men, as well as offer role models for young women. Hence the checklist for monitoring images of women in the media has the purpose of encouraging women to question and discuss prevalent images projected by the media and to work on modifying these images to reflect reality.

The case study publication is designed to complement the video profiles and the training manual by providing additional examples of resourceful and enterprising women in the Arab world. In a series of written profiles, 30 women from the five project countries identify the internal and external resources they have drawn upon to carry out their strikingly diverse activities, and they discuss the material benefits and personal satisfaction they have derived from their achievements. The case studies also highlight issues relating to women's control over these resources and benefits.

The case study publication is intended as a resource for those working in diverse areas of development who seek to create and support projects that will help women expand the breadth and strength of their options and activities. A vital corollary intention is to promote an approach to project design that reflects the full range of women's capabilities and moves beyond fixed patterns of what traditionally have been considered "women's activities." Further, these written profiles can be used, in conjunction with the video profiles, to support advocacy efforts, addressing policy makers, project planners, and donors, to promote the design and funding of innovative social development initiatives for and with women.

Purpose of the Training Manual

Used in conjunction with the documentary video profiles, this manual and its exercises will provide a framework through which women at the local level can discuss their needs, concerns, and opportunities with their peers. It is hoped that the examples offered by the profiles, explored through facilitated discussions in which participants can share their own perspectives and

experiences, will enable many women to gain a new sense of the possible as well as a renewed sense of their own capabilities.

Theoretical Framework of the Training Manual

Development initiatives are vehicles for generating long-term social change. Project design and implementation require intimate knowledge of the communities in which these initiatives are to be launched and of the people that they are to serve. The effectiveness and longevity of projects rely on the degree to which they are rooted in locally determined needs. For projects seeking to advance the role of women in various spheres of development, the point of departure should be in trying to answer the essential question: What do women seek to achieve and why? The women profiled in *Arab Women Speak Out™* answer this question in their own words, express their aspirations as well as apprehensions, and discuss supportive factors that have contributed to their successes even as they detail obstacles they have overcome.

The term *development* is ubiquitous, yet its definition is debated in the literature, as well as in practice, and is differentially understood. For too long, the term was defined primarily, even solely, in economic terms. Development was measured primarily in terms of per capita income or the degree of industrialization. Moreover, the model championed in development circles was that of the West: According to the predominant paradigm, a vital part of development was the adoption of Western values since traditional values such as social interdependence and close family ties were considered impediments to development. The notion that traditional social networks could actually further development was alien to this perspective. But theorists and practitioners alike recognized by the late 1960s that this was too narrow a perspective.

Gradually development came to be defined as improvements in three dimensions: economic growth, primarily through industrialization; social welfare, as manifested in the improvement of living standards for the mass of a country's population; and citizenship, through the establishment and extension of basic political rights for all individuals and groups within society (Portes and Kincaid 1989, 480).

This project is guided by the understanding that “there is development where people and their communities—whatever the space and time span—act as subjects and are not acted upon as objects; assert their autonomy, self-reliance, and self-confidence; when they set and carry out projects. To develop is to be, or to become, not to have” (Nerfin 1981, 73). This definition implicitly encompasses ethical considerations, reminding us that development must rise to the task of satisfying fundamental *human*—not merely material—needs and explicitly rejects the mainstream notion that economic growth is the sole measure of development (Carmen 1994, 21). This definition also makes clear the vital importance of grassroots women's networks in the development process, for it is often through face-to-face interaction that women learn about alternative ways of thinking and acting that increase their autonomy and self-reliance, gain a sense of self-confidence, meet potential role models, and discover new opportunities.

Development has also been usefully defined as a process that increases choices, improves access to services and goods, and enhances the capacities of individuals. Development, to paraphrase Pratt and Boyden, is not just about *having* more; it is also about *being* more (Slim 1995, 145). In this context, the term *empowerment* is often used. Women's empowerment is much discussed in

the development community today. It was a central theme of the United Nation's International Development and Population Conference held in Cairo in September 1994 and at the fourth World Conference on Women, Beijing 1995.

The widespread and ambiguous use of the term, however, has led to a lack of theoretical clarity and consequently to difficulties in measurement and application. It is often used to indicate individual change in isolation from the larger community. This is, perhaps, a natural outgrowth of the predominant Western paradigm that perceives a dichotomous world in which dependence is counterpointed by independence with little consideration of the possibility of *interdependence*. In its broadest definition, however, "empowerment is a multilevel construct that involves people assuming control and mastery over their lives in the context of their social and political environment" (Wallerstein 1992, 198).

The aim of empowerment is not to achieve power over others, but to use one's power to act with others to effect change. The concern of this project is to examine individual change *within* the broader social setting, recognizing that individual and group change is a dialectical process.

Empowerment implies the power to make choices, gain access to resources and information, and improve one's well-being. At the individual level, empowerment means to develop a sense of self-confidence, self-efficacy, and self-determination. Empowerment cannot be bestowed; rather, it is gained when individuals or collectives "become aware of the power dynamics at work in their life context, develop the skills and capacity for gaining some reasonable control over their lives, exercise this control without infringing upon the rights of others, and support the empowerment of others in the community" (McWhirter 1991, quoted in Rowlands 1995, 103).

Bandura, in *Self-Efficacy: Exercise of Control* (1997, 3–5), states that people's beliefs concerning their efficacy can be developed by four main forms of influence:

- ◆ *Mastery experiences*, which involve acquiring the cognitive, behavioral, and self-regulatory tools for creating and executing appropriate courses of action to manage ever-changing life circumstances.
- ◆ *Vicarious experiences* provided by social models. Through their behavior and expressed ways of thinking, competent models transmit knowledge and teach observers effective skills and strategies for managing environmental demands.
- ◆ *Social persuasion*, in which successful efficacy builders do more than convey positive appraisals. They encourage individuals to measure their success in terms of self-improvement rather than triumph over others.
- ◆ *Physiological and emotional states*, which can be interpreted as a means to judge capabilities. The fourth way that individuals can alter their efficacy is to enhance their physical status, reduce stress and negative emotional proclivities, and correct misinterpretations of bodily states.

While empowerment and self-efficacy cannot be imposed from the outside, they can be facilitated by seeking to engage people in what the Brazilian educator Paulo Freire has termed *conscientisation*, or "an understanding of their circumstances and the social environment that leads to action" (quoted in Rowlands 1995, 103). Understanding one's circumstances includes cognizance of one's choices and opportunities. The empowered woman is one who assumes

responsibility for her life, sets her own directions, and within the context of her relationships, makes her own choices and decisions.

Yet, women and men alike are constrained by the social, economic, and physical environments in which they live: History and contemporary circumstances set limits to both individual and collective action—but in different ways. While sex is biologically determined, gender is formed by social, cultural, and economic factors over time and space. Because gender, or the social differentiation between men and women, is temporally and culturally constructed, it is transmutable: “Gender roles can be transformed by social changes, induced by economic transformation, incentives, and legal and regulatory reforms” (World Bank 1994, 67). The empowered woman recognizes gender constraints for what they are, awakens to the diverse possibilities within reach, and sets about to turn potentiality into reality. Concurrently, she realizes her relatedness and responsibility to others.

Individual empowerment is the basis of all types of empowerment, but collectivities too can gain empowerment. With respect to the family, this entails “developing the ability to negotiate and influence the nature of the relationships and decisions made within it” (Rowlands 1995, 103). It also means to support abilities, whether nascent or fully developed, within the family itself so that it is stable, productive, and responsive to the needs of all family members. At a more inclusive level, empowerment implies the active involvement in community affairs of individuals who are aware of their collective rights and responsibilities.

The major catalyst behind this project was a recognition of the multilevel nature of empowerment and the central importance of the social sphere in the process. All of us seek role models to assist us in the process of formulating who we are and how we should or can act in our respective environments. Role models are most effective when they are perceived to share experiences, life circumstances, and opportunities with those who seek such examples.

Accordingly, this project is grounded in two theoretical approaches that embrace this understanding. The first is social learning theory, originally developed by Albert Bandura in the 1970s and 1980s. Bandura proposed that a cognitive modeling mechanism, coupled with positive reinforcement, enables individuals to learn new behaviors as well as to identify their own strengths by seeing those capabilities modeled by others. According to this theory, the cognitive process of learning a behavior involves the following:

- ◆ *Attention* to a behavior being modeled by another person
- ◆ *Retention* or remembering the behavior observed
- ◆ *Reproduction* or copying the new behavior
- ◆ *Reinforcement*, or receiving positive results from the new behavior and after testifying on behalf of the behavior or modeling it, seeing others adopt it

Clearly, if a woman thinks that the person she seeks to emulate is similar to herself, she will be more likely to believe that she, too, is capable of successful action. Compelling role models make one feel less alone, less eccentric. The viewer may well think “I’m already like that” or “That is something from which I would benefit.”

To get a viewer's attention, a behavior must be relevant to the viewer. In order to emulate a behavior, the viewer must perceive that there is social support for the action she plans to adopt. This theory, therefore, takes into consideration the vital role of the social milieu within which the individual lives and works. Thus, the learning exercises are planned for post-screening sessions to facilitate dialogue and interchange among viewers, eliciting reactions to the examples depicted in the videos. The aim is to provide a forum for discussing ways in which identification with the women featured in the videos can foster greater self-confidence among viewers and a stronger sense of their own ability to improve the quality of their lives.

Empowerment education could be said to complement and extend social learning theory. Intellectually indebted to Freire, it assumes that knowledge comes not from experts but emerges from group discussions about the social influences that affect their individual and collective lives. The understanding gained through dialogue is reinforced and strengthened through action at the community level. Though individual women are profiled in the *Arab Women Speak Out™* project, the training materials provide facilitated discussions in which women are given a venue to analyze critically and collectively the social, economic, political, and cultural conditions that enhance or diminish their ability to act. Having gained this understanding, group participants will be able to propose realistic actions that address the obstacles they confront and maximize any openings they have identified.

Goal and General Design of the Training

The goal of the training is to help women of limited means examine their own circumstances, concerns and needs and, through discussion, identify opportunities and options. The educational level of the participants may vary from no schooling to a secondary education. The exercises are developed in such a way that they do not require reading and writing skills. If the group is mostly non-literate, the facilitator can read the text or ask a literate participant to do so. If participants are literate, they can write down the points of their discussions on paper and present them to the group; if they are non-literate, they can present them orally.

The duration of the training should not exceed 20 hours. It is up to the facilitator to set up the training schedule to suit the availability of each group of women. It could be organized in several ways:

- ◆ One week: four days of five hours each (with two, two and a half hour sessions each day)
- ◆ One and a half weeks: eight daily sessions of two and a half hours each
- ◆ Three weeks: a session of two and a half hours every other day

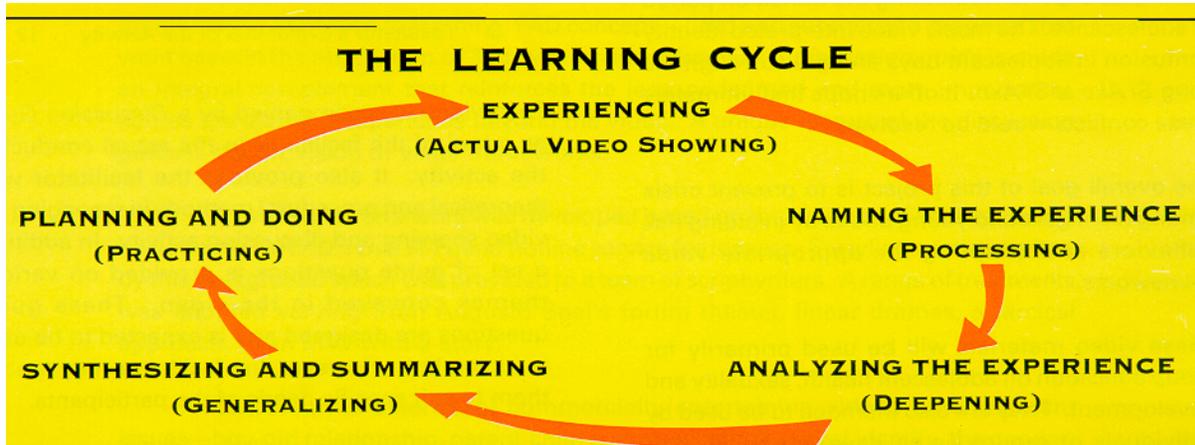
The learning exercises include individual and group exercises focusing on the development of skills related to the following themes:

- ◆ Introduction and video presentation
- ◆ Changing social roles
- ◆ Self-esteem and self-confidence
- ◆ Decision making
- ◆ Negotiating skills
- ◆ Social networks and social support

- ◆ Participation in public life
- ◆ Safeguarding your health

Methodology of the Training

The framework below is adapted from the “Learning Spiral” concept presented in the book, “A Popular Education Handbook” by Beverly Burke and Rick Arnold (1983).



Learning is a continuous process which undergoes three stages: (1) experiencing, (2) analyzing the experience, and (3) synthesizing and summarizing. For complete learning, learners should undergo all three stages. It is therefore necessary that in a learning situation the facilitator should lead participants through all aspects of the learning cycle. Likewise, it is important for the facilitator to build an atmosphere conducive to learning and create a climate of informality, acceptance, sincerity, and fun. Creating this kind of group climate will help participants feel relaxed, comfortable, and confident in expressing their concerns and apprehensions about the topics being discussed.

Experiencing. The actual viewing of the videos and participation in the exercises is the experiencing stage—the first stage in the learning process. Participants vicariously experience the situations of the women in the videos and identify with their problems and choices. The experiencing stage also enables participants to identify with issues presented and draw out messages. It opens up issues and subjects dealt with later in the exercises. The facilitator uses the discussion guide to direct the discussions following the videos and notes the participants’ focus of attention so that it can be referred to when participants raise points in subsequent sessions.

Analyzing the Experience. During this stage, the facilitator asks questions to evoke reactions to the messages conveyed in the videos and the exercises. Participants are encouraged to express their feelings and offer reactions to the exercises. By sharing individual reactions and experiences with others, participants become exposed to different perceptions and points of view,

which will help them broaden their analysis of their own situations and present them with new options.

Synthesizing and Summarizing: In the final stage, the facilitator helps participants identify key insights from the videos and exercises and their relevance to the participants' own situations. After leading each exercise, the facilitator summarizes each learning experience and elicits feedback from participants on what they learned. The facilitator encourages the participants to discuss the application of the learning to the participants' daily lives.

Role of the Facilitator

The facilitator should be well prepared for the sessions. She should know how to operate the video equipment, be completely familiar with the exercises and the background information before each session, and know the main points to be highlighted in each activity. Before each session, she should check that the video equipment is working, that the room is appropriate for showing the video, and that the materials for the sessions are available. The basic materials include a flip chart, paper, and markers.

As a group discussion leader, the facilitator has the following tasks:

- ◆ Creating a learning climate where participants are free to share their personal thoughts, experiences, and values without feeling criticized.
- ◆ Adopting a facilitation style that encourages participation.
- ◆ Managing the discussion, including regulating the talkative ones, encouraging the silent ones to speak and share their own ideas and opinions, and acknowledging participants' contributions to the discussions.
- ◆ Drawing out and encouraging the expression of different points of view, emphasizing that there are no "right" and "wrong" responses.
- ◆ Reassuring participants that their thoughts and attitudes are legitimate and acceptable.

As a resource person, the facilitator has the following tasks:

- ◆ Directing the exercises, clarifying objectives and content
- ◆ Explaining the concepts and skills
- ◆ Correcting misinformation and clarifying any confusion that may arise during the discussion
- ◆ Summarizing the learning experience

Approaches To Be Used by the Facilitator

Training should be experiential and participatory. If the training is to spur real changes, participants must be actively involved in analyzing what they have seen in the video, what they have experienced in the exercises, and what they have learned from their peers and through the discussions.

Training should be related to participants' experiences and contexts. Participants are more likely to have a strengthened sense of self-efficacy and respect if they can connect their understanding, experiences, and concerns with what is being discussed.

Training should involve interaction and mutual support among participants. The promotion of gender equity is a sensitive and controversial issue that challenges personal beliefs and behaviors, traditional structures, and cultural norms. Trainers should facilitate and support the discussions, encourage honest reactions from participants, take time to explain issues, and avoid being judgmental, directive, or dogmatic.

Session 1 Introduction and Video Presentation

Prior to beginning the session, complete the following:

- _____ Prepare room
- _____ Provide refreshments
- _____ Review video before presenting it to participants
- _____ Check that all electronic equipment is operational
- _____ Provide flipchart, paper, felt pens in meeting room
- _____ Read the session contents
- _____ Highlight the main points for each exercise
- _____ Bring clock or watch

Session 1: Introduction and Video Presentation

Getting to Know One Another—Objectives of the Training (30 minutes)

Objectives:

- ◆ Help participants interact and get to know one another
- ◆ Create an atmosphere conducive to active participation
- ◆ Clarify objectives of meetings and present themes

Steps:

1. Getting to know one another and creating a motivating atmosphere

- Welcome participants and ask them to sit in a semicircle.
- Introduce yourself briefly (name, age, marital status) and specify your profession/work and your tasks (organizing meetings and leading discussions).
- Suggest that each participant talk with her neighbor for a few minutes and after five minutes ask each participant to introduce her neighbor to the group, including reasons for coming to the workshop and aspirations.
- Help them overcome their embarrassment. If they forget or stutter, ask their neighbor to assist. Remain cheerful to create a positive atmosphere.
- Welcome participants again and specify aspects of similarity among them—for example, residence, age, job, or marital status (the trainer should use these points to facilitate discussions throughout coming sessions).
- Mention that getting to know one another has allowed them all to express themselves.
- Invite participants' suggestions on what is important to a healthy productive exchange between people. Drawing on their ideas, develop the following as fundamental principles for the training:
 - * Cooperation and understanding can only be achieved through interaction.
 - * Expressing opinions is the right of each participant, even if there are differences.
 - * Listening without interrupting is the basis of communication.
 - * People often disagree because they are different, and that requires respecting the opinions of others.
 - * Opinions must not be judged as right or wrong. All opinions are debatable.
 - * The participation of all individuals in discussions, in an orderly manner, is the basis of interaction.
 - * Personal conversations among participants will be kept confidential.

2. Describing the objectives of the meetings

- Start by expressing appreciation for the participants' presence, which demonstrates their desire to communicate, to learn, and to overcome obstacles.
- Describe the objectives of the training, namely to:
 - * Strengthen women's sense of self-empowerment
 - * Help participants discover unused abilities and impeding actions
 - * Encourage participation in family welfare decisions
 - * Analyze economic conditions and the growing need for women to become active participants in the production process, which would enhance their social status and family welfare
- Explain that reaching these objectives requires discussing the following themes. Present the list of themes on the board and ask a participant to read it:
 - * Getting to know one another and discovering examples of ordinary women through the video presentation
 - * Differentiating between sex and changing gender roles
 - * Promoting self-esteem and self-confidence
 - * Making decisions
 - * Negotiating and interacting with others
 - * Recognizing social networks and means of gaining social support
 - * Participating in public life
 - * Safeguarding your health
- Underline today's theme.
- Ask the participants if they have any questions or comments on the list of themes.
- Explain that each theme will be thoroughly discussed in the session designated for it.
- *To the trainer:* Keep a copy of this list and use it to help introduce each session.

Film Viewing and Discussion (1 hour and 40 minutes)

Objectives:

- ◆ Get to know ordinary women who have made significant changes in their own situations
- ◆ Evaluate their role and responsibilities in their own families and communities
- ◆ Identify the enabling factors and resources that these women drew upon to make the changes

Steps:

To the trainer: Please read the video discussion guide in Appendix A and review the video prior to the session. Write down all significant points mentioned so that you can bring them up or show clips of the video during subsequent sessions. For example: if the discussion among

participants focused on Making Decisions, show the video again in Session 4. If it focused on Social Support, show the video again in Session 6.

- Prepare the monitor and VCR for viewing.
- Tell the group: “After reviewing together the responsibilities we execute as ordinary women in our homes and communities, we realize that many of them are not chosen by us. In order to change that reality, we have a lot of work to do. Let’s watch together a film, showing how two ordinary women changed their situation, in spite of the obstacles. Please, watch the film carefully so we can discuss it later.”
- Ask participants to watch carefully for examples of how these women:
 - * overcame stereotypes
 - * built self-confidence
 - * developed decision-making and negotiating skills
 - * sought support from their families and community
 - * participated in public life
 - * safeguarded their reproductive health
- Explain the importance of concentration and good listening for discussion later
- Show the first film (20 minutes).
- After the film, ask participants for their comments using the questions in the discussion guide and spell out the key examples of empowerment offered by the woman profiled (Appendix A).
- Show the second film (20 minutes).
- Discuss the film using the discussion guide and ask participants to specify examples of empowerment (30 minutes).

Session Summary (20 minutes)

- ◆ Ask participants to specify what they learned concerning the following:
 - Getting to know one another
 - Realizing and understanding the objectives of these meetings
 - Identifying women’s roles in determining their potentials
 - Discovering the significant changes the women in the film have made and the potential for every woman to make changes in their families and communities
- ◆ Ask one or two participants to prepare a summary of the first meeting to be presented at the beginning of the next session.
- ◆ Ask all participants to complete the appropriate participant evaluation forms (Appendix B) (15 minutes).
- ◆ Complete the appropriate facilitator evaluation forms (Appendix B).

Session 2

Changing Social Roles

Prior to beginning the session, complete the following:

- _____ Prepare room
- _____ Provide refreshments
- _____ Cue the video as appropriate before presenting to participants
- _____ Check that all electronic equipment is operational
- _____ Provide flipchart, paper, felt pens in meeting room
- _____ Read the session contents
- _____ Highlight the main points for each exercise
- _____ Bring clock or watch

Session 2: Changing Social Roles

Session Introduction (5 minutes)

- ◆ The designated participant should present the daily report, summarizing the previous session.
- ◆ Follow that with a brief discussion based on these questions:
 - Did you like the film shown in the previous session?
 - What was the gender role designated to the film's heroine?
 - What was the gender role she chose later?
 - Can women perform new gender roles?
- ◆ After listening to several answers, sum up by saying, "If a woman's sex confines her to certain gender roles such as wife and mother, life allows her to perform new gender roles."
- ◆ Underline today's theme on the list of themes

Exercise: Definition of Gender (35 minutes)

To the trainer: Please read Annexes 2.1, 2.2, and 2.3 before starting this session. There are important detailed definitions in the annexes that will help you guide the participant discussion.

Objectives:

- ◆ Define sex and gender roles
- ◆ Understand that sexual characteristics are constant and gender roles are changeable

Steps:

1. Discussing sex and gender roles (after reading Annex 2.1 Sex and Gender)

To the trainer: Please refer to Annex 2.1 "Sex and Gender" to help you respond to participant questions.

- Ask the following questions and listen to several answers:
 - * What is the first thing the midwife says after examining the baby?
 - * How does she determine the sex?
 - * Does puberty change the functions of the sexual organs?
 - * What are the characteristics that determine the sexual identity of males and females? Are they constant or variable?
 - * What are the responsibilities that are imposed by the "role of the woman"?
 - * Do you know any wives who work in the fields or who are employed as teachers or saleswomen?
 - * Do you know women who perform other jobs? What are they?

- * In this case, do they perform one or two roles? Where and how?
 - * What allows them to perform different roles?
 - * Did they inherit these roles or did they acquire them?
 - * Were these roles confined to men in the past?
 - * Do women today in different communities today perform the same roles?
 - * In what communities do the women perform prominent roles?
- Do you know any countries in which there are women in parliament or political life?
 - Why are women politically active in some countries and not in others?
 - What do you think of the condition of women in your country?

2. Exercise: Defining gender

- Tell the participants that the terms “sex” and “gender are often used interchangeably in development literature as well as by the public at large. The two terms, however, are not synonymous. While “sex” refers to biological attributes, the term “gender denotes socially-determined characteristics or culturally-prescribed roles and responsibilities of men and women.

Suggested definitions:

Sex	Gender Roles
Biological (nature) Primary and secondary sexual characteristics	Culture and Society (nurture) Socially-determined characteristics Educational factors stereotypical images Status Age
Male/female	Man/woman
Universal	Variable (geographically and temporarily)
Organs and functions	Roles and relationships
Unchangeable	Changeable
Individuals	Group, background, institutions, community

- Set up on the board a list of responsibilities or tasks that spring from sexual characteristics and others that are determined by gender roles. Include the participants in this exercise:

Sex	Gender Role
Example: procreation	Example: childrearing
Breastfeeding	

- Sum up with the following points using Annex 2.2.: “Basic Points Concerning Gender”
 - * Gender roles vary according to communities, cultures, and generations.
 - * Several factors determine gender roles: sex, level of education, economic conditions, personal skills, community development, and environment.
- Present the summary on the board

Exercise: Stereotyping (50 minutes)

Stereotypes are fixed ideas and images in people’s minds on men and women and their roles in the community.

Objective:

Examine the status of men and women in society according to norms and cultures

Steps:

1. *Understanding stereotypes*

- *To the trainer:* Please review the following list of stereotypes. Do not read this list out loud. Rather, wait until the participants have listed stereotypes familiar to them. Mention these only if something similar has not been discussed:
 - * Women are weak, negative, talkative, hesitant.
 - * Men are intelligent, courageous, independent, adventurous.
 - * Women care more for children than men.
 - * The role of a woman is motherhood.
 - * Women like to make sacrifices.
 - * Men are more competent.
 - * The main characteristics of women are beauty and femininity.
 - * Women are emotional; men are rational.
 - * Women are shy, ignorant, difficult to understand.
 - * Men are easy to talk to.
 - * Men make money; women spend it.
- Ask participants to cite prevailing stereotypes concerning men and women.
- Write those stereotypes down in two separate lists, one for men and the other for women.
- Remind them of the ones they forgot and add them to the lists.
- Ask a participant to read both lists.
- Lead a discussion concerning prevailing stereotypes:
 - * Do these stereotypes describe the reality of both sexes?
 - * Are they only confined to local communities, or do they apply to wider circles?
 - * What is the role of our daily attitudes in forming them?
 - * What is the nature of the communities that create them (rural, controlled by men, etc.)?
 - * In both lists, who benefits from them and who suffers?
 - * Do they carry any discrimination? Where and how?
 - * Do you know men or women who do not comply with them?
 - * What helps those people be different?
 - * Is this changing state of roles increasing today? How?
 - * Can we encourage that today? How?
 - * What is the role of education in changing the prevailing images or stereotypes?
 - * Do changing gender roles, which women acquire, help in creating more realistic images or stereotypes?

2. *Summing up the discussion*

- Sum up the discussion with the following point: Women, like men, have stereotyped images, created for them by society, and these images can be changed by several factors.
- Ask them if they have any comments.

Exercise: Impact of Stereotyping on the Individual (60 minutes)

Objective:

- ◆ Understand and identify the impact of stereotyping on the individual and how it places limitations on human development

Steps:

1. *Reading the story about the boy to the participants*

- Read aloud the story about the boy to the participants:

How happy I was to discover the meaning of being a man. I was made to feel privileged compared to girls, and I started viewing them as tiny creatures with whom I was not supposed to socialize. I was told that they were weak, crying for stupid reasons, laughing a lot, and talking endlessly. I was also told that they were usually attracted by flashy colors and ribbons, and that the games they enjoyed were rope jumping, making dolls, and other indoor games.

If I ever happened to blush, or if my hair grew long, my parents would call me Sharifa instead of Sharif, and propose to tie my hair with a red ribbon. I was made to feel ashamed if I ever resembled them. When my brother would compare me to girls, I would become extremely angry and would throw stones at him.

When I joined school, I got to know them better—in the playground and in the classroom. One day the teacher needed to move some chairs and asked the boys to do it. The girls stood aside. They would often cry when they hear of punishment, whereas boys would only show discontent or carelessness.

I never saw them once playing with the ball or fighting; these games are tough and confined only to boys. I faced many problems while hanging around with the boys, and tried to avoid them through studying or hiding behind a book. The violence of the boys' games made me appreciate the softness and kindness of girls, but I never dared to approach them.

I am 11 today, and I feel I am a man. I also feel that I have missed a lot as a result of the distance imposed between boys and girls. When is this going to end? I don't know. "The road seems long... and I hate walking alone!"

- After reading the story to the participants, ask their opinion, then lead a discussion:

- * What do you think of the education that the boy received at home and at school?
 - * What are the characteristics given to girls?
 - * What characterizes girls compared to boys?
 - * What gender roles are designated to boys? To girls?
 - * Are they inherited or acquired?
- Listen to several answers and write suitable ones on the board.

2. *Examining stories, songs, and popular sayings*

- Ask the participants to form four or five groups and to cite cultural stereotypes of men and women. Ask participants how these make them feel. Do that using the following ideas:
 - * Popular stories (Antar and Abla, Scheherazade, etc.)
 - * Popular songs (ask them to give examples)
 - * Sayings (remind them of examples from Annex 2.3 “Popular Sayings”)
 - * Donations (different amounts of pocket money and gifts for boys and girls)
 - * Games for boys and girls or men and women
- Ask them to discuss the following questions in small groups (3-5 women):
 - * What did you learn about being a girl?
 - * Where and how did you learn it?
 - * How does it influence your life today?

3. *Understanding the impact of stereotyping on individual awareness*

- Lead a discussion concerning the role played by stereotyped cultural images and their impact on individual awareness:
 - * What characterizes a girl according to the norms of her parents? Of society?
 - * What are the activities usually designated to her according to these norms?
 - * What characterizes a boy according to the norms of his parents? Of society?
 - * What activities are usually designated to him?
 - * What activities are considered unsuitable for “respectable” men or women?
 - * What do you think of that?
 - * What are the characteristics of a good husband or a good wife?
 - * What is the most important characteristic usually given to men? To women?
 - * What characterizes a successful individual according to society?
 - * What characteristics do most institutions require in their employees?
 - * What characteristics do the media diffuse concerning men and women (for example, the woman as a marketing object in television and newspapers)?

- Sum up by saying, “We have discussed the characteristics which individuals should possess to be accepted by society. We will now analyze them. If their impact does not serve what we wish,
 - * Can we change these images or attitudes? How?
 - * Can we alter the way society views the individual if we decide that view is wrong?”

- Deduce the main points using the following questions:
 - * Do you believe that culture influences the way we view ourselves? The assigning of gender roles?
 - * Should we accept what local culture or imported culture brings in terms of discrimination against women? Or should we discuss it in order to have a more balanced image of women?
 - * Are the prevailing images evident in conversations, in the media, in schools, etc.?
 - * Do you remember any popular saying that was used in a sarcastic manner during your childhood? How did that affect you?
 - * Are boys (like girls) subject to pressures aimed at educating them according to “acceptable masculine behaviors”? Are these pressures similar in different environments and generations? Do school, friends, religion, and media play a part in that?
 - * When we reach maturity, we find ourselves submitting to the influence of prevailing images. Are these images constant or variable (for example, women’s submission and men’s domination)?
 - * Can we alter these images toward more balance and equality?
 - * If concepts and images change due to technological, cultural, and economic development, would social roles still be inherited and final, or can they be considered as acquired and variable according to each time and place?

- Read the following or write them on the board. Ask the participants to identify which statements are sex-based and which are from gender constructs
 - * Girls are kind; boys are tough.
 - * Women bear children; men don’t.
 - * Most construction workers are men.
 - * Women working in the fields earn half what men earn.
 - * Women breast-feed babies; men feed them with the bottle.
 - * In ancient Egypt, men stayed at home doing needlework and women managed real estate.
 - * At puberty, only the man’s voice becomes harsh.
 - * A boy was treated like a girl, but once he realized he was a boy, his performance at school improved.
 - * According to a study of 224 traditions, men do the cooking in five communities, and women construct houses in 36 communities.

- * According to United Nations data, women perform 67 percent of universal work and their income is equal to 10 percent of universal income.

Session Summary (5 minutes)

- ◆ Ask a participant to summarize today's session.
- ◆ Listen to several answers as time allows.
- ◆ Ask their opinions on the session.
- ◆ Use Annex 2.2 (Basic Points Concerning Gender) to assist them in summarizing today's session.
- ◆ Ask a participant to prepare a report on today's discussions to be presented at the beginning of the next meeting.
- ◆ Ask all participants to complete the appropriate participant evaluation forms (Appendix B).
- ◆ Complete the appropriate facilitator evaluation forms (Appendix B).

Annexes

Annex 2.1: Sex and Gender

The broad meaning of the word *sex* includes a number of physiological characteristics pertaining to males (the masculine sex) and females (the feminine sex). It also means reproduction. Sex is more accurately defined as follows:

- ◆ From the anatomical point of view, it designates the internal structure of the genital organs, especially the primary characteristics, which can be identified at birth.
- ◆ From the physiological point of view, it designates the functions of the organs, such as the sexual and reproductive abilities—the secondary sexual characteristics.
- ◆ From the biological point of view, it designates the endocrine glands that activate these organs and develop them from puberty till the end of life, through various stages: birth, puberty, and menopause.

Therefore, sex is identified through genes, sexual organs, primary and secondary characteristics, and functions. These would differentiate between male and female characteristics, determine the role of each in reproduction, and define the sexual identity of the individual (male or female): The woman gives birth and the man secretes semen.

Gender roles differ from sex. Sex is identified biologically, whereas gender roles differ and change from one community to the other, from one generation to the other, and even in the same community or generation. We learn gender roles in the process of becoming men and women. This means that gender roles are variable. It is very important to be aware of the relationships based on gender, which are determined socially and psychologically.

Gender roles are acquired through being raised in a specific community or in a specific social class within society. In most cases, boys and girls are raised according to certain masculine and feminine characteristics. These characteristics determine not only their gender roles, but also their personality, attitudes, and behavior.

Each category is oriented toward predetermined functions: The girl is indoors, helping her mother in household tasks and being prepared for her future role as wife and mother. The boy is outdoors, oriented toward education. Children learn to perform gender roles pertaining to them and act according to the expectations and guidelines of the people around them, such as parents, teachers, friends, and the community. These gender roles are also promoted by the media.

Gender roles—which include rights and obligations, commitments, relationships, responsibilities, images, status—are determined socially and culturally across the historical development of a specific community and are, therefore, variable.

This is how this concept differs from the concept of sex, which determines the biological characteristics, which cannot be changed.

Annex 2.2: Basic Points Concerning Gender

- ◆ Culture and society determine the way we view ourselves and the gender roles given to each sex. These views are promoted by culture, mass media, schools, and other social institutions.
- ◆ Imported culture contains modern stereotypes. It is important to discuss these imported images in order to balance the conception created by traditional and modern culture, since both carry discrimination against women.
- ◆ Each society has its own culture, which the child perceives as “natural” and the child is unlikely to think of it in any other way. We don’t usually analyze the meanings this culture brings and we are surprised to find out the influence those meanings have on us.
- ◆ It is important to recognize that boys also submit to pressures, aiming at educating them according to “masculine attitudes.” These may vary from one environment to the other, and from one generation to the other. Pressures usually come from several sides: family, friends, school, religion, norms, traditions, and the media.
- ◆ We, as adults, submit to several influences that we learned as children. There are many ideas that we consider as final and unquestionable. For example, we may think it normal that the woman should be submissive and that the man should dominate, and that it is fair to criticize individuals who do not abide by these norms and beliefs.
- ◆ Gender roles are acquired in all societies and are variable in one degree or another.

Annex 2.3: Popular Sayings

- ◆ A woman does not rest until she gets what she wants.
- ◆ Obey a woman and you will regret it.
- ◆ Beware of the guile of women.
- ◆ You can recognize the horse by its rider, and the woman by her man.
- ◆ Every spinster loses track of time.
- ◆ Lying is salt for men.
- ◆ A woman’s weapon is her tears, and a man’s weapon is his eloquence.
- ◆ A useless husband is better than being a spinster.
- ◆ If the man is taciturn, his wife is insolent.
- ◆ A man made of cane is better than a woman made of gold.
- ◆ Since there were no men, they called the cock Abu Ali.
- ◆ A woman who pretends to be a sheep will be eaten by the wolf.
- ◆ She pretended to be weak in order to get what she wants.
- ◆ Educate your son as a child and be a brother to him when he is older.
- ◆ Don’t teach your son, life will teach him.
- ◆ Marry a noble woman even if she is poor.
- ◆ The woman comes from the man’s rib.
- ◆ The shadow of a man is better than the shadow of a wall.
- ◆ Girls worry you all your life.
- ◆ Your son will turn to be as you raise him, your husband as you train him.
- ◆ If you give birth to a baby boy, you will never cry.
- ◆ A man is a blessing, even if he is useless.

- ◆ Each man is entitled to make a mistake.
- ◆ A house managed by a woman is heading for disaster.
- ◆ Men act like women when they want something.
- ◆ God has deprived women of intelligence.
- ◆ A woman is like a goat: If you leave her to do as she pleases, she will eat all the grass.
- ◆ A man without authority is like a shadow in the desert.
- ◆ The more you scorn your wife, the more she loves you, and the more you indulge her, the more she curses you.
- ◆ A woman is like a carpet, she can only be cleaned by hitting.
- ◆ A woman is a school: If you form her, you will be forming an eminent society.
- ◆ The woman who moves the cradle with her right arm moves the world with her left arm.
- ◆ There is a woman behind each great man.
- ◆ Paradise lies under the mothers' feet.
- ◆ The man is the bridge of the house.
- ◆ The man is like a cock: He visits all the hens of the neighborhood, but returns to his nest.
- ◆ The man is only a rivulet, but the woman is there to stay.
- ◆ If she does not have a man, she does not have any support.
- ◆ A good girl is better than a scandalous boy.
- ◆ Giving birth to a boy is still good news, even if he dies upon delivery.
- ◆ A woman is like an olive: She has to be compressed.

Session 3

Self-Esteem and Self-Confidence

Prior to beginning the session, complete the following:

- _____ Prepare room
- _____ Provide refreshments
- _____ Cue the video as appropriate before presenting to participants
- _____ Check that all electronic equipment is operational
- _____ Provide flipchart, paper, felt pens in meeting room
- _____ Read the session contents
- _____ Highlight the main points for each exercise
- _____ Bring clock or watch

Session 3: Self-Esteem and Self-Confidence

Session Introduction (5 minutes)

- ◆ The designated participant should present the daily report, summarizing the previous session.
- ◆ Underline today's theme on the list of themes.

Story: *My Mother's New Dress* (20 minutes)

Objective:

- ◆ Clarify for the participants that each one should start with herself, once she is convinced by the necessity to change

Steps

1. *Presenting personal experiences*

In order to review personal experiences of the participants and emphasize that inherited roles are acquired and changeable, lead the following discussion:

- Have you been through any experience that allowed you to acquire a new role within your family or community? (Allow time for thinking and presenting experiences.)
- Ask those who presented their experiences these questions:
 - * How did the role you acquired influence your role within the family?
 - * Did it require any change in your responsibilities or previous role?

2. *Reading the story "My Mother's New Dress"*

- Draw the participants' attention to the story "My Mother's New Dress."
- Remind them of the importance of listening to be able to participate in the discussion.
- Ask someone who can read well to present the story in a clear voice (in colloquial, depending on the participants' educational level):

My Mother's New Dress

One day I had the idea of doing something that would ease my mother's pain. I let her hand rest on the side of the bed and opened her closet. I was surprised at what I saw. It was a beautiful dress, of a bright color, which lightened up her old clothes

I said, "What a beautiful dress, mother. I never saw you wearing it."

She opened her tired eyes, looked at it, then turned away to hide her tears. She waved to me, and I sat beside her. She said in a weak voice, "It is true. I never tasted the beauty of that dress. I deprived myself of many things."

I said, "Why mother? Why?"

She said, “I used to believe that I was made to serve others. I spent my life working to please your father and your brothers.

I said, “They all consider you an outstanding mother, and appreciate you a lot.”

She said, “They all consider me as a need they can not do without. Ask your father what he did the day the doctor told him that my condition is critical. He said to me, ‘You cannot die. What will happen to me?’ He is right; it will be very difficult for him. He will not even know where to find his shoes. The same thing goes for all of you: I never taught you to rely on yourselves. I was the first one to wake up, and the last one to sleep.”

I said, “You are a wonderful mother. You gave your whole life to us.”

She said, “I regret! I feel ashamed every time I see the way your brothers treat their wives—in the same way. No time for the woman to take care of herself. This is how I raised them. Every penny I ever saved, I spent on your needs—your clothes and your books. I always worried. Only once I followed my desire—the day I bought this dress, a year ago. When your father saw it, he said, ‘Where are you going to wear it?’ And he was right. I never wore it, not even once.”

I fought my tears; then I cried.

She said, “I did not mean to make you sad. I meant that you should promise me not to be like me. Take your share of life. Do not give it up—to anyone. If I were meant to leave this bed and be well again, I would learn how to live. Promise me.”

I raised her hand to my lips, kissed it, and promised her. I saw her face lighten up with satisfaction. Then she closed her eyes—for the last time.

- After listening to the story, how do you feel?
- Does this woman’s situation resemble that of women today?
- Did your mother act like her?
- Is your attitude similar to hers?
- What pushes a woman toward sacrifice and self-denial (motherhood, love, faith, affection)?
- Have living conditions changed from what they used to be?
- Does this development allow changing women’s condition?
- Do you see the necessity to change that condition?
- How should women act today?
- How should men act to bring about this change?

3. *Changing existing socialization practices*

Since participants will likely relate to that story, you will have to face their reactions positively, exploring the following ideas:

- Women are described as altruistic. (Toward whom and how?)

- Women’s attitudes encourage men’s selfishness. (Is it normal to deny oneself to that extent?)
- Men and women perpetuate traditional social roles in their children. (What a mother teaches her daughter is different from what she teaches her son.)
- Boys are raised with the principle that girls are there to serve them.
- Should this trend of education continue? Why?

Story: Visit of Mr. Adel with the Social Worker (20 minutes)

Objective:

- ◆ Create awareness that society does not appreciate a woman’s contributions to her family

Steps:

1. Presenting “Mr. Adel Visits the Social Worker”

- Ask two volunteers to read the dialogue between the social worker and Mr. Adel:

Mr. Adel Visits the Social Worker
<i>Social Worker:</i> “What is your job?”.
<i>Adel:</i> “I am a peasant”.
<i>Social Worker:</i> “How many children do you have?”
<i>Adel:</i> “God has given me nine children, and I lost two.”
<i>Social Worker:</i> “And your wife, what does she do?”
<i>Adel:</i> “She does not work. She stays at home!”
<i>Social Worker:</i> “How does she spend her time?”
<i>Adel:</i> “She wakes up at five o’clock in the morning and prepares breakfast. Then she wakes the children, washes them, and prepares them for school. After they leave, she cleans the house and does the washing. She goes to the market twice a week to sell tomatoes, and takes along the two younger children. While sitting there, she does some needlework. Then she buys the things we need for the house and returns home to prepare lunch.”
<i>Social Worker:</i> “Do you return home for lunch?”
<i>Adel:</i> “No. She brings me lunch to the field, three kilometers from home.”
<i>Social Worker:</i> “And after that?”
<i>Adel:</i> “She stays in the field, removing weeds and watering vegetables.”
<i>Social Worker:</i> “And what do you do?”
<i>Adel:</i> “I go downtown to discuss things with the men, then we play cards or backgammon.”

Social Worker: “And after that?”

Adel: “I return home to have dinner, prepared by my wife.”

Social Worker: “After dinner, does your wife sleep?”

Adel: “No. No. I sleep. She does some housework until 10 o’clock.”

Social Worker: “Didn’t you say that your wife does not work?”

Adel: “Of course she does not work. She stays at home!”

2. *Discussing the dialogue*

After listening to the dialogue, lead a discussion concerning the following:

- What happened between Mr. Adel and the social worker?
- What do you think of Mr. Adel’s position?
- Do you believe that his attitude is personal, or that it reflects men’s attitudes in general?
- Do you know men, like Mr. Adel, who do not appreciate their wives’ family work, and who do not assist them in anything?
- What do we learn from the story of Mr. Adel and the social worker?

Exercise: Women’s Participation in Family Life (50 minutes)

To the trainer: Please read Annex 3.1 “Women’s Triple Role” before you carry out this exercise.

Objective:

- ◆ Become aware of the importance of women’s contribution to family and community

Steps:

1. *Listing men’s and women’s daily tasks*

Ask each participant to prepare a list of her daily tasks—from waking up until going to bed—and another one for her husband.

2. *Comparing men’s work and women’s work*

After they finish, lead a discussion:

- Ask them to listen to one or two lists concerning a woman’s daily tasks:
 - * What is common between what you heard and what your list contains?

- * What are the most difficult daily tasks that you do? (Remind them of gender roles and tasks, both acquired and inherited.)
 - * Did you try to share these daily tasks? With whom? How? What was the husband's reaction to that?
- Ask them to think of their husband's tasks written on their lists.
 - Ask a volunteer to read her husband's daily tasks.
 - When they compare between their daily tasks and those of their husband, ask them to consider these ideas:
 - * Can't a husband share with his wife some of her daily tasks?
 - * What are the tasks that you could share with another member of the family?
 - * What are the tasks that you could ask your husband to do?
 - * If you ask him that, what reaction do you expect?
 - * What are the tasks that you could ask your children to do?
 - * What reaction do you expect from them?
 - * If you didn't have to do the tasks imposed on you today, what would you rather do?
- If you have time, ask the participants to simulate how they would discuss with their husband, children, or relatives the issue of sharing tasks.
 - Give the participants time to think about summarizing the discussion.
 - Listen to one or more attempts at a summary.
 - Use the suitable questions to reach the following basic points:
 - * Women's tasks differ from men's tasks.
 - * Women usually work longer hours.
 - * Women execute multiple tasks—sometimes all at the same time.
 - * Often a woman's work is confined to the household and she is responsible for all family matters.
 - * Men usually work outside the home.
 - * Men usually have time for sleep and entertainment.
 - * The percentage of men making decisions is higher than that of women.
 - * Living conditions have required women to work outside the home.
 - * A growing number of women have double workloads, inside and outside the home.
 - * Women's tasks are changing and increasing, whereas men's tasks are more likely to stay the same.
 - * Most men are still not convinced of the necessity of sharing household tasks with their working wives.
 - * It is time to consider suitable measures—discussing them with the man and convincing him—and implement them with a certain amount of flexibility.

Exercise: I Am An Equal Partner (50 minutes)

Objective:

- ◆ Interact with men on an equal footing

Steps:

1. Understanding interactions between men and women

- Divide participants into two separate groups.
- Ask the first group to discuss the following issue: One day I requested something from a man (who may or may not be a relative).
 - * Who was that man?
 - * How did you broach the issue?
 - * What was his reaction?
 - * How did you feel while dealing with him?
- Ask the second group to discuss the following issue: One day a man (who may or may not be a relative) requested something of me.
 - * Who was that man?
 - * How did he broach the issue?
 - * What was your reaction?
 - * How did you feel while dealing with him?

2. Understanding equality of rights and obligations

- After both groups end their discussions, ask them to sit in a semicircle. Ask a volunteer from each group to summarize the discussions and to present them to the participants.
- Lead a discussion on women's equality to men using the following questions:
 - * What are the rights within the family in which women are equal to men (food, shelter, education, health, privacy, development, social status)?
 - * From where do human beings derive their rights (family, society, government, constitution, God)? How?
 - * How do your household tasks influence your rights?
 - * How do you balance your individual rights and your responsibilities?

- ◇ Positively: the status of wife and mother, feeling important.
- ◇ Negatively: sacrificing personal rights, neglecting oneself to the extent of self-denial.

Session Summary (5 minutes)

- ◆ Ask the participants to sum up the main points of the discussion.
- ◆ Listen to various answers.
- ◆ Help them consider the following points in light of the preceding discussions:
 - Partnership with a man must be based on equal rights and obligations.
 - Obtaining rights requires awareness, determination, and flexible discourse within the family and the community and in relation to the government.
- ◆ Ask a volunteer to prepare a report on today's meeting to be presented at the beginning of the next session.
- ◆ Ask all participants to complete the session evaluation form (Appendix B).
- ◆ Complete the facilitator session evaluation form (Appendix B).

Annex 3.1: Woman's Triple Role

Woman's work can be divided into three categories:

- ◆ *Productive work*, which includes producing goods, services, and trade (agriculture, employment, free enterprise). When people are asked about what they do, they usually answer with a productive activity that generates income. Both men and women can contribute to productive work, but their tasks and responsibilities are determined by prevailing gender roles within each community. In most cases, women's productive work remains unseen and less appreciated than men's work.
- ◆ *Familial work*, which includes attending to family matters, taking care of its members, safeguarding their health, giving birth, caring for the children, preparing food, and managing the house (although giving birth is the basis of humanity, it is not considered as real work). In developing societies, familial work requires tremendous effort and time, and it is usually the responsibility of girls and women. Since women perform a productive activity and a familial activity at the same time, this is considered a *double day* for women, a *double role*, or a *double burden*.
- ◆ *Social work*, which includes activities performed by the woman at the local level in urban and rural areas. Examples include offering services to the local community, managing resources (like water, fuel, or land), and the activities she performs with others to serve the local community. These activities vary according to the family situation and its social and economic status. Social work also includes organizing activities and social services—such as festivities and fund raising—and participating in different organizations, but these are rarely regarded as work in the economic sense although they require time and are vital for the educational, social, and mental growth of communities. Social work is also a means of developing communities and promoting self-reliance. Both sexes can participate in social activities, but participation is still influenced by gender roles.

Women, men, girls, and boys can participate in several activities. In most societies, the woman performs familial roles and productive activities. Any change in one role affects the other role, and her increased load influences her participation in development programs. When she participates in agriculture and other productive activities, such as meetings or training, this extra time comes at the expense of other tasks, such as raising children, preparing food, and managing the house.

Therefore, to alter roles, one must consider the prevailing concepts and the stereotyped images, establishing a new partnership based on cooperation and equality.

Session 4

Decision Making

Prior to beginning the session, complete the following:

- _____ Prepare room
- _____ Provide refreshments
- _____ Cue the video as appropriate before presenting to participants
- _____ Check that all electronic equipment is operational
- _____ Provide flipchart, paper, felt pens in meeting room
- _____ Read the session contents
- _____ Highlight the main points for each exercise
- _____ Bring clock or watch
- _____ Make multiple copies of Annex 4.1 “Who Decides”
- _____ Make multiple copies of Annex 4.3 “Clear and Unclear Objectives”

Session 4: Decision Making

Session Introduction (5 minutes)

- ◆ The designated participant should present the daily report, summarizing the previous session.
- ◆ Ask a volunteer to read today's theme.
- ◆ Underline it on the list of themes.

Exercise: Qualities I Like (20 minutes)

Objective

- ◆ Help the participants identify what characteristics/qualities are most important to them

Steps:

1. Examining characteristics of men and women

- Ask participants to think of someone they admire.
- Divide the group into pairs so that the two can exchange with each other the name of the person they admire and his or her characteristics.
- Prepare a list on the board: men and their characteristics, women and their characteristics.
- Ask the participants to sit in a semicircle.
- Ask each participant to present to the group the name and characteristics of the person whom her friend admires.
- Write down (or ask a volunteer to write) what each participant presents.
- Ask them to draw a conclusion concerning the common values among the chosen personalities.

2. Analyzing success in reaching objectives

- Discuss with the group the characteristics that helped the chosen personalities succeed.
- The opportunities for individual growth and development in our world today seem open and wide. However, individuals strive to overcome obstacles that come in their way (unequal opportunities, unsuitable economic policies, underdevelopment, etc.) in order to reach their objectives. Success in their quest depends much on the following:
 - * Having a strong drive and setting personal goals
 - * Being up-to-date and having a sense of observation
 - * Continuing education to acquire knowledge and experience
 - * Seizing opportunities and daring to make decisions
 - * Working hard and persevering

Exercise: Who Decides? (50 minutes)

Objectives:

- ◆ Encourage participants to analyze their situations concerning role distribution within the family
- ◆ Determine the obstacles which women face when making decisions
- ◆ List helpful means for creating balance between the two sexes concerning taking responsibility and making decisions

Steps:

1. *Discussing who decides*

- Distribute the questionnaire in Annex 4.1 “Who Decides”, to the participants.
- Divide the participants into groups of five.
- Ask each group to discuss each point in the questionnaire.
- Ask them to fill out the questionnaire individually.

2. *Sharing decision-making*

- Ask the participants to sit in semicircle.
- Ask them to identify the obstacles which women face when making some of the decisions in the questionnaire and list them on the board.
- Ask them to arrange the obstacles in order of priority depending on their social situations.
- Use Annex 4.2, “Factors which Impede Women’s Participation in Decision Making” to complete the list of obstacles.
- Lead a discussion on the following questions:
 - * What are the decisions that you make related to your responsibilities?
 - * What are the decisions that you make as a woman?
 - * What are the areas of family life that are your responsibility but over which you have no decision-making authority?
 - * When and how does your decision differ or coincide with the decisions of other members of the family?
 - * Who makes decisions concerning the use of different resources? Why?
 - * What useful information is exchanged within your family?
 - * What are the changes which should be brought about to create balance between men and women in sharing responsibilities and making decisions?
 - * In your opinion, can these changes be implemented? Why?

Exercise: What is My Goal or Wish? (70 minutes)

Objective:

- ◆ Define the meaning of *objective* and differentiate it from *wish*

Steps:

1. Defining “objective”

- Ask the participants what the word *objective* means and what the difference is between *objective* and *wish*.
- Listen to several answers.
- Sum up with the following definition: An objective is what we strive for (an educational level, a job, a social role, a financial situation, a political role, etc.) that will allow us to improve our personal situation and social status—provided we have the desire and drive to achieve it. A wish is an expression of desire or want without the intent of personal action.
- Simplify the idea by giving a personal example: The goal I am striving for is to obtain a Ph.D. in social sciences within three years—first because it serves my wish to be efficient and respected in my community, second because it will allow me to obtain a job as a university professor, third because it will give me an income which will allow me to live decently, and fourth because I believe in the importance of social development. This goal is essential to my future, and working for it is similar to a football game, where each player strives to make his team win by scoring goals.
- Explain the importance of setting a clear objective through answering the following questions:
 - * *What* do we want to attain?—determining the objective.
 - * *How* can we do it?—specifying approach and effort.
 - * *When* do we aim to reach it?—timing.

2. Setting objectives

- Ask each participant to think of a clear personal goal that can be attained in the short term.
- Ask a volunteer to present what she thought about concerning the following:
 - * How she set an objective.
 - * Why she chose that particular objective.
 - * Why that objective is important to her and how she would benefit from it.
 - * What strategy she will adopt to achieve it.
 - * How much time will be required for reaching it.
- After listening to several answers, sum up with the following:

- * It is essential to set a clear objective for ourselves and work to achieve it.
- * A long-term objective requires the gradual achievement of short-term ones.
- * A wish is often something we dream of and wait to happen because of a miracle (receiving an unexpected fortune, etc.).
- * A goal is what we decide we want and devote all our time and effort to attain.

3. Distinguishing clear and unclear objectives

- Distribute to the participants the list of objectives, chosen by fictitious women, in Annex 4.3, Clear and Unclear Objectives.
- Read each sentence or objective and ask them whether it is clear or unclear.
- Listen to several answers for each objective and discuss with them why it is clear or unclear.
- Ask them if the objective is a personal one or whether the family or community will benefit from it.
- Remind them that personal objectives may not get much support, whereas those that serve the family or the community will often receive collective support.
- Explain that in order to gain support, a clear objective requires determining the beneficiary and specifying the required resources, the time frame, and the means for achieving it.
- Ask the participants to rephrase each unclear objective to make it clear, and help them in the process.
- Write down the new phrases, and ask them to write them on their papers.

Session Summary (5 minutes)

- ◆ Ask the participants to remember the essential points which were discussed in today's session.
- ◆ Listen to several answers.
- ◆ Remind them of the following points:
 - Each one of them must know what is really important for themselves.
 - It is essential for a woman to participate in decision making
 - She must set a clear objective for herself and work for it.
 - In order to reach personal goals or objectives, work and perseverance are essential.
- ◆ Ask a volunteer to prepare the daily report to be presented at the beginning of the next session.
- ◆ Ask all participants to complete the appropriate participants evaluation forms (Appendix B).
- ◆ Complete the appropriate facilitator evaluation forms (Appendix B).

Annexes

Annex 4.1: Who Decides?

- Read aloud or distribute to participants and ask them to check the decision maker in each scenario.

Area of Decision	Man	Woman	Both
Marriage			
Choosing a partner			
Number of children			
Family budget			
Choosing a place of residence			
Choosing a place of work			
Using contraceptive devices			
Children's health care			
Visits to the doctor or health center			
Food for the family			
Daily meals			
Family income			
Giving or asking for loans			
Choosing a school for children			
Determining children's specialty and career			
Choosing television programs			
Participation in local activities			
Choosing candidates in elections			
Locations for spending holidays			
Marrying off the children			
Choosing friends to socialize with			
Performing social obligations			

Annex 4.2: Factors that Impede Women's Participation in Decision Making

- ◆ Low level of education
- ◆ Norms and traditions
- ◆ Lack of experience in negotiations
- ◆ Heavy household tasks
- ◆ Lack of exposure to situations requiring decision making
- ◆ Lack of experience in issues to be decided upon
- ◆ Negativism and lack of courage
- ◆ Dependency and lack of self-confidence
- ◆ Lack of a sense of responsibility
- ◆ Fear of the consequences of a wrong decision
- ◆ Men's negative attitudes (father, brother, husband, etc.)
- ◆ Society's conservative attitudes

Annex 4.3: Clear and Unclear Objectives

- ◆ Read aloud or distribute to participants and ask them to indicate which objectives are clear and unclear.

Objective	Clear	Unclear
Samira wants people in her community to work together.		
Hanan hopes for a better life.		
Ahlam hopes that her children will reach the secondary level.		
Mona wishes to repair her house with the help of her friends next summer.		
Aida wants local employees to be more helpful to the people		
Salwa wants to clean her neighborhood next month with the help of the people living in it.		
Samia wants more money.		
Huda wants happiness with her family		
Nada wants the government to create a social center in her neighborhood this year.		
Nadia wants to join a training session in electrical maintenance next month in order to be able to find a better job as soon as possible.		

Key:

Clear: 3, 4, 6, 10;

Unclear: 1, 2, 5, 7, 8, 9

Session 5

Negotiating Skills

Prior to beginning the session, complete the following:

- _____ Prepare room
- _____ Provide refreshments
- _____ Cue the video as appropriate before presenting to participants
- _____ Check that all electronic equipment is operational
- _____ Provide flipchart, paper, felt pens in meeting room
- _____ Read the session contents
- _____ Highlight the main points for each exercise
- _____ Bring clock or watch
- _____ Make multiple copies of Annex 5.1 “Good and Bad Listening Skills” Sheet

Session 5: Negotiating Skills

Session Introduction (5 minutes)

- ◆ The designated participant should present the daily report, summarizing the previous session.
- ◆ Ask a volunteer to read today's theme on the board.
- ◆ Underline today's theme on the list of themes.

Exercise: Negotiating Skills (10 minutes)

Objective:

- ◆ Identify successful negotiating skills

Steps:

1. Demonstrating the importance of negotiating skills (10 minutes)

- Explain the following: Living in society requires people to deal with each other, have daily interactions, participate in discussions, and make compromises. In order to secure healthy and useful interactions, we have to improve our capabilities for successful negotiation and problem solving and our sense of flexibility. That requires learning special skills. What are these skills?
- Help them identify the skills through the following questions:
 - * What is the difference between hearing and listening?
 - * Can a person know what others want her to listen to?
 - * Can the answer be correct if it was said without thinking?
 - * Can the others understand what we want if we do not speak clearly?
 - * Can we make the other person agree with us if we are not convincing?
 - * If some problems arise during negotiation, do we give up or do we try to solve the problem?

2. Identifying required skills

Sum up by specifying the essential skills of successful negotiations and writing them on the board:

- * Listening well
- * Thinking carefully
- * Speaking clearly
- * Convincing others successfully
- * Solving potential problems
- * Accepting compromise based on mutual understanding

Exercise: Oral Communication (20 minutes)

Objectives:

- ◆ Demonstrate the importance of good listening
- ◆ Illustrate how messages can be distorted when transmitted

Steps:

1. Recognizing the distortion of second-hand information

- Choose five participants and leave the room with them, asking them to wait for their turn to enter the room again.
- Enter the room with one of them.
- Remind participants of the importance of good listening and tell them clearly the following story:

Umm Khaled

Did you hear what happened between Abu Khaled and his wife Umm Khaled? Two days before the end of the month, Abu Khaled left the amount of 265,000 L.L. with his wife to pay the rent of the apartment to the owner Abu Ibrahim at the beginning of the month.

After he left for his work, a neighbor came and asked Umm Khaled for a loan of 25,000 L.L. because her daughter was suffering from a sudden illness. Umm Khaled gave her the money, then her son Khaled asked for 15,000 L.L. to attend a party with his friends. She gave it to him, then her daughter asked for 10,000 L.L. to buy a book from the book fair, and she gave it to her.

In the evening, Abu Khaled returned and his wife told him what she had done. He said to her, "This is impossible. You acted without thinking and without the slightest consideration for my situation." He left the house angrily.

- After finishing the story, ask another participant to enter the room and listen to the same story, told by the first participant in front of all the others.
- Repeat the exercise again with the remaining three participants.
- Read the story again.
- Ask the participants for their opinion on the way the story was told each time.

2. Determining accuracy in repetition

- Lead a discussion through the following questions:
 - * What was changed in the story?
 - * Did the five participants tell the story accurately?
 - * Where was the distortion?
 - * Did you notice how easy it is to distort events?

- * What does a person rely on when repeating news she has heard?
 - * Can we usually remember information that we don't understand without making mistakes?
 - * Is it possible for meanings to be changed, to be lost, or even to be inverted when repeating a story?
 - * Do the listeners' deductions influence the way they would repeat the story?
 - * Which makes it easier for a person to remember information accurately: seeing the event or hearing about it?
 - * Does asking questions facilitate understanding the meaning and allow accurate transmission?
- Ask the participants to deduce the main ideas that were discussed and listen to several answers.

Exercise: Listening Skills (40 minutes)

Objectives:

- ◆ Understand the negative consequences of ignoring others
- ◆ Identify listening skills and practice them
- ◆ Relate these skills to gender roles and negotiating skills

Steps:

1. Understanding listening skills

- Ask the participants to form pairs and to speak at each other at the same time without listening.
- Ask them to stop. Then, in each pair, one will speak to her listening neighbor, who will repeat what she said. Then they will exchange roles.
- After five minutes, make all participants sit in a semicircle and ask these questions:
 - * What do you think of the exchange between the two?
 - * What is the importance of listening to the other?
 - * What characterizes a good listener?
 - * What is the importance of listening when negotiating with others?
- Suggest to the group "There are four major skills necessary to negotiate." List the following skills by priority:
 - * Speaking clearly
 - * Thinking carefully
 - * Listening well
 - * Preparing a convincing argument
- Ask participants to rearrange the skills by priority on the board

- Write the answers down on the board and place them in the following order:
- This is the correct order:
 - * Listening well
 - * Thinking carefully
 - * Preparing a convincing argument
 - * Speaking clearly

2. Identifying listening skills

- Present the following comments as an introduction to the exercise:
 - * Listening should not be a passive undertaking; it requires certain skills to encourage others to express themselves, to be genuinely attentive, and to understand what they are saying.
 - * Those who hesitate to speak are usually afraid of being misunderstood. They need us to listen to them carefully, especially those who are non-literate, and to encourage them to express themselves clearly.
 - * Someone who feels that others are not listening will find it difficult to express herself openly when asked to do so.
 - * In order to overcome these difficulties, one should master the skills of good listening.
- Distribute to the participants Annex 5.1 “Good and Bad Listening Skills”.
- Ask a different participant to read each paragraph of handout on good and bad listening habits.
- After that, lead a discussion on these habits and help clarify key points.

Exercise: Dealing with Conflict (40 minutes)

Objective:

- ◆ Understand that conflict between people is always possible and unavoidable since it stems from interaction and relationships; interaction and conflict are better than no interaction or hostility since using the right technique in interacting may help to reach efficient conflict resolution before hostility and violent disputes develop

Steps:

1. Learning conflict resolution

- Ask the participants to remember a specific conflict they faced and how it was resolved.
- Ask them to form pairs, with each participant telling her partner her experience in an atmosphere of reciprocal listening and attention.
- Have them sit in a semicircle and ask them these questions:
 - * How are personal conflicts usually resolved (through violence, dialogue, or consultation with the family council or a social institution)?
 - * How are political conflicts usually resolved (through force and violent dispute or by addressing public opinion through democratic means)?
 - * How are conflicts on delineating frontiers between two countries usually resolved (through force or wars or by going to the International Tribunal for arbitration)?

2. Identifying positions and interests

- Clarify that conflicts usually occur as a result of conflict in positions and interests.
- Ask them for the meaning of positions and interests.
- Listen to several answers.
- Correct answers in line with the following:
 - * *Positions* are declared opinions on an issue or a problem that we are committed to defend, even if it requires material or emotional sacrifices.
 - * *Interests* are emotional or material concerns that drive us to attend to certain matters. These interests justify to us taking certain positions.

3. Solving problems

- Ask the participants to determine their positions and interests, provided they are not at the expense of others' positions and interests and do not cause any form of challenge.
- Remind them of the importance of differentiating between individuals and problems:
 - * Conflicts may cause problems between individuals. We have to deal with problems as obstacles that can spoil good relationships. This requires trying to solve them through exploring their reasons without confusing problems with

individuals. Problems are temporary and may be solved once the reasons that caused them do not exist any more, but individuals will still remain and relationships between them will be ongoing and based on reciprocal interests of living together.

- * Individuals should not be held responsible for any problems or issues related to their families, their sects, or their countries, and therefore they should not be judged according to their nationalities or to their family or sect.
- Ask the participants to think of suitable ways of solving conflicts before they turn into violent disputes.
- Clarify that it is important to give constructive ideas and make suggestions and not criticize others. (Note that the objective is to receive as many useful ideas as possible and not to reach the perfect idea.)
- Write down the suggested solutions on the board.
- Evaluate these solutions and disregard ones that are based on personal interests or that are at the expense of others.
- Review the remaining solutions and evaluate the extent to which they coincide with the participants' interests.
- Mention the interests that are not included in the suggested solutions.
- Ask them what is required to implement the most realistic solution.
- Review with them the results of such a positive way of thinking.

Role Playing: What Should I Do? (30 minutes)

Objective:

- ◆ Practice productive behavior when facing difficult situations to improve self-confidence

Steps:

1. Finding a productive attitude

- Explain to the participants that we are often faced with situations in which we do not know how to act. In these situations, we have three options:
 - * Not do anything.
 - * Become angry and aggressive.
 - * Control ourselves, explain our position clearly, and try to solve the situation.
- Discuss these options through the following questions:
 - * Of these attitudes, which are considered negative? Why?
 - * Which are considered emotional and reckless, and what could be the consequences?
 - * Which ones are based on self-confidence and are considered wise and firm? Why?
 - * What does a firm attitude mean, and what are its possible consequences?
 - * Which attitude do you prefer?

- * Are the means that women use to defend their rights similar in all societies?
- * What are the means that women in our society use to defend themselves?

2. *Choosing the best behavior*

- Using the situations described below, ask the participants to imagine what they would say in a similar situation.
- Ask them:
 - * To choose what they believe to be the best behavior in each situation.
 - * To explain the reason for their choice.
 - * To imagine the possible consequences and to present them.
- Read the following five situations:
 - * *Situation one:* Your friend borrowed your biggest cooking pot a week ago. You learned that your relatives are coming to visit you and you need the pot to prepare food for them. You go to see your friend. What do you say to her?
 - ◇ My relatives are coming over for dinner on Friday.
 - ◇ It is impolite to borrow things and not return them to their owner.
 - ◇ I will need the pot on Friday, so please return it on Thursday.
 - * *Situation two:* You went to vaccinate your baby at the health center. You waited a long time for your turn. When you returned home, your husband was angry because you did not prepare lunch. What do you say to him?
 - ◇ I am sorry; I will prepare it right now.
 - ◇ I cannot do everything. You never appreciate my responsibilities.
 - ◇ There was a crowd at the health center. If you help me, we will prepare it quickly.
 - * *Situation three:* You went with three members of the association to open an account at the bank. You waited for an hour to meet the responsible employee, but he did not pay attention to you. When you pointed that out to him, he replied that you have to wait. What do you say to him?
 - ◇ Okay.
 - ◇ You are not making the other customers wait for you, so why are you treating us like that?
 - ◇ We have waited long enough and we have other things to attend to. Is there any reason for the delay?
 - * *Situation four:* You were buying goods at a store. You gave the cashier 20,000 pounds, and he did not return anything to you even though the account was

10,000 pounds. Although you explained that to him, he insisted that you gave him 10,000 pounds. What do you say to him?

- ◇ You are a thief, and I will never shop here again.
- ◇ It is possible that I am wrong. I am not sure that I gave you 20,000 pounds.
- ◇ Please check it again or tell me where can I find the manager?

* *Situation five:* You want to join a women's association in your neighborhood, and your husband objects. What do you say to him?

- ◇ The decision is yours.
- ◇ You are always like that. You never allow me to join any activity.
- ◇ Joining the association will be useful to me and to the family. It requires my presence at the meetings only one morning per week. I will learn useful things, and you always encourage me to learn new things.

Session Summary (5 minutes)

- ◆ Ask them:
 - What are the points we discussed today?
 - What are the new ideas that we can use in dealing with others?
- ◆ Listen to various answers, then correct the answers with the following summary of points:
 - Good listening skills prevent distortion of statements.
 - Good listening skills enable better expression.
 - Conflicts can be resolved through communication.
 - Self-control and self-confidence are important when dealing with others.
 - Being flexible in negotiation allows reasonable compromises.
- ◆ Ask a volunteer to prepare the daily report to be presented at the beginning of the next session.
- ◆ Ask all participants to complete the appropriate participant evaluation forms (Appendix B).
- ◆ Complete the appropriate facilitator evaluation forms (Appendix B).

Annex 5.1: Good and Bad Listening Skills

◆ Bad listening skills:

- *Interrupted listening*—the listener stops listening for a while then resumes again.
- *Red flag listening*—the listener stops listening when hearing a specific word which makes him or her lose concentration.
- *Open ears, closed mind listening*—the listener decides that he or she knows what will be said.
- *Open eyes listening*—the listener pretends he or she is listening, but he or she is thinking of something else.
- *“This is beyond me” listening*—the listener stops listening because he or she is unable to understand.
- *“Keeping status quo” listening*—the listener stops listening to words which challenge his or her opinions and beliefs.

◆ Good listening skills:

- Giving attention to the person who wants to present his or her idea.
- Understanding his or her situation.
- Empathizing with him or her.
- Identifying the problem.
- Defining causes of the problem.
- Helping him or her link the problem to its causes.
- Encouraging him or her to persevere in finding solutions to the problem.
- Learning the skill of keeping silent when needed.

◆ What to avoid when listening:

- Arguing
- Interrupting
- Prejudging hastily
- Giving advice not required by the other person
- Reaching conclusions hastily without taking the time to understand factors and causes
- Addressing emotions and ignoring facts

Session 6

Social Networks and Social Support

Prior to beginning the session, complete the following:

- _____ Prepare room
- _____ Provide refreshments
- _____ Cue the video as appropriate before presenting to participants
- _____ Check that all electronic equipment is operational
- _____ Provide flipchart, paper, felt pens in meeting room
- _____ Read the session contents
- _____ Highlight the main points for each exercise
- _____ Bring clock or watch

Session 6: Social Networks and Social Support

Session Introduction (5 minutes)

- ◆ The designated participant should present the daily report, summarizing the previous session.
- ◆ Ask a volunteer to read today's theme on the board.
- ◆ Underline today's theme on the list of themes.

Exercise: What Is Social Support? (30 minutes)

Objective:

- ◆ Determine the role of social support in helping women participate in decisions and family and community activities

Steps:

1. Understanding social support

- Remind the participants of the saying "There is a woman behind each great man."
- Ask them:
 - * What does this saying mean?
 - * Why isn't it "There is a great woman beside each great man"?
 - * Do you know any great women whom you admire? Who are they?
 - * Why do you admire them?
 - * How did each of them become famous?
 - * Do you believe that their success was due to their personal efforts, or to the encouragement and support of the people around them?
- Remind the participants of the film shown in the first session:
 - * What did we learn from the experience of the film's heroine(s)?
 - * Who gave her support and encouragement?
 - * Whom did she consult?
 - * Did this help her succeed?
- Listen to the participants' responses and add the following ideas if they are not said:
 - * Self-confidence.
 - * Devotion to work and wanting to participate and produce.
 - * Persevering and overcoming obstacles.
 - * Desire for personal growth.
 - * Benefiting from social support.

- Prepare on the board a list of characteristics of support and sources for it that is shown in the film.
- Write the answers to the following questions:
 - * What are the characteristics that helped the film heroine perform her new role?
 - * What are the characteristics that each woman should have?
 - * What are the sources of the social support that the film heroine received?
 - * Are there any other sources of support?
- Explain that sources of support are variable—some are internal (parents and family) and others are external (school, institutions, social centers, individuals, etc.).

2. *Examining women's presence and participation*

- Deduce the main points through the following questions:
 - * *Can any individual succeed without support or encouragement from people around her?* Encouragement and social support are necessary for the success of the individual. Students receive encouragement from their teacher and support from their parents. Salespeople receive support from their manager and encouragement from their clients.
 - * *What does a woman need in order to be present and participate?* She needs education and knowledge.
 - * *What promotes her self-confidence?* It is promoted by having others consider her point of view, or by achieving a personal goal she has set, or gaining the respect of others through speech or action, etc.
 - * *Does she benefit from ignoring events around her?* No, she has to be perceptive and have an analytical outlook.
 - * *Does society benefit from not having women participating in decision-making?* No, it does not benefit, because her participation (joining clubs and social centers, participating in voting and elections) will enhance the political process at all levels.
 - * *Does society benefit from alienating women?* No, it does not benefit, because alienating them will suspend half of society's capacities.
 - * *Do women's abilities confine them to the home?* Women are able to participate in all social activities and in different fields of work, and their role and contribution should be appreciated.
- Write down the answers on the board.

Exercise: The River of My Life (40 minutes)

Objective:

- ◆ Explore sources of support in the life of each participant

Steps:

1. Examining the stages of life

- Explain that each one of us can tell our autobiography by drawing the stages of our life as a river, starting at the spring (the first years of life with the family), going through different stages, some them calm (passing through a valley), others tumultuous or troubled (waterfalls), and still others influenced by external factors (tributary streams).
- Ask each participant to draw a plan of her life in line with the river concept.
- Remind them to detail the main stages of their lives—the calm ones, the tumultuous ones, and the ones influenced by supporting streams (which restore a calm watercourse) or by impeding streams (which break the watercourse or make it tortuous).
- Give enough time for this exercise, about 15 minutes.
- Collect their drawings.
- Present clear and expressive drawings on the board.
- Ask some participants to explain their drawings.
- Solicit their attention to the supporting streams.
- Ask them to clarify their influence on their lives, whether positive or negative.

2. Finding encouragement and advice

- Deduce the main points through the following questions:
 - * *Is any one of us not influenced by the people around us?* Every girl is affected by the influence of people around her, and she carries in her personality the traces of support and encouragement (strong personality, courage, participation in public life) or of negative pressure (isolation and introversion, contentment with a life devoted only to serving the family).
 - * *Should we accept encouragement and advice from anyone?* We have to examine sources of support to discover real intentions and accept advice only from caring people.
 - * *How can we benefit from different sources of information and advice?* Having different sources of information and advice (schools, books, magazines, newspapers, lectures, and informative programs) helps us consider broader options when confronted with difficulties.

Exercise: How Does Support Work? (40 minutes)

Objective:

- ◆ Introduce the participants to the importance of group support

Steps:

1. *Seeking valuable/useful advice*

- Ask the participants whether they have consulted anyone during the various stages of their lives:
 - * Did you benefit from the requested advice?
 - * Did some of the advice have a negative influence? How?
- Implement the following exercise:
 - * Divide participants into five groups.
 - * Ask each group to think of a problem that a member of the family might face and discuss the means of solving it.
 - * Ask each group to write a letter to a friend explaining the problem and asking for advice on how to solve it.
 - * Ask the groups to exchange letters, with each group discussing and choosing suitable advice on solving the problem according to the following order:
 - ◇ Analyze causes of the problem.
 - ◇ Consider different solutions.
 - ◇ Select one specific solution.

2. *Participating in deliberations and group support*

- Ask the participants to sit in a semicircle.
- Together review the problems each group addressed and the solutions each selected.
- Lead a discussion concerning the answers and solutions:
 - * Is the advice rational or emotional?
 - * Does the advice seem realistic or idealistic?
 - * What are the potential consequences? Positive or negative?
- Explain the importance of deliberations and group support:
 - * They are valuable for examining the problem from different angles.
 - * They help avoid emotional influences and help adopt rational thinking.
 - * They help in selecting realistic solutions or advice.
- Ask them how they have benefited from this exercise.

- Listen to several answers, then explain these factors:
 - * It is important to exchange ideas concerning family care and social participation.
 - * It is important to seek and accept moral support (advice and encouragement) and material support (loans or solidarity) from people who care for our interest (which means that the wealthy help the needy, the strong support the weak, and the wise help the limited reach safety—all without anything in return).

Exercise: How Do Social Networks Operate? (30 minutes)

Objective:

- ◆ Introduce the role of social networks in development

Steps:

1. Determining the sources of support

- Divide the participants into five groups.
- Ask each group to choose a request that is of interest to the local community (people of the same building, neighborhood, or village) and whose implementation requires the support of different sources.
- Ask each group to think of supporting sources and to specify them. The support needed is in the following areas:
 - * Information
 - * Material support
 - * Technical support
 - * Advice
- Ask them to sit in a semicircle.
- Collect the answers and write them down on the board according to the following order:

Information	Technical support	Material support	Advice

- Lead a discussion using the following questions:
 - * *Where do we get information concerning public life?* Possible sources include clubs, social centers, departments of social affairs, religious centers, and specialized institutions.

- * *Where do we find what we need to develop our community?* This could be the municipality, the province, or the concerned ministries.
- * *What are the active groups in our community?* These could include associations, the scouts, the civil defense group, the health committee, the building committee, the neighborhood committee, the environment committee, and the social center.
- * *How does acquiring information influence decision-making?* Through meetings with concerned authorities or the processing of paperwork according to regulations, acquiring information facilitates problem solving, thus saving time, effort, and money.
- * *If you have to make a decision that influences others, with whom would you discuss the options?* The legal part would be discussed with the lawyer, and the financial part with appropriate experts. The options would be discussed with the people involved.
- * *How do you make decisions in your group?* Group decisions are made through discussions, listening to different opinions, considering the potential consequence of every option, and selecting the most realistic one and gaining consensus on it or adopting the opinion of the majority through voting.
- * *Whom would you consult from outside the group?* Outside the group, neighborhood authorities, the lawyer, the municipality, some experts, and the concerned ministry should be consulted.
- * *How would you designate the people to be responsible for the group?* They would be chosen according to their skills, their sense of responsibility, and their integrity. If more than one candidate applies for the same post, they would be elected through secret voting.

2. Understanding the role of social networks

- Ask the participants to name the social networks they belong to.
- Ask the members to cite the benefits of joining each association, center, or social institution.
- How did joining influence their personalities? (Joining the association, the center, the club, or any committee gives a sense of responsibility, self-esteem, and belonging to society. It also promotes education and self-confidence.)
- Together review the role which social networks play in serving individuals and society:
 - * Disseminating ideas and promoting awareness.
 - * Equipping members with the capability to analyze situations, to have a clearer vision, and to develop a work plan.
 - * Training the individual to participate and to undertake specific tasks.
 - * Gaining the support of others.
 - * Discussing the cost benefits derived from the activities we are involved in.
 - * Helping members overcome obstacles.
 - * Adopting group positions concerning long-term objectives.
 - * Discussing issues that are of interest to the community and finding ways of dealing with them.

Session Summary (5 minutes)

- ◆ Ask participants to summarize the main points of the session.
- ◆ Remind them of the main points discussed in today's session:
 - The characteristics important to enabling a woman to participate actively.
 - The role of social support in women's empowerment.
 - Sources of support in the life of each participant.
 - The importance of deliberations and group support.
 - The role of social networks in development.
- ◆ Ask a participant to prepare the daily report to be presented at the beginning of the next session.
- ◆ Ask all participants to complete the appropriate participant evaluation forms (Attachment B).
- ◆ Complete the appropriate facilitator evaluation forms (Appendix B).

Session 7
Participation in Public Life

Prior to beginning the session, complete the following:

- _____ Prepare room
- _____ Provide refreshments
- _____ Cue the video as appropriate before presenting to participants
- _____ Check that all electronic equipment is operational
- _____ Provide flipchart, paper, felt pens in meeting room
- _____ Read the session contents
- _____ Highlight the main points for each exercise
- _____ Bring clock or watch

Session 7: Participation in Public Life

Session Introduction (5 minutes)

- ◆ The designated participant should present the daily report, summarizing the previous session.
- ◆ Ask a participant to read today's theme on the board.
- ◆ Underline today's theme on the list of themes.

Exercise: Do You Express Yourself? (30 minutes)

Objective:

- ◆ Encourage women to express their opinions freely

Steps:

1. Participating in public life

Lead a discussion using the following questions:

- * During meetings of relatives, friends, or neighbors, do you participate in conversations and discussions?
- * What type of conversation usually takes place?
- * Are the discussions concerned with general issues? Like what?
- * Are opinions exchanged openly?
- * What prevents you from expressing your opinion?
- * What does a woman need to express her opinion and to participate in discussions?
- * Do you participate in municipal or parliamentary elections?
- * Do you vote according to your wish or according to someone else's wish?
- * On what basis do you choose your candidate?
- * What influences your opinion (your family, your community, your government)?
- * Is it true that men's opinions are more heard and implemented in the family, in the community, and in government than women's opinions? How do you feel about this?
- * Do you agree that politics should be confined to men? Why?
- * Do you know women who participate in public life? Who are they?
- * What allows them to participate at that level?
- * What do women need to participate more efficiently in political life and decision-making?

2. Appreciating participation and freedom of choice

- Ask them what they deduce from this discussion.
- Listen to several answers.
- Sum up their answers, which could include:

- * When people meet, they discuss public issues openly.
- * Women's participation in discussing public issues is still limited.
- * The family influences women's choice of political candidates.
- * Women have as equal a right to participate in politics as men.
- * Women need more awareness, involvement, and participation in public life.
- * A woman has the right to form her own opinion, to express it, and to choose freely without any pressure or influence.

Exercise: What Does Participation In Public Life Require? (50 minutes)

Objective:

- ◆ Clarify participation of women along with men in managing community concerns without intimidation

Steps:

1. Interacting with men

- Ask the participants to enumerate the activities they perform outside the home (work, education, shopping, social obligations, voluntary activities, etc.).
- Listen to several answers.
- Lead a discussion using the following questions:
 - * Do men treat you with respect when you interact with them outside the home? Why?
 - * Did any of them try to approach you or touch you in an indecent manner? When did that happen and where?
 - * What was your reaction?
 - * What do you think of men who mistreat you? And how do you feel about them?
 - * Did that make you refrain from interacting with them?
 - * Do you feel uncomfortable or afraid of them? Or do you feel confident and in control?

2. Analyzing interaction incidents

- Ask them to relate incidents that occurred while interacting with men in public places.
- Ask if they know any women who were faced with embarrassing situations and were able to handle men's harassment and impose respect?
- Listen to several incidents and to the participants' comments.

3. Developing skills

- Explain that personal objectives can only be attained if women acquire the following skills:
 - * Information-gathering skills

- * Organization and leadership skills
 - * Personal skills (patience, perseverance, ability to use knowledge, ability to set up social relationships, etc.)
- Ask each participant to write down a list of her skills and points of strength.

4. Identifying problem-solving skills

- Ask the group to choose an issue that is of interest to the family or the community and that requires solutions (child vaccination, civic rights, early marriage, girls' education, etc.).
- Ask the group to consider a means for solving the problem. Each participant will write down on a separate paper the skill that enables her to participate in solving the problem.
- Collect the answers and write them on the board.

5. Understanding participation skills

Organize a discussion through the following questions:

- * Were any of the skills mentioned considered useless by you? Which ones and why?
- * Does the problem require any skills that were not included in your answers? What are they?
- * Are these skills found among men?
- * What are the supporting resources that are available to them?
- * Can you acquire these skills and resources? How?
- * How can you gain additional support to solve your problem?
- * Are you convinced that you have the potential qualities and skills that will enable you to play a public role?
- * Can we say that women have a role in public life that they should assume?

Role Playing: Dealing with Authority (60 minutes)

Objective:

- ◆ Develop skills in dealing with authorities

Steps:

1. *Contacting the concerned authorities*

- Ask the participants to form five groups.
- Ask each group to simulate contacting authorities and presenting requests using one of the role-playing scenarios below:
 - * You are a member of an association. You go with other members to meet with the head of the municipality to request support for establishing a nursery in your neighborhood.
 - * You want to open an account at the bank and you don't know the procedures. You are meeting the bank employee and want to ask him or her how to go about it.
 - * Your son or daughter has reached school age and you go to school to enroll him or her. Describe the conversation with the school principal.
 - * Your cousin suffers from pains and asks you to accompany her to the health center. Describe the visit and the conversation.
 - * You heard that a nearby factory needs employees and you go there to apply for the position.
- Ask the participants in each group to distribute roles among themselves and to create the appropriate dialogue for the scenes designated to them.
- Give the participants enough time to rehearse the scenes.
- Ask each group to perform the scenes one after the other.

2. *Dealing with institutions*

- After the role-playing, ask the participants to sit in a semicircle.
- Lead a discussion using the following questions:
 - * Do you see any relation between the role-playing and your life situations?
 - * Which one of these roles did you perform in real life?
 - * Which ones were new to you?
 - * For those who played the authority figure: Was the woman able to convince you with her request?
 - * Do you think that the problems you faced are similar to the ones you face in real life? How?
 - * What are the guidelines to follow when contacting public authorities or private institutions?
 - ◇ Identifying the concerned authorities
 - ◇ Knowing the required documentation
 - ◇ Preparing a clear written request
 - ◇ Recognizing working hours
 - ◇ Respecting your turn among other people waiting for the service
 - ◇ Interacting politely with others

3. *Being prepared for modern life*

Sum up the discussion by clarifying the following points:

- Contacting authorities is not confined to men.
- Women need to contact several concerned authorities: local leaders, government employees, bank employees, school directors, security officials, judges, and lawyers.
- Most of these people are men, which is why women should be daring and self-confident, should express themselves clearly, and should be well prepared for such situations.

Session Summary (5 minutes)

- ◆ Ask the participants to remember today's theme.
- ◆ Ask them what they have learned from this presentation.
- ◆ Listen to several answers.
- ◆ Correct their answers by specifying the main points discussed in the meeting:
 - Expressing opinions is important.
 - Women should participate in public life.
 - Acquiring skills that enable us to have a social role is critical.
 - There are guidelines to follow in dealing with authority.
- ◆ Ask a participant to prepare a report on this session to be presented at the beginning of the next session.
- ◆ Ask all participants to complete the appropriate evaluation forms (Appendix B).
- ◆ Complete the appropriate facilitator evaluation forms (Appendix B).

Session 8

Safeguarding Your Health

Prior to beginning the session, complete the following:

- _____ Prepare room
- _____ Provide refreshments
- _____ Cue the video as appropriate before presenting to participants
- _____ Check that all electronic equipment is operational
- _____ Provide flipchart, paper, felt pens in meeting room
- _____ Read the session contents
- _____ Highlight the main points for each exercise
- _____ Bring clock or watch

Session 8: Safeguarding Your Health

Session Introduction (5 minutes)

- ◆ The designated participant should present the daily report, summarizing the previous session.
- ◆ Ask a volunteer to read today's theme on the board.
- ◆ Underline today's theme on the list of themes.

Exercise: When Do I Visit the Clinic? (15 minutes)

Objective:

- ◆ Become aware of the importance of safeguarding one's own health and the necessity of regular checkups

Steps:

1. Safeguarding one's health

- Start by asking the participants how their health is today.
- Ask them to sincerely answer when they visit their doctor
- Write down the answers successively on the board.
- Lead a discussion using their answers and the following questions:
 - * Which answers reflect reality?
 - * Which answers reflect healthy behavior?
 - * Which is more beneficial to one's health:
 - ◇ Visiting the doctor when you are very ill?
 - ◇ Visiting him for a regular checkup?
 - * In your opinion, why is a regular checkup necessary?

2. Appreciating the importance of regular checkups and consultations

- Listen to several answers and try to reach the following conclusions:
 - * Each woman must have a regular checkup for the following:
 - ◇ Cervical cancer
 - ◇ Breast cancer
 - * It is imperative to consult a doctor in these cases:
 - ◇ Continuous bleeding
 - ◇ Continuous headache

- ◇ Stomach pain
- ◇ Sensation of burning when urinating
- ◇ Vaginal discharge

- Discuss with them the consequences of these symptoms and the importance of early detection and prevention.
- Assist them in memorizing the reasons for seeking a regular checkup and consultation by asking several participants to cite the conditions that warrant consultation.

Case Study: Why is Women’s Health Important? (45 minutes)

Objective:

- ◆ Understand the importance of women’s health care and its influence on the individual, couple and the family

Steps:

1. Understanding the consequences of neglecting health

- Start by saying that everyone is exposed to health problems.
- Read to them “The Case of Wadad.”

The Case of Wadad

Wadad is 27 and has been married for 10 years. Her husband is 35 and is employed in a private company. They live in a three-room apartment where water and electricity are available. She has three children—she was pregnant five times and had two miscarriages. She is very popular in her neighborhood because she is helpful, friendly, and soft-spoken.

Wadad never visits the doctor because she feels well. However, she suffers from a vaginal discharge that has an unpleasant smell, and she does not want to see the doctor because she is shy. Her mother encouraged her to use the IUD. She visited the doctor, and he inserted it without performing any tests.

Afterwards she started bleeding. Her mother encouraged her to visit the doctor, but she was afraid that her husband would not find her at home, and she worried about leaving her children. She thought her husband would probably say, “How can you leave me? Who is going to feed the children and attend to my needs? I will marry again! You are useless.” Her mother assured her that she would take care of the children.

At the hospital the doctor examined her, removed the IUD, and gave her a shot to stop the bleeding. He asked her to remain at the hospital for some tests. He found out that Wadad had been suffering from acute vaginal infections and that the IUD had caused congestion in the uterus, resulting in the heavy bleeding.

The doctor ordered Wadad to use a different contraceptive device and told her that if the bleeding did not stop he would have to operate.

- * What is Wadad's problem?
 - * How do you describe her relationship with her husband?
 - * How can her attitude toward her own health be changed? How can her husband's attitude be changed?
 - * What do you think of the husband's words: "How can you leave me? Who is going to feed the children and attend to my needs? I will marry again! You are useless!"
- Ask them to consider the consequences of the woman's illness on her family and her community:
 - * How does her illness influence her obligations toward her family?
 - * How does her illness influence her social relationships?
 - Ask them if they know any woman who lost her life as a result of neglecting her health?
 - Lead a discussion using the following questions:
 - * Do you know any woman who experienced the same situation?
 - * What are the reasons preventing a woman from taking care of her health (personal concerns, ignorance, objective factors, familial concerns, financial concerns)?

2. Raising health care awareness among women

- Discuss with them means of improving health care in line with the following ideas:
 - * Encouraging responsibility toward oneself and toward the family and the community.
 - * Disseminating health education messages to other women through the following:
 - ◇ Individual interaction
 - ◇ Clubs, associations, and centers
 - ◇ Debates and presentations by doctors
 - ◇ The media
 - * Consolidating existing health centers.
 - * Establishing new health centers.

Exercise: Women's Health Requirements(40 minutes)

Objective:

- ◆ Promote women's awareness of their health care needs

Steps:

1. *Understanding health care needs through life*

- Ask participants to form five groups.
- Ask each group to discuss one of the following questions:
 - * What are the health care needs before marriage?
 - * What are the needs during pregnancy?
 - * What are the needs upon delivery?
 - * What are the needs over the age of 50?
 - * How can a woman safeguard her health?

2. *Discussing health care needs*

- Give them time for discussions within the groups.
- Ask each group to designate someone among them to present a summary of the discussion.
- Ask them to sit in a semicircle.
- Write under the appropriate heading each group's points on the board:

Women's Health Care Needs	
◆	Before marriage: <ul style="list-style-type: none">• Balanced nutrition• Vaccinations• Growth monitoring• Moderate exercise• Getting general health information• Knowing reproductive systems and its functions• Knowing consequences of early marriages and pregnancies• Knowing consequences of consanguineous marriages and importance of premarital exams• Knowing one's rights
◆	
◆	During pregnancy: <ul style="list-style-type: none">• Avoiding violent and strenuous efforts• Cessation of smoking• Balanced nutrition• Monitoring of health• Visiting the doctor regularly• Vaccination for tetanus• Avoid taking any medicines without a doctor's consent

- Social support from husband and family
- ◆ During and after pregnancy:
 - Husband support at delivery
 - Delivery under medical supervision in a clean and safe location
 - Rest after delivery
 - Health monitoring after delivery
 - Breast feeding (which is good for the mother's and the baby's health)
 - Spacing of pregnancies (at least two years apart)
 - Avoiding too early, too late, too close, and too many pregnancies
 - Checkups for cervical and breast cancer
 - Moderate exercise
 - Good and balanced nutrition to restore what was lost in pregnancy, delivery and breastfeeding.
- ◆ After the age of 50:
 - Knowledge of physiological changes taking place during this age
 - Regular calcium intake to prevent osteoporosis
 - Hormones to treat the effects of menopause and to decrease heart disease
 - Regular checkups for breast and cervical cancer
 - Regular exercise

Case Study: Family Planning (40 minutes)

Objectives:

- ◆ Discuss women's right to make decisions concerning family planning and marital duties
- ◆ Learn negotiation skills concerning family planning
- ◆ Identify the sources to be consulted for health care

Steps:

1. Agreeing on family planning

- Start by asking what family planning means
- Listen to several answers.
- Sum up by saying that family planning means forming a happy family where both partners agree on health care, timing of pregnancies, number of children, roles, and distribution of tasks.

2. Examining the case of Huda and Nabeel

- Present to them the case of the couple Huda and Nabeel:

Huda and Nabeel

Huda and Nabeel have been married for three years. Nabeel is employed at the municipality, and his salary is limited. Huda is an elementary school teacher. They have a one-year-old girl, who is cared for by Huda's mother when Huda is teaching.

Huda believes that she should wait another two years to have another baby. By this time their financial situation will have improved and they will be able to send their daughter to kindergarten.

However, Nabeel wants to have another baby as soon as possible. Huda wants to use a contraceptive device since she has stopped breastfeeding and it is not convenient to postpone it anymore.

Nabeel does not know anything about family planning, and he is not at all convinced on the idea.

- Ask two volunteers to play the parts of Huda and Nabeel when they negotiate the use of a contraceptive device. Remind them to avoid conflicts and to discuss things calmly.
- Repeat the experience with two different participants.
- Notice and point out different persuasion methods.
- Lead a discussion on what they saw and heard.
- Ask them to support Huda's point of view with more convincing arguments.

3. *Understanding rights and obligations*

- Ask the following questions and listen to several answers:
 - * What are Huda's rights in this case? Her obligations?
 - * What are Nabeel's rights in this case? What are his obligations?
 - * How does Huda initiate this discussion? Why?
 - * What are the points on which she should base her argument in order to convince her husband to postpone the pregnancy?
 - * Does Nabeel have the right to monopolize decision-making concerning family planning?
 - * Who should be making decisions concerning this issue?
 - * How does a couple decide on the number of children to have?
 - * Does anyone other than the couple become involved in decision-making concerning this issue?
 - * Should the couple listen to other people's advice?
 - * Whose advice should they consider?
- Correct the answers in line with the following points:

- * Huda and Nabeel have equal rights and obligations.
- * The husband should consider his wife's health as she is the one who bears the health consequences of pregnancy, delivery, and breastfeeding.
- * Huda should give her opinion concerning her health and their financial situation.
- * Neither one of them has the right to monopolize decision-making.
- * Decisions will be made through discussion and agreement.
- * Both can listen to other people's advice but do not have to adopt any of it.
- * Doctors' advice should be heeded and implemented.

Session Summary (5 minutes)

- ◆ Ask the participants to remember the points discussed today.
- ◆ Listen to what they learned from the discussions.
- ◆ Wish the participants good luck in implementing what they learned during the eight sessions and ask them to contribute toward raising awareness levels among women by sharing what they have learned with their friends, relatives, and neighbors.
- ◆ Ask all participants to complete the appropriate evaluation forms (Appendix B).
- ◆ Complete the appropriate facilitator evaluation forms (Appendix B).

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Hayati Ahla



Arab Women Speak Out™ Manual



Communication Partnership for Family Health
Johns Hopkins University Bloomberg School of Public Health



Implemented in cooperation with:



Forward

The Arab Women Speak Out™ self-empowerment program has been successfully implemented for ten years, and has benefitted over one million people in ten Arab countries. Based on the present needs in Jordan related to fertility, reproductive health, family planning and behavioral patterns, the Communication Partnership for Family Health Program of the Johns Hopkins University / Bloomberg School of Public Health / Center for Communication Programs – Jordan – has developed the content of the training sessions of the Arab Women Speak Out™ manual to cover the needs of local community members throughout their life stages. The objective is to reach the targeted communities through national and local communication networks currently active within these communities with the purpose of enabling community members to analyze their social and health situations and help them make decisions that are appropriate for them, for their families and their communities and to make use of the health services available.

Impact assessment studies during the past years have illustrated the changes this program has catalyzed in the daily lives of women who took part in it compared to women who did not. The International Society of Private Sector Media Workers has bestowed the “Gold Quill” Award of Excellence to this project out of 1,347 projects based on its scientific methodology, its innovative approach used in preparing and implementing this program and the scientific approach in assessing its impact.

We would like to seize this opportunity to thank Ms. Asma Fashho (in charge of the social networks and IT) and Mr. Ahmed Nawfal (in charge of social mobilization) in the Communication Partnership for Family Health Program for their efforts in following up and developing the new Material in this guide. We would also like to thank the Dr. Adil Bilbisi, Director of the Primary Health Care Department of the Ministry of Health; Dr. Wiham Al-Jabbour, Director of the Healthy Villages project of the Ministry of Health, the Honorable Ms. Rabiha al-Dabbas, Governor of the Local Community Development Unit of the Ministry of Interior, Mr. Amir a—Jaafreh, Assistant Governor of the Local Community Development Unit, Ms. Samah al-Thammour from the Directorate of Local Development at the Interior Ministry, Ms. Salma al-Jaouni, Director of the Jordanian Program for Breast Cancer, Ms. Lina Qardan, Health Communication Consultant at the CPFH and Ms. Zahiya Annab, Communication Consultant at the Program for their valued revision of this guide.

We would also like to thank USAID for supporting the production of this manual within their Health program, we hope that this manual will contribute to the attainment of health-competent Jordan. Our goal is that all members of the Jordanian communities will benefit from this training and that they will share with other members of their communities the knowledge and the skills that they gain from this training for the benefit and prosperity of all members of our one united family.

May God grant it success!

Bushra Jabre

Arab Women Speak Out™ Project Director

Senior Communication Advisor

**Johns Hopkins University / Bloomberg School of Public
Health/Center for Communication Programs**

2009

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Introduction

The Arab Women Speak Out™ training program aims to help members of the local community adopt behavioral patterns that can keep them safe and improve the quality of their lives and those of their families. This manual focuses on many issues that are of interest to the individual, the family and the local community in terms of health, economics, social aspects and the changing social roles of the Jordanian society. It also covers the acquisition of community development skills by individuals, community organizations and different establishments working in the community itself for the purpose of attaining health efficacy and social wellbeing.

This training includes a group of subjects, exercises and human experiences represented by study cases that participants can relate to. They form a framework that allows participants to discuss their needs and to help them by illustrating the importance of making decisions relating to themselves and to their families – such as family planning, which is a main component of forming a happy small family, and taking care of their health and that of their families.

These interventions are part of the national campaign “Hayati Ahla” [*My life is more beautiful*] which aims to encourage the young and those considering marriage as well as married couples with one or two children to form a small, happy family to attain social wellbeing. This requires them to adopt family planning behaviors, such as the concept of a small, happy family, birth spacing of three years at least, in addition to gender equity.

“Hayati Ahla” is a comprehensive campaign that includes radio and TV messages, educational brochures, posters and outdoor boards, participation of health providers from centers of the Ministry of Health with local communities as well as initiatives targeting specific population segments – such as those engaged and about to get married and newlyweds with a single child – like: the “Mabrouk” and the “Mabrouk, you are a mother and a father” initiatives that are being implemented in cooperation with the Department of Civic Affairs and Passports; and the electronic initiative “5,10,15... Hayati Ahla” which addresses the young to make them aware of the importance of planning for their future and for a small, happy family. To spread the messages of this campaign among the age groups of the single young and the newly married as well as married couples with a child or two, collaborative action was achieved with several sectors (governmental, private and public).

Aims of the Training

The training aims to:

1. Extend the knowledge of local community members of the traditions and customs that control the roles and responsibilities of men and women within the given community and which frequently hinder spousal dialogue and the process of decision making that affect them and their families.
2. Realization by members of the community of the effects of some of the negative customs and traditions relating to gender on family life in general and on women in particular and the need to discard them and adopt new, positive customs and traditions that help members of the family participate in responsibilities and rights so that families and the society may attain social prosperity.
3. Encourage members of the community – especially the single youth, those planning to marry and those newly married with a child or two – to specify their future targets and to make the necessary decisions to plan for their future and that of their families and the necessity of being committed to those decisions.
4. Increase the knowledge of members of the community of the importance of making joint decisions by couples regarding the distribution and management of available family resources.
5. Encourage members of the community to take specific steps to guarantee the prosperity and well being of their families by having a small family and making the decision to space pregnancies by 3 years at least.
6. Encourage members of the local community – especially women – to make better use for themselves and their families of family planning, reproductive health and child care services provided by the mother and child centers throughout the Kingdom.
7. Encourage members of the local community to acquire healthy behaviors and life styles to build a healthy community.

Steps a social activist should take to improve the community's health

I. Knowing Your Community

- Determines your community's health needs and resources
- Determine health problem priorities and underlying causes with members of the community. And discover solutions
- Get to know community leaders
- Define health activities carried out in your community.
- Identify and become acquainted with people implementing health activities in the community.
- Seek necessary information and their various sources within the community.

II. Establishing a relationship with the health service centers in the community

- Meet health service providers.
- Find out more about the health services provided in the community.
- Discuss problems and health priorities in the community with health service providers and determine what can be done to improve the situation.

III. Establishing new relationships with community leaders

- Explain the aims of the interventions and health activities that you will undertake to community leaders.
- Seek their support for these health activities and explain the benefits that their community will get from them.

IV. Promoting the importance of collective work

- Determine the health priorities that you will work on with individuals, families, organizations and establishments in your community.
- Plan for health activities with others (Decide: what, how, who, where and when)
- Provide your community members with the necessary skills to create awareness of the importance of enhancing the community's health at the individual and the collective levels.

V. Forming effective community working teams and helping them build themselves through:

- Strengthening the sense of belonging to the community.
- Optimal use of available resources.
- Making decisions, overcoming obstacles and building resources that guarantee the continuity of health enhancing activities in the community.

VI. Helping to build new and positive social and health norms in the community

- Help your community build new and positive health norms such as: a small, happy family; pregnancy spacing of at least 3 years to guarantee the health of the mother and child; no smoking in closed spaces; smoking is not related to manliness or modernity; physical exercise and good nutrition guarantee health; community participation in health promotion is beneficial to the community; collective work is a key to solving the community's health problems.

VII. Promoting proper healthy behaviors

- Optimal use of health information and services.
- Adopting healthy behaviors, maintaining ideal body weight and continual physical exercise; stopping smoking or not starting to smoke.

VIII. Promoting the gender roles (Effective roles of men and women in maintaining family and community health)

- Gaining community's support and promoting effective role for women to secure and improve the health and living situation within her family and community.
- Reduce discrimination and provide equal opportunities for both sexes in education, health and social activities in the community.
- Promote male responsibility in child rearing and taking care of his own health as well as that of his wife and family
- Stimulate members of the community to solve their problems and improve their standard of living through collective work.

Community participation methodology to empower members through health and social education

The group community discussions that the social activist will run with different community groups aim at encouraging them to discuss their daily life issues and to determine what can be done to improve the quality of life as well as enticing them to practice healthy behaviors and family planning, such as pregnancy spacing for 3 years at least and forming a small family. Even when community members have the proper and accurate knowledge about any issue; it is not sufficient to transform that knowledge to effective behavior (such as family planning and abstaining from smoking). For example, a mother may know that she should wash her hands before preparing food, but she doesn't do it – because nobody has told her of the reason behind that behavior. So, she may know what she should do, but she is not sufficiently aware of its importance to change her behavior.

Consequently, the individual or the community that is aware of a health problem has moved beyond the phase of knowledge and has reached the stage of understanding the problem and realizing the importance of doing something about it. Such an individual or a community will then be able to say: “***I know. I understand. I am excited. I will do something***”. To get individuals or communities to the stage of doing something, we need to promote health messages that include a call to do something specific that is totally related to the availability of both the information and the service necessary to enhance and/or change the behavior we want to enhance or change.

There is a need to pay more attention to motivating factors to overcome expected obstacles that may delay the adoption of the specific behavior. This can be done by using interactive methodologies through group discussions that help individuals express their knowledge, attitudes and interests in the desired behavior in addition to identifying the probable problems and obstacles that may limit the adoption of the desired behavior and to find suitable solutions to achieve the collective effort.

In addition to that, community group discussions are important in gaining support. They provide the necessary opportunity to discover attitudes, practices and beliefs of the members of the community towards a certain behavior. So, the social activist should work to gain the support of individuals, families, networks, establishments and organizations in the community in order to change the social norms relating to behaviors that harm or negatively affect the community and urge all to take individual and collective actions to secure the health of the family and the community.

Community health awareness activities

The object of these activities is to:

1. Increase awareness and activate discussion about family health issues and behavioral patterns.
2. Encourage women to adopt their own healthy behaviors and healthy patterns during the reproductive age, such as family planning and spacing pregnancies with a minimum of 3 years.
3. Spread the health messages relating to healthy behaviors to be adopted.
4. Gain the support and participation of men with women (through men's participation in the program activities)
5. Gain community's support to discuss and find solutions for the health and environmental problems.
6. Promote gender equity at the family and community levels.

What does gaining local community support achieve?

1. Getting community members together to discuss the health problems that affect their lives.
2. Increasing the efficacy of the community in making health-related decisions.
3. Building community skills to discuss basic health issues
4. Mobilize additional resources for services and development activities in the local community.
5. Reducing the obstacles to achieve the desired positive change.
6. Promoting healthy behaviors in the community.
7. Increasing the quality of available health services.

Facilitation skills

Community discussion groups are one of the methodologies that require the active participation of community members in the process of learning, which is a continuous process that depends on mutual learning between the social activist and the participants. Through this methodology, participants will discover their reality that is based on their experiences and acquire the ability to discuss suitable solutions to their problems.

The participatory methodology of working with communities is the most effective method, as it supports the process of discovery and learning. A good social activist encourages individuals and communities to express their experiences, values and attitudes and helps them analyze the different behaviors that they practice, to evaluate their effects and study alternative solutions and choose useful ones.

Characteristics of a good social activist

A social activist should strive to guarantee the acceptance and respect of community members for each other's opinions, no matter how different they were. He/she also has to accept those views and opinions and encourage members to express their thoughts, beliefs and needs without fear or hesitation and facilitate the process of learning by community members without ignoring them or their views or requirements. Some of the most important characteristics of a good social activist during community focus group discussions are:

1. To be there on time.
 2. Address participants by their names.
 3. Have a circular seating arrangement (if possible) to be able to see participants equally.
 4. To talk slowly and clearly.
 5. To maintain good communication with participants through eye contact.
 6. To listen attentively.
 7. To encourage all participants to take part in the discussion and not to leave out shy participants outside the discussion.
 8. To be knowledgeable about non-verbal communication (body language).
 9. To respect the views of every participant.
 10. To maintain the time schedule of sessions.
 11. To create interaction within the group through discussion and debate. Facilitation is an interactive process and not one of teaching.
- ❖ Remember that there are some sensitive issues that may require segregation of male and female participants or old and young so that they can discuss things more interactively; things like reproductive health and family planning.

To whom is this training guide directed?

This training manual addresses social activists who work with local community members such as social workers, health service providers and members of civic societies.

The activist uses this training guide with groups of community members who are similar in life stages, educational background and social status. It is recommended that each group be composed of 20 participants to guarantee interaction. It is up to the social activist to adapt material to suit the situation and needs of the different groups.

Targeted group

The training targets all community members in general. Participants can be grouped according to the life stage and gender as follows: Those about to get married (singles / engaged).

1. Newly married with no children.
2. Newly married with one child.
3. Newly married with two children.
4. Married couples whose family size is complete.

This manual has been developed for people with limited opportunities and low social and economic status in villages and cities. The exercises have been developed to guarantee the interaction of the participants through case studies and discussions based on analyzing situations and possible alternatives to deduce the best solutions.

Training Period

The training period does not exceed 15 hours. The social activist should use a training schedule that is suitable to the circumstances and interests of each group. This guide provides the activist with the opportunity to design a training program suitable to the age group of the participants and their different health needs.

Training may take one of the following forms:

- An average of 5 hours for 3 days.
- An average of two to two and half hours for 6 days.

Training Themes

The manual includes main training sessions whose themes are linked according to the health topics that relate to the participants and their families at all the life stages they go through. They start with planning for the future and making decisions, to marriage, birth of the first child and to forming a small family. There are also sessions that reflect the importance of adopting healthy behaviors to secure the family's health in general and the woman's health in particular. This is in addition to other social issues that focus on spousal communication and the roles and responsibilities of each of men and the women in their communities.

Monitoring and Evaluation

This is one of the most important steps that should be done to determine the degree of effectiveness of this training on the beneficiaries in local communities and their health, family and social lives. Forms and referral cards to health centers private sector doctors or clinics of the Jordanian Association for Family Planning and Protection are included in this manual. It should be mentioned that each social activist can use special forms of the organization he/she belongs to. To facilitate the process of impact evaluation and follow up, at the end of this manual you will find a special section the forms needed for these two processes. Impact evaluation will be carried out through the selection of community members who have taken part in the program and following them up to determine the extent of the effect of the program interventions on them and the extent of the change in their behaviors and decisions that took place. In this manual, you will also find directions to follow up the selected participants and how to write successful and effective studies. The best case study will be turned into a visual/ filmed model of learning and self development that includes both the selected participant and the social activist, to reflect the importance of community participation and community development and the effect of such programs on the behaviors of individuals within communities. These samples will be shown as success stories to participants in the program and in the electronic gateway www.sehetna.com.

Level Indicators: (Used to measure processes and activities implemented by the program)

- The number of community leaders trained to implement the AWSO program.
- The number of social activists implementing the program in each governorate
- The number of discussion groups held in every community.
- The number of participants taking part in all discussion groups at the local level
- The number of local organizations taking part in the program.
- The number of local community leaders who support the idea of empowering the local community and the role of women.
- Percentage of women who discuss family planning with their husbands
- Percentage of couples that discuss contraceptive methods.

Impact indicators: (Used in communities a year after the program is implemented to measure its impact)

- The percentage of women who discuss with their husbands family planning.
- The number of women/husbands who use reproductive health and family planning services and counseling available in the mother and child centers.
- The percentage of couples who discuss modern contraceptive methods
- .

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- The number of newly married couples who use modern methods of family planning after the birth of the first child.
- The ideal number of children for women/husbands who attend the community discussion groups.
- The number of women who have performed breast self-test.
- The percentage of women receiving postpartum care.
- The percentage of primary health care service users and periodic checkups for children.

Session I: The Roles of Arab Women and the Demands of the New Life

Themes/Issues of the Session

- Gender and social roles
- Traditions and social norms
- Participation of the couple in managing their family resources



Session objectives: at the end of the session participants will be able to:

- Identify present roles of women compared to traditional roles.
- Identify the effect of customs and traditions on men and women participation in community development.
- Acquire skills by the couple for managing their family resources.

Session Duration: 2 hours

I. Introduction (30 minutes)

Step 1: Welcome participants. Inform them that they will take part in these discussion groups; there are 6 of these sessions with each session averaging 2 to 3 hours each. Consult with participants about the suitable times and venues to convene these sessions. Write the timetable on a large sheet of paper and hang it on the wall. Tell the participants that today the topic: “Roles of Arab women and the demands of modern life ” will be discussed.

Step 2: Start with asking the participants about the roles women play in our daily lives and to compare them with the roles our mothers and grandmothers played.

For that purpose, you can make use of the following questions:

- What duties did our grandmother have in her daily life?
- What duties did our mother have in her daily life?
- What duties do women have in our society now?

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Session I: Role of Arab Women and the demands of the new life

Discuss the main points with participants and compare among the three time periods .Divide the flip chart into four columns (subjects, grandmothers, mothers and women now). In each column, write down the main features of each time period for the suggested topic as follows:

Topic	Grandmothers	Mothers	Women Now
Example: Marriage age	Very early	Young; 16 and over	Relatively older; legally, 18
Desired no. of children			
Education			
Work outside home			
Social life (visits, friends, cinema, social duties...)			
Relationship with children			
Relationship with husband			
Self reliance for income			
Movement in community			
Using modern methods of family planning			
Years of spacing pregnancies			
Natural breastfeeding			

Write down the differences and comparisons participants mention inside the boxes. Make sure that all participants take part and express their views. Summarize the exercise by emphasizing that women’s roles today are different from those of our mothers and grandmothers and that there are many factors that have influenced that.

Prepare for the second topic of the session, Gender, by saying that in spite of the differences in roles between the different generations, there is a common factor, which is that some roles are constant and cannot be changed. In addition, society’s view of women has not changed. The question here is: why?

II. Gender (30 minutes)

Step 1: To determine the differences between the sexes, the subject is tackled through asking the following questions in sequence and listening to participants' responses to them:

- What is the first announcement the midwife makes at birth?
- How did she determine the baby's sex?
- Does puberty come with changes? At what level?
- Is the fertility and breeding the responsibility of one of the sexes?
- What features determine the sexual identity for each of the male and female?
- Are these features constant or changing for the man and woman?
- What are the tasks that are imposed by woman's role?
- Do you know of wives who work in the field, as employees, teachers or in sales?
- Do you know of women who do other jobs besides those mentioned? What are they?
- In this case, does the woman have only one role or a dual role? Where and how?
- What makes them capable of carrying out this dual role?
- Did they inherit or acquire those roles through the family or socially?
- Weren't those roles limited to men in the past?
- Do women have the same roles in all societies?
- In which societies do women have distinguished and leading roles?
- Compare between Saudi Arabic (where women cannot vote or be nominated for office) and France (8 ministers in one of the governments); what do you think the reason is?

Step 2: Groups work (determining social roles). Write the sex and social role table on the flip chart and ask participants to take part in the following exercise:

- We will now try to mention examples of man and woman roles and to determine which is due to their sex and which is due to society.
- Ask participants to sit in groups and discuss the topic and to show the results later.
Example:

Sex	Social Roles
Giving birth	Child raising
Providing family income	Natural breastfeeding

- Record the results on the flip chart

-
- Show the table relating to sex characteristics and social roles based on the exercise results:

Sex and social role list (Biological and social roles)

Sex / Biological role	Social roles
Natural	Cultural
Male/female	Man/woman
Primary/secondary sex characteristics	Social features/cultural/situation/image/status/age
Organs/functions	Roles/relationships
Constant/universal	Change in place and time
Individuals	Family/clan/group/environment/establishments/community

Make the following conclusion in the light of the exercise:

- Social roles change according to societies, cultures and historical phases.
- Elements that determine social roles are many: sex, level of education, economic conditions, personal qualifications, societal evolution and environment and cultural development and timing.
- Social role is acquired and changes with time and place.
- Sex is pre-determined and a specific feature with constant characteristics that do not change.

III. Social Traditions and Customs (30 minutes)

Step 1: Distribute to participants the following study case:

Layla was born in 1970. She studied at and graduated from the training institute and works as a teacher. She married Ahmed who worked at an agricultural center in his village and gave birth to 4 daughters in 8 years of marriage. After that, she decided to stop having children because of the large size of the family and because she was exhausted, working in and out of the home. This infuriated her parents-in-law who asked Ahmed to take another wife to give him a son.

Layla thinks that the problem with her in-laws is not just because of giving birth to daughters but is due to her in-laws' rejection, especially her mother-in-law, of her work as a teacher working outside home.

In her mother-in-law's view, Layla is not a good housewife; she does not do her duties well: she does not raise chickens and goats nor visits her parents-in-law daily and helps them with their social events and feasts.

Her mother-in-law decided that, because Layla worked and was away from home, Layla should give all of her monthly salary to her husband, Ahmed, and that she should have no say in the financial management of her family's expenditures or the family savings. Her husband tolerates her absence and her work outside the home . Layla had to abide and did not spend any money on herself or her daughters. She doesn't even know where her salary goes and cannot buy anything for herself or her daughters.

Read the study case to participants and ask them to think about it to answer the questions that will follow. You can read the questions to participants before reading the study case; it may help them pay attention to the main points. The questions are:

- What is the problem facing Layla?
- Why did this problem happen?
- What are the parents-in-law's beliefs regarding the man's and the woman's roles?
- What do you think of these beliefs? (discuss each of these beliefs from the positive and negative aspects; determine the useful beliefs and the ones that cause the woman harm and pain)

Returning to the beliefs that cause harm or pain...

- Is it possible to change these beliefs? How?
- How can such situations be changed or avoided?

- ❖ **Note:** Make sure to discuss the following beliefs:
 - The different values implanted about boys and girls
 - The social view of a good housewife and the impact of her work on that.
 - Sharing of the woman with her husband in the running of the family's financial affairs.
 - Sharing of the couple in determining their living affairs.

Step 2: After participants discuss Layla's case, start discussing their own life experiences and invite them to discuss the practices and beliefs in their own community. Start with asking them:

- What traditions and practices have changed or are changing in your community? Why do you think they have changed or are changing?

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- What are the positive and persisting traditions/practices in your community?
 - What are the forms of these practices? Is there any danger of their disappearance from your community? What can you do to prevent that or to strengthen such traditions/practices in your community?

Step 3: After discussing the changes in traditions, ask participants the following question:

What painful practices or traditions in your society that you would like to change? Ask participants to prepare a list of the traditions that affect men from their point of view and those that affect women. Ask each group to show what they conclude. Write all that they mention on the flipchart using the following table:

Practices/traditions that affect men	Practices/traditions that affect women

Participants should discuss these traditions/practices and the possibility of changing them. To moderate the discussion, you can use the following questions:

- Why are there such practices in our community? Who benefited from them in the past? Are there others who were harmed by them?
- Do you think there is a reason for these practices to persist in your community? If the answer is yes, why?
- Is it possible to handle these practices in a useful way to avoid their harmful effects?

IV. Sharing the Management of Available Family Resources by the Couple (30 minutes)

Step 1: Through brainstorming, ask participants to define what a resource is (something that can be used) and to mention the resources they have at home. Write their answers on the board.

The list may include:

- Food
- Water

- Energy
- Time
- Money
- Arable land
- Animal breeding
- Wife's skills
- Education

Step 2: Divide participants into groups and ask them to discuss how resources in their families are shared. Show what the groups have found out. To facilitate the discussion in the small groups, ask the following questions:

- How are these resources distributed? Who decides? Why?
- Do you think the woman and the man can make decisions together regarding all types of family resources? If the answer is no, what are the things the woman can decide? The man? Why?
- Do you think the woman and the man can make decisions together regarding their own family resources? How can that be done?
- If the man and woman had different ideas about how to distribute family resources, how can they reach a mutual solution?
- What are the advantages of making joint decisions between the couple in managing family resources?

Step 3: Regroup all participants into a single group and ask the whole group to give the results of the discussion. Encourage all of them to give their views through asking the following questions:

- Who had a role in making decisions about family resources? The woman? The man? How?
- How can couples share this responsibility?
- What is the benefit to the family from sharing this responsibility by the couple?

Step 4: Read the following study case to participants and ask them to focus in order to answer the questions that follow. You can read some of the questions before reading the study case to help participants pay attention to the main points of the case. The questions are:

- How do couples start working together?
- Why did they start sharing decision-making?
- What were the difficulties facing each of them?

- What benefits did they get from managing their family resources together?
- Was the issue worth all that trouble?
- What are the strategies that one could learn from them?
- Are there couples like this one in your communities?
- What can be learned from this couple?

Hazim is 35. He is married to Nadia, who is 29. They are a wonderful couple. Although neither of them completed secondary or college education, they built a family and established a project that is suitable for both of them. They plan and run the project as husband and wife. They started their project by selling consumables from a small shop. They later expanded and started selling dairy products and high quality cheeses produced by local women. Hazim then decided to take a loan from the Housing and Investment Bank to expand the project and build a small dairy and cheese factory to sell the products to other vendors. Nadia ran the factory with her husband and shared with the manual work with him to reduce the daily costs and repay the loan in a short period of time.

In order to be able to run their project, they decided to have two children only to have sufficient time to look after them and to raise them properly while still running the project and increasing the family's income. Their conviction was that they should form a small family together to achieve a good living standard.

- ❖ **Session Summary:** Summarize the main points discussed during this session and ask one of the participants to prepare a summary of what was discussed during this session to outline it at the beginning of the next session.

Session II: Planning for the Future

Themes/Issues of the Session

- The wish and the objective
- Specifying objectives for different life stages
- Negotiation skills
- Decision Making and facing social pressures.



Session Objectives: at the end of the session participants will be able to:

- Distinguish between a wish and an objective
- Setting objectives for different life stages of their own lives
- Acquire decision-making skills.
- Learn how to face social pressures.

Session Duration: 2 hours

I. Introduction (30 minutes)

Step 1: Summary of the previous session

- Ask one of the participants to summarize what was discussed in the previous session.
- Show a list of the themes that you wrote down during the previous session and put a line under the theme of this session.

Step 2: Introducing the session topic

Prepare the ground for the topics of this session by asking participants: **Does any of you have a goal that they aspire to achieve? Do you have a plan to realize this goal? How? Explain this plan to us.**

After listening to the participants, conclude the following:

Each of us has an goal that he or she would like to realize in his/her life. Defining this goal clearly helps us realize it through taking the appropriate decisions a and using the available capabilities and resources. This is the topic of this session and what we will discuss today.

II. Target and Wish (20 minutes)

Ask participants what the word goal means to them and what the difference is between it and the word 'wish'. Write down what participants mention on the flipchart and then deduce with them the following:

A goal is what we aspire to (educational level, job, social role, financial status, political role, etc.). Achieving the goal would improve our personal situation and social status, provided we have the desire and the willingness to work towards achieving it. A 'wish' is an expression of a desire or something that we want without the intention to do something about it.

Give an example about yourself as follows:

The goal that I aim to achieve is to get a PhD in social sciences within 5 years.

First: It coincides with my wish to become an effective and respectable member of my community.

Second: It helps me secure a professorial job at the university.

Third: It will provide me with an income that enables me to live decently.

Fourth: Because I am convinced that I can help in raising the standards of my community.

This goal is very important and essential for my personal future. My work towards it requires me to work and study at the same time, which forces me to postpone my marriage until I get the PhD.

Explain to participants that for our goal to be clear, we need to answer three important questions:

- What (do we want to achieve)? goal definition.
- How (can we do it)? strategy and effort.
- When (do we want to achieve it)? Time.

Remind participants that the goals we have can be short term (achieved within a short period of time) or long term (achieved in the long term and need a longer time period).

III. Determination of Life objectives during the Different Life Stages (30 minutes)

Step 1: Target clarity

-
- What are your plans to realize goals for the coming phase? Who will help you realize them?
 - Is it possible that you will face obstacles in realizing them? What kind of obstacles? How will you overcome them?

Conclude by saying that dreams can become reality (realizable goals) if we do the following:

- Specify the goal that we are seeking.
- Specify the time in which we will realize it.
- Specify the benefits of realizing it.
- Specify the obstacles that we may face in trying to realize it.
- Specify how we can overcome those obstacles.
- Specify the requirements of realizing this goal and the decisions we have to make.
- Specify the options and decisions that may help us and stimulate us to realize it.
- Being firm in making the decision to realize this goal.

IV. Negotiating Skills (30 minutes)

Step 1: Introduce this section by saying:

Living together requires the couple to have dialogue, negotiate and compromise on a daily basis regarding various issues. Acquiring negotiating skills help us in avoiding differences and in solving problems without tension. For our dealings to be proper and useful, we have to improve our ability to negotiate and solve problems flexibly.

Step 2: Ask participants the following question: **What are negotiation skills?**

- No pre-judgments
- Self-confidence
- Knowledge of the issue
- Flexibility
- Patience and persistence
- Clear goal
- Good listening
- Careful deliberation and reflection on the issue
- Clear speech
- Convincing
- Solving real and probable problems
- Accepting compromise based on mutual understanding

Step 3: Start the following exercise with participants:

“Skills of Good Listening”

This exercise aims at understanding the negative results from ignoring others, to acquire good listening skills and to link these skills to social roles and negotiations.

Ask the participants to form groups of pairs and to talk at the same time without listening, then stop them from talking and ask each pair to talk to a listening partner, to repeat what he had heard and then change roles. Five minutes later, ask participants to sit in larger groups as before and ask them:

- What do you think of talking in pairs?
- What is the benefit of listening to others talking to you ?
- What is the benefit of listening when negotiating with somebody?

Step 4: Ask participants to rearrange the basic negotiating skills: Clear talking, careful thinking, good listening and preparation of a good case.

Listen to their answers and then arrange those skills on the board as follows:

1. Good listening
2. Presenting a good case
3. Clear talking
4. Careful thinking

V. Decision Making and Facing Social Pressure (45 minutes)

Step 1: Read the following study case to participants: **“Sajida and Ali”**

Sajida and Ali are newlyweds; they have married 4 months ago. They had agreed to postpone having their first child for a year in order to be able to improve their work and financial situation, being both employees and had marriage loans they had to pay back. Parents and relatives always asked them a question that sometimes embarrassed them: “Is there a pregnancy? What are you waiting for?” This thing infuriated Ali’s mother who always insisted that her son give her a grandchild. This situation went on for two more months when Ali came and told Sajida that he has changed his mind about having a baby after his mother talked to him. He wanted it now, not in a year’s time. Sajida had to agree because she loved her husband and did not want to annoy him by rejecting the request although she felt that she was not ready to be pregnant at the time with the household’s unstable financial situation..

Ask and discuss the following issues with participants:

- What do you think of this case?
- Were Sajida and Ali right about postponing pregnancy? Did they face pressures that influenced that decision? What kind of pressures?

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- Did Ali's mother have a role in the decision to have a child? Why do you think that was?
 - Who will bear the consequences of the decision Ali made and Sajida agreed to?
 - Will Ali's mother's interference stop there, or will it go on?
 - Do newly married couples in your community face such pressures? Do they stand up to them? How?
 - How can social pressures affect our personal decisions? How can we face such pressures (if they were negative) to make the right decision?

Step 2: Ask one of the participants to mention a situation where he/she faced such social pressure that made him/her make a decision he/she was not convinced with and how this decision affected his/her life (in consequences)? Then ask another participant to mention another situation where he/she was subjected to social pressure but he/she faced that pressure and made an independent decision. Ask the participant how he/she faced those pressures and the effects of his rejection of those pressures on the consequences of the decision.

Discuss separately each of the above cases with the participants. Conclude by saying that individuals may be subjected to many situations where they need to make certain decisions, but various social pressures affect them and cause them to change the decision and bear its consequences.

Decision-making depends on:

- The goal one wants to realize.
- Available resources.
- Knowing the individual capabilities.
- Commitment and seriousness.
- Available options.
- Benefits sought from the decision.
- Knowing the risk factors associated with the decision.

❖ **Session Summary:** Summarize the main points discussed during this session and ask one of the participants to prepare a summary of what was discussed during this session to outline it at the beginning of the next session.

Session III: Participation of Man and Woman in Planning their Family and Securing its Health



Themes/Issues of the Session

- Early marriage.
- Sharing the decision to have a small family.
- Islamic position on family planning
- Modern methods in family planning.

Session Aims: at the end of the session participants will be able to:

- Determine the right age for marriage.
- Find out the benefits of spacing pregnancies 3 years at least.
- Acquire dialogue skills between couples regarding family planning and making the decision to use modern methods of family planning.
- Know the position of Islam regarding family planning and spacing.
- Know the modern methods of family planning that suit the situation and circumstances of the couple and the features that make them preferable to traditional methods.

Session Duration: 2 hours

I. Introduction (5 minutes)

Step 1: Summary of the previous session

- Ask one of the participants to summarize what was discussed in the previous session.
- Show a list of the session topics that you wrote down during the previous session. Underline the topic of the present session and mention the most important issues that will be discussed in it.

❖ To cover all topics in this session, 3 hours are needed, but you can choose the topics that interest participants according to the need of your community.

II. Early Marriage (45 minutes)

Step 1: Introduce the subject of early marriage by asking participants: At what age did you get married? Write down on the board all the ages mentioned then circle the youngest and the eldest. Ask participants: why did you marry at this age and how did you get married? Discuss with participants the views about the ideal age for marriage and how the circumstances and age will impact the marriage

Step 2: (Study case)

Read the following study case to participants:

Hanaa is a beautiful 15-year-old girl She suddenly found herself married to a man tens of years older than her. During the wedding night, she suffered bleeding and severe pains. She suppressed that from everybody including her husband and her mother; she had been raised not to discuss such things. She didn't have any information needed by any girl about to marry.

Hanaa's suffering persisted with her first pregnancy, which ended in abortion and caused her much exhaustion and several infections. She cried silently like she did the first time she had her menstrual period. She didn't know what was happening to her body.

There was another pregnancy and Hanaa suffered a lot until she gave birth to Lubna, the little, weak baby. The baby was barely 3 months old when the husband started saying that he wanted a son. Hanaa got pregnant again and suffered a lot. She had the baby Sadiq who had difficulty breathing and jaundice. As days passed, Hanaa got weaker and thinner; she could no longer take care of her family. Tension and pain in the family increased. The husband started threatening to divorce her and marry someone else who could take care of him.

Facilitate the discussion around the following points:

- **What is the cause of Hanaa's problems?** (Not being physically and psychologically prepared for family life; lack of information about reproduction and maternal health; early marriage and pregnancy; negligence by the husband of his wife's health; lack of dialogue between Hanaa and her husband).
- **What is the effect of Hanaa's health situation on her psychological state and on her family?** (Pressures of giving birth to the first child; pressures to have a baby boy; negligence in looking after her husband and family; fear of her husband abandoning her; the illness of her child).
- **What prevented Hanaa from discussing her marriage with her parents?** (Her young age; inability to oppose her parents)
- **Do you know of cases like Hanaa's?**

- **What prevents mothers from talking to their daughters about physiological things and changes that take place during puberty?** (Shyness; fear; limited skills; lack of dialogue with children; the shame culture).
- **What can be done to limit early marriage?** (Giving more value to girls' education and work; making parents aware of the consequences of early marriage on the physical and psychological health of the girl; increasing/respecting the legal age of marriage age...)

Step 3: Facilitate a discussion about the minimum suitable age for marriage for both the young man and girl.

Conclude that the minimum suitable age for the female is 18 years and that for the male is 22 years. This is to allow time for physical and mental maturity for each of them so that they can build a strong family. Also, the social relationship between the couple depends to a large extent on the mental maturity of each of them, which lays the ground for marital life and the future relationship between them.

Ask the participants about the dangers of pregnancy at an early age (less than 18) and write down the answers on the board. Make sure to mention the following points:

- Pregnancy poisoning
- Difficulty in delivery due to incomplete growth of the pelvic bones
- Anemia
- Abortion
- Death of the fetus inside the womb
- Birth of under-weight babies
- Distortion of the pelvic bones and bone softness
- Maternal Mortality
- Infant mortality during the first year after birth.

Ask participants about the disadvantages of early marriage for the girl/wife and conclude the following:

- Limits the possibility of education for the girl.
- Limits the ability of the woman to support herself and her family in the future.
- Negatively affects the quality of her life and her status in the family and society.
- Leads to many health risks for the mother and child.
- Negatively affects raising and caring for children.

III. Sharing the Decision to Make a Small Family (55 minutes)

Step 1: Ask participants: **When should the couple decide the size of the family they would like to have?** Conclude by saying that the best time is during engagement, provided that it is a mutual decision.

Ask participants: **How can an engaged couple plan to form a small, happy family before marriage?** Try to reach the following points with them:

- Learning and acquiring communication skills before marriage.
- Discussing the image of the family they want (number of children; years of spacing pregnancies; child education; type of dwelling; style of life; level of monthly income, etc.)
- Studying the available options and choosing those that best fit their aspirations (Proper timing of pregnancy; suitable home; husband's and wife's work)

Ask participants the following questions:

- In your opinion what is the ideal number of children in a family is? What is the spacing period between pregnancies?
- How did you decide that figure?
- Who should decide? (Husband, wife, parents, friends)
- How is the decision taken?
- How can health service providers help? To get what?
- In your view, what is a good spacing period between pregnancies?
- Why should pregnancies be spaced 3 years at least?
- What do you think is the position of Islam regarding family planning and pregnancy spacing?

Step 2: Present the following study case (Huda and Nabil) to participants:

Huda and Nabil have been married for two years and have a one-year-old baby daughter. Nabil is a civil servant with limited income. Huda is a primary school teacher who takes her baby every day to her mother to look after her while she works at school. She thinks that she should wait at least 3 years before having another baby so that their financial situation could improve and they could afford sending their daughter to kindergarten.

However, Nabil wants a boy as soon as possible. Huda uses a short-term modern method of family planning and does not want to stop using it. Nabil knows nothing about family planning methods and he is not convinced of the idea of family planning in the first place. As a matter of fact, he is opposed to it on the pretext that religion forbids it. So, he asked her to stop using it and have another baby.

- Ask for volunteers to play the roles of Huda and Nabil during the discussion of the concept of family planning and 3 year pregnancy spacing (on condition that quite dialogue is used and not tension and conflict).

- Repeat the experiment with different participants.
- Note the different styles used for convincing others and point them out clearly.

Step 3: facilitate a discussion among participants starting from what they have heard or seen when the Huda and Nabil case was outlined and go back to the questions raised before the study case and discuss them with participants. Ask them to support Huda's point of view with more proofs and arguments then summarize the discussion by saying:

- Each of Huda and Nabil has equal rights and responsibilities.
- The husband should be concerned about his wife's health and psychological situation because it is she who will bear the burden of pregnancy, birth, breastfeeding and caring for their baby who will be 3 when Huda becomes pregnant.
- Huda has the right to discuss with her husband what she sees suitable for their health and financial situation.
- No partner has the right to take family decisions alone; it should be done through debate and consensus.
- Partners can listen to advice from other people who care for them and they have the right not to take that advice.
- Doctor's advice has priority in terms of attention and implementation.
- The husband has a right to know the details of using various family planning methods. The wife should make that information available to him.
- It is important to know where modern family planning methods are available.

Ask participants what, in their views, are the benefits of spacing pregnancies by 3 years at least. Divide the board to 3 columns and write down in column 1 the benefits for the child; in column 2, benefits for the mother; and in the last column, benefits for the family.

Write down everything the participants mention into the appropriate columns as follows:

Child Benefits	Mother Benefits	Family Benefits
<ul style="list-style-type: none"> - Reduction of infant mortality rate and under-weight babies. - Reduction of incidence of infectious diseases and malnutrition in children. - Reduction of rates of malformation 	<ul style="list-style-type: none"> - Reducing health risks that may result from close, repetitive pregnancies, especially for very young or very old mothers. - Maintaining mother's health: through spacing, the mother can keep her physical 	<ul style="list-style-type: none"> - Improving the quality of life and welfare for members of the family. - Providing a suitable psychological environment for the children to grow in a balanced social, psychological and health environment. - Reducing the physical and mental stress parents have in caring for their children. - Increasing the intimacy between the couple that comes with more

<p>and mental retardation.</p> <ul style="list-style-type: none"> - More attention and care by the parents during early years; the basis of character forming. 	<p>and mental health.</p> <ul style="list-style-type: none"> - Reducing the risk of unsafe abortion that people may resort to in order to terminate undesirable pregnancies. 	<p>time and less effort.</p> <ul style="list-style-type: none"> - Reduce the economic burden on the family, which gives the chance to provide good nutrition, health care, education and entertainment. - Giving parents the time to enjoy watching their child grow and develop and to give it sufficient time and care.
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IV. Islam’s Position on Family Planning (15 minutes)

Step 1: Ask participants about Islam’s position on family planning and pregnancy spacing. Go back to the study case “Huda and Nabil” and ask participants whether Nabil knows the position of Islam about family planning or his attitude is based on lack of knowledge of that.

Write down on the board all that is mentioned. Always go back in supporting your argument to the Holy Verse:

Ash-Shura 42:49 (**Muhammad Asad-The Message of The Quran**) God’s alone is the dominion over the heavens and the earth. He creates whatever He wills: He bestows the gift of female offspring on whomever He wills, and the gift of male offspring on whomever He wills;

And the Holy Verse:

Al-Ahqaf 46:15 [Shakir-The Noble Quran] and the bearing of him and the weaning of him was thirty months

Discuss with participants the extent of their understanding of these two verses. What do they indicate? What does Islam think about the sex of the baby and its effect on spacing? Concentrate on religion’s support for spacing pregnancies through:

- **Pregnancy period:** Holy Quran states that the period of pregnancy and nurturing the child is 30 months – which is almost 3 years.
- **Suckling period:** The Holy Quran stated that the period of natural breastfeeding can reach 2 years.
- **Baby’s sex:** the Holy Verse calls for justice and fairness between male and female babies and to space pregnancies regardless of the previous baby’s sex. The verses show that the baby is a gift from God Almighty, regardless of its sex.

Focus on the fact that Islam encourages spacing for the following reasons:

- Its contribution to family welfare and to guarantee peace and tranquility for both of the married couple.
- To achieve social justice through equality between male and female.
- To raise children, spend money on them and teach them regardless of sex.
- The health benefits to both mother and child.

V. Modern Methods of Family Planning (60 minutes)

Step 1: Divide participants into two groups: those who currently use modern methods of family planning (Tell those who use natural, traditional methods that these methods will be discussed after discussing modern methods) and those who have used one of those methods but stopped. Ask a husband/wife from each group the following:

Group 1: (Those who use modern methods of family planning)

- How many children do you have?
- What is the family planning method that you use?
- Did you discuss it with your husband/wife and chose that method together?
- When did you start using that method?
- How did you get that method?
- Were there any side effects as a result of using that method?
- Do you find the method effective and suitable for you and your spouse?

Group 2: (Those who don't use or have stopped using modern methods of family planning)

- How many children do you have?
- Have you used any modern method of family planning before?
- What method did you use last?
- Why did you stop using it?
- Do you want more children?
- How can you guarantee no pregnancy during this period?

Step 2: List the modern family planning methods used by participants and explain the various types of modern methods available in Mother and Child Health centers that suit each age groups according to the following table:

Method	Description	Use	Features	Defects / Side effects
Progestin only contraceptive pills containing	<ul style="list-style-type: none"> • Short term modern method • Pills that contain a small amount of one type of hormone – 	<ul style="list-style-type: none"> • Taken orally, 6 weeks after giving birth, provided that the woman takes it regularly at the same time daily 	<ul style="list-style-type: none"> • Does not affect quality or quantity of milk. So, it is suitable for a breastfeeding mother. 	<ul style="list-style-type: none"> • Natural to cause changes in the menstrual period like drops of blood outside the period if used by women who

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	<p>progestin</p> <ul style="list-style-type: none"> Prevents pregnancy by stopping ovulation 	<p>for maximum protection. A woman who is not breastfeeding can take it any time during the first 4 weeks and does not need to wait for the period to return after birth.</p> <ul style="list-style-type: none"> If the menstrual period returns, the pills can be taken during the first 5 days, preferably on the first day. 	<ul style="list-style-type: none"> Fertility (ability to become pregnant) returns after stoppage. Highly efficient if used properly. Does not affect intercourse. Does not cause the abortion of a present pregnancy. 	<p>are not breastfeeding.</p> <ul style="list-style-type: none"> Does not give protection from sexually transmitted diseases, such as AIDS.
<p>Low dosage oral contraceptive pills</p>	<ul style="list-style-type: none"> Modern short term method of family planning Pills with a very low dose of hormones like those in the woman's body (Estrogen and Progestin) Prevents pregnancy by stopping ovulation 	<ul style="list-style-type: none"> A pill is taken orally daily and regularly and at a specified time to provide maximum protection for almost all women. If the menstrual period returns, the pills can be taken during the first 7 days, preferably on the first day. 	<ul style="list-style-type: none"> Fertility (ability to become pregnant) returns after stoppage. Effective if used daily and regularly. Helps reduce the risk of some diseases like ovary cancer, uterus wall cancer and anemia (due to iron deficiency) and other diseases. Also reduces menstrual period pains and irregularity. Can be used by a woman at any age, whether she has given birth or not. Does not affect sexual 	<ul style="list-style-type: none"> Not suitable for breastfeeding women during the first 6 months after birth because it reduces milk production. Other women can use it from 2 weeks after birth. Causes some side effects in some women especially during the first few months of use such as stomach disturbances, a few drops of bleeding outside the menstrual period, weight change, some headache or other non-serious

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			<p>intercourse.</p> <ul style="list-style-type: none"> Does not cause the abortion of a present pregnancy. 	<p>symptoms.</p> <ul style="list-style-type: none"> Does not give protection from sexually transmitted diseases, such as AIDS.
<p>Depo-Provera contraceptive injection</p>	<ul style="list-style-type: none"> Injections that contain the hormone Progestin and are given once every three months. Prevents pregnancy by stopping ovulation 	<ul style="list-style-type: none"> Taken orally, 6 weeks after giving birth if the woman breastfeeds. A woman who is not breastfeeding can take it any time during the first 4 weeks and does not need to wait for the period to return after birth. If the menstrual period returns, the injection can be used during the first week of its start. 	<ul style="list-style-type: none"> Easy to use; one injection every 3 months. Highly effective if used regularly. Can be used at any age whether the woman has given birth or not. Does not cause the abortion of a present pregnancy. Does not affect quality or quantity of milk. Helps prevent tumors in uterus wall. Does not affect sexual intercourse. Helps reduce risk of anemia and pelvic inflammation. 	<ul style="list-style-type: none"> Probability of changes in menstrual pattern in the form of drops of blood. Period may pause especially after the first year of use. For a small percentage the change may be absence of bleeding (short period or quantity of blood) Does not give protection from sexually transmitted diseases, including AIDS. Pregnancy takes place in a period that may be 4 months to a year after stoppage, which is longer than other methods.
<p>The IUD</p>	<ul style="list-style-type: none"> The IUD is a small body with two hanging thin threads placed by trained family planning health service providers inside the womb. 	<ul style="list-style-type: none"> The copper coil is fitted immediately after birth or within 48 hours or after 4 weeks by trained family planning service providers. If the coil is hormonal, then 	<ul style="list-style-type: none"> Does not affect quantity or quality of milk. Fertility (ability to conceive) returns after use is stopped. Does not affect sexual intercourse. May provide 	<ul style="list-style-type: none"> It is natural for some changes in menstrual period to take place, especially in the quantity or duration of bleeding mainly during the 3-6 months after fitting. Some

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		<p>it is placed 4 weeks after birth.</p> <ul style="list-style-type: none"> • It has to be made sure that the coil is in its right place after every menstrual period through self-examination of the threads. 	<p>some protection from womb wall cancer.</p>	<p>pain may accompany this for a short period.</p> <ul style="list-style-type: none"> • Higher risk of anemia if the woman already has some iron deficiency before using the coil and acute bleeding takes place after its use. • Higher probability of pelvic inflammation if the woman becomes infected with a sexually transmitted disease. However, complications are rare.
Condom	<ul style="list-style-type: none"> • A very thin rubber membrane that is placed on the erect penis. • Prevents sperm from entering the vagina and consequently from reaching the egg to fertilize it. 	<ul style="list-style-type: none"> • Effective if used properly and in every intercourse; a new condom has to be used every time. • Provides protection from sexually transmitted diseases, including AIDS. • Prevents the sperm from entering the vagina. So, the egg does not become fertilized. 	<ul style="list-style-type: none"> • Gives the man the opportunity to participate in family planning. • A simple method that requires little effort to get used to. • Effective if used properly and in every intercourse; a new condom has to be used every time. • Provides protection from sexually transmitted diseases, including AIDS. • Does not affect the woman's fertility or the 	<ul style="list-style-type: none"> • The material used may cause some allergy in some.

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			man's sexual capability.	
Vaginal Methods	<ul style="list-style-type: none"> • Methods that are locally applied in the vagina and have different shapes and forms such as spermicides (effervescent pills, suppositories, gel, creams) vaginal barriers and womb neck cover. • Spermicides prevent pregnancy through killing the sperms; the vaginal barrier and the womb neck cover prevent pregnancy by blocking the sperms from entering the womb. 	<ul style="list-style-type: none"> • Should be placed inside the vagina a short period before every sexual intercourse instead of interrupting intercourse to place them. 	<ul style="list-style-type: none"> • The woman controls all of these methods to use when needed. • Can be more effective if properly used in every intercourse. 	<ul style="list-style-type: none"> • Some women are subject to simple local allergies or infections of the urinary tracts with use.
Single implant under the skin (Implanon)	<ul style="list-style-type: none"> • A small plastic capsule that looks like a matchstick implanted under the skin in the inner side of the upper arm. This capsule contains the hormone Progestin. • Prevents pregnancy through prevention of ovulation and increasing the viscosity of the womb neck excretions making it difficult to penetrate by the 	<ul style="list-style-type: none"> • The capsule can be extracted at any time if the woman desires. • Can be placed 6 weeks after birth for a breastfeeding woman. A woman who is not breastfeeding can have the implant immediately or any time during the first 6 weeks after birth by trained family planning service providers. • If the menstrual period returns, 	<ul style="list-style-type: none"> • Highly effective for a period of up to 3 years. • Fertility (ability to become pregnant) returns after stoppage. • Does not affect quantity or quality of milk. • Helps reduce the risk of anemia (due to iron deficiency). • Can be used by a woman at any age, 	<ul style="list-style-type: none"> • Natural to cause changes in the menstrual period like drops of blood outside the period or for the period to last more than 8 days during the first few months of use. There may be a stop of the period or some headache. • Does not give protection from sexually transmitted diseases, such as AIDS.

	semen.	it can be implanted during the first week of the period's return.	whether she has given birth or not. <ul style="list-style-type: none"> • Does not affect sexual intercourse. • Does not cause the abortion of a present pregnancy. 	
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❖ Note: to know more about modern methods of family planning, you can visit the website: www.sehetna.com

Inform participants that the percentage of couples using modern methods of family planning at present in Jordan is 42% (according to the population and family health census – 2007). This is a good percentage. So, starting to use modern methods of family planning is not something strange. On the contrary, you will find yourselves as couple going through the same experiences and acquiring the same skills of family **planning that other couples have gone through and still do – people who have dealt** with family planning as an essential element to attain social and economic prosperity.

Discuss the reasons of stopping to use any modern method of family planning and ask couples who do not use modern methods and do not want any more children to visit the nearest mother and child center to find out more about these methods and choose one that suits them. Explain that modern methods of family planning suit all women except in some cases that the service provider at the health center can determine so that one method may be more suitable than others for the woman.

Step 3: Remind participants that all the methods mentioned are modern methods of family planning. They are the methods regarded to be highly effective and that provide protection from unplanned pregnancies. Go back to the family planning method list that participants use and start by mentioning traditional methods.

Tell participants that there are other methods besides the modern ones for family planning which some married couples believe to be highly effective and use without realizing that pregnancy may take place in spite of using them.

Traditional Methods of Family Protection	
Traditional method	
Natural breast feeding	One of the most common traditional methods in spite of its limited effectiveness. <ul style="list-style-type: none"> - The baby is breastfed exclusively day and night so that it relies for its nutrition totally on mother's milk, with no other supplements even water. - Menstrual period stops during natural

	<p>breastfeeding.</p> <ul style="list-style-type: none"> - The method is valid only during the first 6 months after birth.
	<ul style="list-style-type: none"> • One of the traditional family planning methods. It is ineffective and requires long arithmetic calculations. • The method depends on abstaining from sexual intercourse during certain days of the month that may be up to 10. To determine these days, the records of the menstrual periods over the past 6 months have to be kept so the woman can determine her fertile period.
Withdrawal	<p>One of the most used traditional methods, but it does not guarantee the prevention of pregnancy because:</p> <ul style="list-style-type: none"> • It is not very effective; the percentage of pregnancy taking place over the year for users of this method is 19%. • Has a negative effect on the marriage relationship. • Does not eliminate the remnants of the semen that have accumulated in the man over a period of less than 24 hours. • Requires a high degree of self control by the man, which may be difficult

❖ **Remember:** Stress the point to participants that natural (traditional) methods of family planning are less effective than modern methods and their failure rate is high compared to modern methods.

❖ **Session Summary:** Summarizes the main points discussed during this session and ask one of the participants to prepare a summary of what was discussed during this session to outline it at the beginning of the next session.

Session IV: Safe Mother and Child

Themes/Issues of the Session

- Pregnancy care.
- Safe delivery.
- Postpartum care.
- Child's nutrition and development during its first 3 years.



Session Objectives: at the end of the session participants will be able to:

- Become familiar with Antenatal and postpartum care services at MCH centers and how to benefit from them.
- Identify the signs of natural labor.
- Know the phases of child development during the first 3 years of its life.

Session Duration: 2 hours

I. Introduction (15 minutes)

Step 1: Summary of the previous session

- Ask one of the participants to summarize what was discussed in the previous session.
- Show a list of the session topics that you wrote down during the previous session. Underline the topic of the present session.

Step 2: Introduce the topics of this session by asking participants: What are the phases that a woman goes through after marriage? How can she deal with these phases in a way that guarantees her safety? How can she guarantee the safety of her children? After listening to the participants, conclude the following: Pregnancy, birth, postpartum and childcare. These phases will be discussed in this session.

II. Pregnancy Care (45 minutes)

Step 1: Case study

Suad – a mother of 5 children – came to the health center when 6 months pregnant. Her weight had increased by 11 kilograms; her hands, legs and face were swollen. She complained from continuous headache and vomiting. She had wanted to come to the center several days ago but her mother-in-law told her to stop acting like a pampered child. Her husband didn't give her the money she needed to go to the center.

Ask and discuss with participants the following issues:

- **What are Suad's health problems?** (pregnancy poisoning; weight increase; back pain; high blood pressure)
- **What are the reasons for these problems?** (malnutrition; delay in going to the health center; lack of understanding by husband; Suad's lack of awareness of the importance of looking after her health during pregnancy)
- **How can such a situation be avoided?** (Going to the health center after being sure of the pregnancy to monitor her health and to help her give birth naturally without problems).

Ask participants: Are there some women who should get extra care during pregnancy or when giving birth? If the answer is yes, ask them: Who are these women?

Ask participants about Suad's case: What were her symptoms? Can we consider them to be dangerous signs? Then ask them about other dangerous signs that Suad could have and what should be done when these signs show.

Ask participants to list the dangerous signs that should make a pregnant woman go to the doctor. Write down what they mention to conclude the following:

- | | |
|---------------------------------------|-------------------------------|
| - Nausea and eye disorientation | - Vaginal bleeding |
| - Continuous headache | - Hand, face and leg swelling |
| - Liquid from vagina | - Continuous vomiting |
| - Little movement of fetus | - Abdominal pains |
| - Cramps | - Difficulty in breathing |
| - Early contractions (before week 37) | - Fever or chills |

Ask participants: **In your view, what reasons cause or contribute to a woman's health problems?**

- Improper nutrition.
- Ignorance of health matters.

- Early marriage and pregnancy.
- Late pregnancy in life.
- Hard physical work.
- Recurring pregnancy and births.
- Monopoly of decision making by the husband.
- Low education, social and economic status of the woman.
- Lack of appreciation by the woman of her status and the importance of her health.

Step 2: Group discussion

Ask participants about the services their local health center provides and if it provides maternal health care services.

If the answer is 'yes', ask them: what is the minimum number of visits a pregnant woman should make to the center? Write what participants mention on the board and conclude the following:

Visits:

- Monthly up to week 28.
- Fortnightly from week 28- week 36.
- Weekly from week 36.
- Visits can be anytime in case of complications.
- When there is a high-risk pregnancy, the woman may need more successive visits as the doctor advises.

Risky pregnancies

Ask participants: Are there any groups of women who should get extra health care during pregnancy?

- Young women (under 16).
- Old (over 35).
- Women with more than 5 births.
- Women who have not given birth before.
- Women who had pregnancy problems before (difficult birth, repetitive abortion, premature births, hemorrhage, caesarean section, pregnancy poisoning or hypertension)
- Women who were pregnant 2 years or less since giving birth.
- Women who have health problems in their current pregnancy (bleeding, hypertension, anemia, diabetes, heart diseases, chronic kidney or liver diseases)

-
- Cases of incompatibility of blood groups between husband and wife, the rhesus RH factor.
 - Premature rupture of the Amniotic sac or excessive amount of the Amniotic liquid.
 - Exceeding pregnancy time limit.
 - Slow growth of fetus in womb.

Step 3: Revision of the preparation lists (See annex 8).

Explain the various preparations that the woman should make during pregnancy. Revise the pregnancy preparation list annexed to this guide with them and ask them to go over it whenever that is necessary.

III. Safe Birth (30 minutes)

Step 1: Group discussion

Ask participants what safe delivery means. Write all the answers participants give on the board to reach the following conclusion: Safe delivery is a birth that is supervised by a qualified health service provider. To secure a safe birth, the following things have to be done:

1. Monitoring of the pregnancy, especially during the last three months.
2. Identify the stages and the signs of the beginning of labor.
3. Going to the nearest hospital to make sure that a qualified service provider supervises delivery.

Ask participants about the most important signs of the onset of birth. Write down their answers on the board.

Signs of birth are:

- Contractions of the womb muscles regularly with increasing force accompanied by pain in the lower back and lower abdomen.
- Excretion of thick mucus usually accompanied by some blood.
- Flush of the amniotic water surrounding the fetus and the flush of that water through the vagina.

Step 2: Revision of the preparations list (See annex 9)

Explain to participants the preparations that have to be made before and after birth and the new responsibilities the couple has during birth. Revise the list of preparations attached with this manual with participants and ask them to revise it whenever that is necessary.

IV. Postpartum Period

Step 1: Study case

Read the following study case to participants:

Haifaa is a married woman who is 28. She gave birth to her daughter Haneen a week ago. Her neighbor advised her to go to the health center to make the first postpartum follow up visit. Haifaa laughed at her and told her that she was not ill and did not need to go to the health center. Ten days later, Haifaa felt she had high temperature and sever pain in her abdomen. In addition, her milk stopped, which affected the baby. Fearful, Haifaa went to seek her neighbor's help to take her to the health center nearby.

The health provider did what was necessary to treat Haifaa and asked her why she hadn't come to the center for the postpartum visits. He informed her of the importance of those visits to prevent recurrence of what has just happened to her. He said goodbye to her and emphasized the importance of coming to the center for the follow up visits after he made an appointment for her next visit.

Ask participants about the reasons Haifaa reached that state. Write down all the things participants mention on the board and then ask them whether they knew of dangerous symptoms other than those mentioned in the case study.

You need to help them reach the conclusion that it is important to make follow up visits after birth to avoid the following symptoms:

- Elevated body temperature
- Severe bleeding or bleeding with clots
- Painful congestion of the breast
- Insufficient milk
- One or more of the symptoms that accompany postpartum depression, like sadness, sleep disturbances, feeling of guilt, recurrence of thoughts of death, suicide or other symptoms.
- Vaginal excretions with foul color and smell
- Difficulties with natural breastfeeding
- Severe pain in abdomen
- Pain, reddening or heat of one or both legs

Go back to the study case and ask participants: Why did the neighbor tell Haifaa to visit the health center during the first week after birth? What is the minimum number of visits that should be made to the center? What happens in every postpartum visit? Write down all that they mention on the board.

Minimum number of postpartum visits is two:

First: Within a week of birth, to check for any danger signs during postpartum such as excessive bleeding, fever, abdomen pain, foul smelling vaginal excretions, general pain or fever in the legs.

Second: During the 6th week of birth, for a checkup of mother and child health and to choose a suitable method of family planning.

Stress on participants the importance of following health service provider's advice in monitoring the postpartum phase, especially when there are any danger symptoms such as those mentioned.

Step 2: Revision of the preparation lists (Annex 10)

Ask participants about the most important things that the couple has to do during postpartum and then show them the preparations list for the postpartum period and postnatal care. Stress the importance of postnatal follow up - which is provided by mother and child health centers.

V. Child Care during the First 3 Years of Life (30 minutes)

Show participants the poster about the development and nutrition phases of the child then start by asking them: **Who has children who are 3 or less?**

Ask one of those participants who have children who are 3 or less to read aloud the phases of child development and nutrition from the poster then ask the participant whether his/her child goes through the same phases mentioned in the poster and whether the parents are feeding it in a way that is similar or close to what is written on the poster.

Repeat the exercise with other participants. After that, distribute copies of the poster to them and stress that they shouldn't stop following up their children with the service provider at the health center and that the health provider should be consulted if the age of the child does not match the development phase or when they notice the following things:

- If the child does not respond to surrounding noises after month 2.
- If the child cannot control its head after month 3.
- If the child does not turn towards noises after month 6.
- If the child cannot sit alone after month 9.
- If it does not utter syllables like "dada, mama, baba" after month 9.
- If the child cannot stand up alone without support after month 11.

When discussing child growth and development,

- ❖ **Remember:** When discussing child growth and development, do not forget to remind participants of the importance of following up on child vaccinations through the mother and child health centers.

- ❖ **Session Summary:** Summarize the main points discussed during this session and ask one of the participants to prepare a summary of what was discussed during this session to outline it at the beginning of the next session.

Session V: Woman's Health

Themes/Issues of the Session

- Defining breast cancer and the importance of early detection.
- Spousal violence / Domestic violence.



Session objectives: at the end of the session participants will be able to:

- Explain the importance of early detection of breast cancer.
- Identify forms of domestic violence and ways of preventing them
- **Session Duration: 2 hours**

I. Introduction (5 minutes)

Step 1: Summary of the previous session

- Ask one of the participants to summarize what was discussed in the previous session.

Show a list of the session topics that you wrote down during the previous session. Underline the topic of the present. List the most important topics that will be discussed during this session.

II. Early Detection of Breast Cancer (55 minutes)

- ❖ **Note:** The topic that will be discussed during this session is a very sensitive one. It relates more to women. In order to be able to discuss details of breast cancer, the session should be convened only for the women and girl participants. It is preferable that a female social activist moderates this session.

Step 1: Study case

Read the following study case to participants:

Widad is a mother of three. She felt some pain in her shoulder but did not pay it much attention; she did not know anything about self breast exam. One day, she decided to go to the doctor after she felt the presence of some lumps in her left breast. The doctor discovered that she had breast cancer; she had the whole breast removed and went through the full treatment. She is better now with continued follow up and periodic visits to the doctor. She is working to make women more aware about self breast exam and the importance of early detection of this disease.

Start with asking participants:

What was the main reason for the discovery of Widad's breast cancer at such a late stage? Who are the women more susceptible to breast cancer? Tell participants that breast cancer is a disease where the breast tissues divide and grow without being regulated by the natural control systems of the body. Breast cancer is one of the most common forms of cancer among women in Jordan; 645 cases are diagnosed annually, according to the National Cancer Register; 70% of the cases are referred in the late stages where the chance of cure is lower. This is why early detection of breast cancer is important. The women most susceptible to this disease are:

- Women over 40.
- Women with a personal or a family history of breast cancer.
- Women who gave birth to their first child at a late age or have never given birth.
- Women whose menstrual period started early – at an age of less than 11 and late menopause – at 55 years.
- Women who take some supplementary hormones during menopause period.
- Women who have received some radiation in the area of the breast.
- Women who are obese at menopause.

Ask participants: What is the breast self-exam? Does it give a warning of breast cancer? What are the signs?

Breast self-exam: is a monthly self-exam recommended to be done by all women over 20 **for early detection of breast cancer**

Features: This exam is ...

- Very easy and simple to do.
- Only takes a few minutes.
- Does not cost anything.
- The steps are easy.

Time: Monthly, after the menstrual period ends. Specifically: between days 7 and 10 of the start of the period.

Who: All women over 20 whether unmarried, breast feeding, pregnant, has children or of menopause age.

How: The self-test is a monthly periodic test performed through touching and visual observation. All women should start doing it from the age of 20. If the woman is breastfeeding, she should make sure of emptying her breasts of milk. If she is pregnant or is at the menopause age, she should specify a certain day of every month to do the test periodically – for example, the first day of every month.

Show participants the photos showing the steps to follow to do the monthly breast self test (See Annex 11).

Step 1: Visual inspection

Requires standing in front of a mirror and studying the breasts to note any changes in size, form or color in addition to looking for any swellings, changes in the breast's skin color, ulcerations, and excretions from nipples or change in their direction. This is done through the following steps:

- Place hands on waist and tense chest muscles.
- Raise arms upwards (and join them over your head)
- Place hands on waist while bending forward at the waist.

Step 2: Hand inspection

- Lie on your back, putting a pillow under the right shoulder.
- Inspect the right breast using the inside of the three middle fingers of the left hand to detect any lumps or swellings.
- Examine, with different amounts of pressure – light, medium and then deeply – every part of the breast.
- Continue the inspection in circles, making sure to cover the whole breast including the armpit.
- Repeat the same steps, inspecting the left breast with the right hand.

Stress that the hand inspection can be done during a bath since the soap reduces friction and makes lump detection easier.

Stress that participants can learn these steps from the health service providers at the MCH centers: They can help the woman and train her to do the breast self-exam.

Ask participants: What are the signs that the woman should visit the doctor immediately when noticing?

- Lumps in the breast or armpit.
- Reddening of or hot skin.
- Thickening of skin to be like orange peel.

-
- Cavities and wrinkles.
 - Unusual pain in the breast or armpit.
 - Itching or peeling of nipple.
 - Change in the direction of nipple or its denting inwards.
 - Abnormal excretions from the nipple.
 - Changes in the shape or size of the breast.

Ask participants: Is the breast self exam enough or are there other tests? What are these tests? Who does them?

Clinical Breast Exam : This is a test done by the doctor. Every female who is over 20 should do it periodically to make sure that her breasts are safe. The doctor will examine it to see any changes in size or shape or use the inside of the middle fingers to feel the breast, looking for any lumps or abnormal things.

When should this test be done?

Test/ Life stage	20-29	30-39	40-49	50+
Clinical breast test	Once every 2 years	Yearly	Yearly	Yearly

Ask participants: What are the things the doctor/service provider will do when doing the clinical breast exam?

- Inquire about the medical history to assess the risk of breast cancer.
- Give full information of every step of the clinical breast test.
- Answer all questions the woman may have about the health of her breast.

Ask participants: What steps should be taken before the clinical breast exam?

- Ask a family member, a friend of one of the staff to attend the exam with the woman if she desires.
- The exam is performed in a special room.
- The upper garments of the woman are removed.

What are the steps of the clinical breast exam?

Sitting position:

Doctor or nurse visually inspects the breast to see if there are any changes in the shape of the breast, the skin or the nipple and may ask the woman to put her arms in the following positions:

-
1. Relaxed and extended to the side of the body.
 2. Over the head.
 3. On the waist.

The doctor/nurse inspects the lymph gland above and below the collarbone and the armpit areas looking for possible swellings.

Lying position:

1. The service provider/doctor/nurse inspects the breast tissues using the inside of the middle three fingers. This helps the doctor/service provider to touch all your breast tissues.
2. Doctor/service provider inspects the breast tissues and the armpit area using 3 levels of pressure – light, medium and deep. These three pressures help feel all the levels of the tissues that may have lumps.

Remind participants that the deep tissue examination may be annoying, but it is very important.

The Radiological Breast Exam – The Mammogram

This is the best and the safest test to discover breast cancer early. It is the most precise early detection method. It is only an x-ray image of the breast. This image can show any growth or lump in the breast, whether small or large, before you or your doctor can detect it. Every woman should do it at the age of 40. In case a family member had breast cancer, you should start the test 10 years younger than the age of relative if you are 25 or above.

Ask participants: What is the best time to do the test?

- The mammogram should be done immediately after the end of the menstrual period and up to 2 weeks from it. Avoid the last two weeks before the next period, since the hormone changes affect the nature of the breasts.
- In menopause, the test can be performed at the same time of every year or every two years depending on the life stage.
- The mammogram is not recommended during pregnancy or breastfeeding. The woman should visit the service provider/doctor if she has a problem during this period.

Ask participants: What are the preparations done to have a mammogram?

- It is recommended to have a bath on the day of the test and not to use any deodorants, powders or conditioning liquids because they may affect the image.
- The test requires exposure of the upper part of the body only. Use two-piece separate clothing, such as blouse and skirt/pants.
- Bring all old breast images done before, if any.

Stress on participants that breast care should start at 20 and that there is more than one test that they should do:

Exam/ Life stage	Who?	20-29	30-39	40-49	50+
Self exam	Woman herself	Monthly	Monthly	Monthly	Monthly
Clinical breast exam	Service provider	1-3 years	Yearly	Yearly	Yearly
Mammogram	Radiologist	-	-	2 years	Yearly

Stress upon participants that the safest and most accurate test is the mammogram. Women should consult the service provider to find out where this service is provided.

III. Spousal Violence / Family Violence (60 minutes)

Note: The topic of this session is a very sensitive one. Some participants may have experienced it in their homes. You should therefore be careful in discussing this subject and dealing with it, especially if the session is a mixed one (with both men and women). Be prepared to deal in confidentiality with any such cases and refer them to a specialist if one of the participants informs you that he/she has been subjected to violence and didn't know where to go.

Step 1: Spousal violence in our community and how to deal with it.

Read the following study case to participants:

Samira went to visit her cousin, Nur, who is 25. Six month ago Nur had married an engineer, Mahir, who is 10 years older. She remembered the beautiful wedding when all those present envied her for the husband she got. Samira was shocked when Nur opened the door for her: her eyes were bloody and her face was full of black marks.

Samira: What happened Nur?

Nur (tearfully): I fell off the stairs.

Samira: No, these are not the marks of a fall. Tell me the truth!

Nur cries and begs Samira not to tell anyone.

Samira assures her that she won't.

Nur: Mahir loves me, but he has an angry disposition; he cannot control himself when I make him angry. He later regrets it and apologizes.

Samira: This means that this is not the first time he hits you.

Nur (crying): No. in the past he did not go as far as he did yesterday. I used to cover it up with makeup. But yesterday he flared up when I told him that I read in the paper that there was a center that specialized in treating cases like his. He accused me of not loving him and that I wanted to bring strangers into our private lives. He hit me hard, knocked me down to the floor and kicked me saying that I was ungrateful and deserved to be beaten and then left the house.

Samira: Nur, your safety is in danger and you should not keep quiet about this.

Nur: What will Mahir say if he knows that I told you? Do you think he regrets what he did? If he knows that you know the secret, then I am in real trouble.

Moderate a discussion with the participants around the following points:

- Why do you think Mahir hits his wife?
- What are the health consequences to Nur as a result of the repeated beatings?
- Having taken the first step of telling Samira, what should Nur do? Should she...
 - **Tell her parents?**
 - **Hit Mahir back?**
 - **Debate Mahir about the need for treatment?**
 - **Ask for divorce and use parents and friends as intermediaries?**

What are the advantages and drawbacks of these alternatives?

Based on participants experiences and the examples they give, help them identify the different forms of violence:

- **Physical violence:** Harms the body (as well as feelings)
- **Psychological violence:** Harms feelings.
- **Sexual violence:** Affects sexual life (as well as body and feelings)
- **Economic violence:** Prevents access to money, assets and resources.

Step 2:

Ask participants: What are the causes of this violence?

- Do you find this kind of violence to be sometimes justifiable? Why?
(If one of the participants answers affirmatively, try and find out the situations where it could be justifiable. Explain to them that – regardless of the situation – violence is not a fair or a suitable solution to any problem.)
- What are the roles and expectations that allow men to behave like that?
- What are the roles and expectations that make the woman accept violence and keep quiet?
- How does this violence affect our community?
- How can we change this situation?

Note: In such discussions, many men pretend that they are the ones subjected to violence and they may show the discussion to be not serious. You have to assert the fact that – although some men are subject to violence – women are the majority of victims of violence.

You should also point out the seriousness of this issue and to the negative effects on women. Regarding emotional (psychological) violence, point out that it could cause serious mental problems; physical violence may lead to crime or suicide.

Step 3: Finish off this exercise by summarizing the ideas mentioned by participants and point out the following points regarding violence.

- Domestic violence is usually done by men against women.
- Violence is about power and control.
- It violates a person's dignity.
- It affects communication and interaction between couples.
- It causes pain, which could be physical, emotional, sexual or economical.
- Children who witness violence in their families use violence later on when they form their own families.

Step 4: What can we do to deal with family violence?

As participants to write down a list of resources and methods of dealing with violence in their communities:

- When a woman is violated, what should she do?
- Where can she ask for help from? Who should she tell?
- What kind of help can she get?
- What else can she do?
- What should a man do if he becomes angry and hits his wife?
- What should our community do to help couples in this case?

Write down the answers participants have written about dealing with violence on the board following the table:

Things the woman can do	Things the man can do	Things the community can do

Ideas of what a woman may do:

- Finding a counsel to help the couple learn to have dialogue.
- Asking for support from parents and the family.
- Self-assertion – demand fair treatment.

Ideas of what a man can do:

- Learn to control his anger through specialist centers.
- Understand the roots of what makes him violent.
- Learn to convert anger into dialogue.

Ideas of what the community may do:

- Form a social network to support spouses and persons who are subject to violence.
- Keep records of the types and forms of violence in the community.
- Seek information on the subject , contact service providers and disseminate them to people.
- Change prevailing social norms that justify domestic violence, spread anti- domestic violence values and ask the community not to accept it.
- Organize community discussions about fairness and justice between the sexes, violence and rights.
- Establish groups where the older members can advise younger ones.
- Learn communication and conflict solving skills.

❖ **Session Summary:** Summarize the main points discussed during this session and ask one of the participants to prepare a summary of what was discussed during this session to present it at the beginning of the next session.

Session VI: Healthy Norms and Family Health

Themes/Issues of the Session

- Family nutrition
- Health benefits of physical exercise.
- Smoking.
- Chronic diseases (Diabetes and high blood pressure)



Session Objectives: at the end of the session participants will be able to:

- Identify balanced diets and their nutritional elements as well as healthy food habits.
- Identify the benefits of physical exercise, the types of exercise suitable for the different life stages, encourage family members to exercise and how to compute the Body Mass Index.
- Identify the health risks associated with smoking, the health risks of passive smoking and how to calculate the cost of smoking.
- Identify chronic diseases ,Diabetes and hypertension, their symptoms and how to deal with each of them.

Session Duration: 2 - 3 hours

- ❖ **Note:** This session requires 2-3 hours to complete. So, the social activist should choose the topics to address to suit the life stage of the participants.

I. Introduction (5 minutes)

Step 1: Summary of the previous session

- Ask one of the participants to summarize what was discussed in the previous session.

Show a list of the session topics that you wrote down during the previous session. Underline the topic of the present session. List the most important topics that will be discussed during this session.

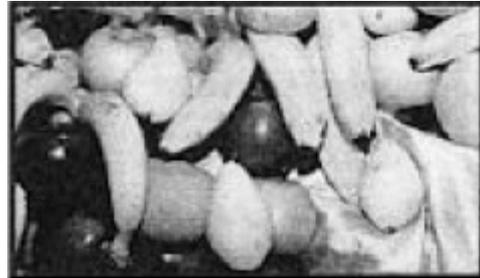
II. Family Nutrition (40 minutes)

Step 1: Distribute sheets of paper to participants and ask them to work in groups and to list the meals they had during the week preceding this session. Ask them to classify the food according to the following categories, so that the classification is based on moderation, variety and balance:

- Proteins.
- Starches/Carbohydrates.
- Fats.

Then ask them to classify the food to:

- Food with high nutritional value.
- Food with low nutritional value.



Step 2: Ask participants to offer alternatives to food with low nutritional value, within what is possible and available. Then, discuss the following questions with one of the participants in front of the groups:

- Do you always make a point of having breakfast?
- Do you prefer brown or white bread?
- Do you have meals at fixed times?
- Do you prefer to have a cheese and cucumber sandwich instead of a fast food, like a hamburger?
- Do you prefer food cooked in vegetable oil to that cooked in animal fat or olive oil?
- Do you postpone having tea for at least 2 hours after the meal?
- Do you prefer white meats to red meats?
- Do you prefer juices (orange/lemon) to sodas?
- Do you always add lemon to the salad dish?

Then ask all participants to each answer these questions separately on a sheet of paper. When they have finished, explain that the more 'yeses' their answers had, the healthier their eating habits were.

Step 3: Conclude this topic with the following points:

- The importance of healthy, balanced meals.
- The importance of having 3 healthy meals a day.
- The importance of giving the family healthy, balanced meals.
- The need to find the best healthy balanced meals.
- Mention the basic elements of balanced meals.

Step 4: Ask participants: What are the components of the meals members of your community have?

Stress to participants that food is an important part of a person's health. Good nutrition helps in:

- Growth.
- Getting energy.
- Resisting diseases, protecting tissues and replacing damaged tissues.

So, each of us must learn healthy practices to get balanced food every day. What is 'balanced food'? What elements does it have?

Explain to participants that a balanced food is that which contains all nutritional elements. According to their energy contribution, they are:

- 50-60% of energy comes from carbohydrates provided that the contribution from pure sugars, sweets and sugar does not exceed 10%.
- 12-15% of energy comes from proteins.
- 30% comes from fats, provided that saturated fats do not exceed 10% and Cholesterol daily intake does not exceed 300mg.

Step 5: Ask participants: What are the different food practices that can be followed daily by our families and us? Are there any options that help us do that? Give them examples, such as the quantities that can be consumed, the number of meals, the amount of salt, fats, sweets, etc.... Conclude that healthy food practices for a balanced nutrition are:

- Make your food varied.
- Eat in moderation to maintain a healthy weight.
- Eat breakfast.
- Eat regular meals.
- Eat fruit and vegetables.
- Reduce the consumption of red and fatty meats, eggs and processed cheese.
- Use olive oil or other vegetable oils when necessary; avoid butter or animal fats.
- Reduce salt as much as possible.
- Reduce sweets.

-
- Do not reduce weight quickly. If you are over-weight, you should consult a nutrition specialist and reduce your weight gradually with an average of half to one kilogram a week at most.
 - Chew food well before swallowing.
 - Increase the intake of fibrous food, such as fruits and vegetables.
 - Natural breastfeeding provides a complete, balanced diet for the first 6 months of the baby's life. After that, start introducing food gradually into its diet. During the age between 3 and 5 years, a child needs 5 meals a day.
 - The child's diet should contain sufficient amounts of iron, vitamin A and iodine (e.g. fish).

Finally, stress that it is forbidden to follow a weight reducing diet from childhood to the age of 18 unless it is necessary and is done under medical supervision.

III. Health Benefits of Physical Exercise (45 minutes)

Step 1: Start off the discussion by mentioning the following proverb: "Lie down after lunch; have a stroll after dinner" and ask them what is meant by this popular saying. For the purpose of discussion, make use of the following questions:

- How do we feel when we do physical exercise?
- Is the benefit of exercise limited to the physical benefit that we get? How?
- Do you have to join a sports club or a team to practice sports?
- Is physical exercise restricted to a certain age or a certain sex? Is it limited to young males? Can girls do sports?

To stimulate the discussion, mention the following points to participants:

- What are the benefits of exercise? (Reduces risks from diseases resulting from arteriosclerosis and stroke; helps prevent diabetes and high blood pressure and helps control them; reduces cholesterol and raises the levels of good cholesterols; reduces weight; reduces the risk of arthritis and osteoporosis; reduces anxiety and depression; reduces the risk of early death)
- What things prevent people from doing physical exercise? (The 'shame' culture'; belief by some that sports are for young males only)
- What is the type of exercise that a 38-year-old woman can do to lose 10 kilograms of weight? (Walking)
- What kind of sport can an 18-year-old young man who would like to build his muscles and increase their flexibility do? (Running, swimming and weight lifting).
- What can a woman who is 40 and who fears getting osteoporosis like her 70-year-old mother do? (She can do physical exercises like walking and swimming because they help reduce the risk of osteoporosis, which is a disease that attacks bones and makes them fragile).

- Do you have to exert yourself in doing exercises to feel that they are useful? (No, on the contrary; we have to enjoy doing physical exercise).
- Why is it recommended to consult a doctor when doing exercise? (Because it helps choose the sport that is suitable for the particular age. The old, those who are ill and pregnant women should also consult a doctor).

Step 2: Ask participants if there are benefits for each kind of exercise. As an example, show them the following table:

Sport	Benefit
Walking, running and swimming	Improve the performance of the respiratory and circulatory systems
Weight lifting	Muscle strengthening
Going fast up stairs	Muscle strengthening

Step 3: Ask participants: Do physical exercises suit all life stages or is age an obstacle? Discuss this topic with them by writing the words “young, old and pregnant” on the board and ask them what exercises or physical activities are suitable for each. Conclude with them the following:

Young: Can do various sports like running and cycling for an hour a day for 3 days a week.

Old: Can do brisk walking and swimming for half an hour a day 5 days a week.

Pregnant woman: Can do light exercises like walking for 30 minutes, 3 times a week.

Step 4; Ask participants: What is the Body Mass Index (BMI)? How is it calculated? How do we deduce from it that our weight is normal or not? Listen to what participants say and then define BMI as a common method of determining whether a person is obese, overweight or of ideal weight. It expresses the relationship between the person’s weight and height and gives an idea of the ratio of fats in the body. However, some things must be considered when using it:

- Athletes have a higher muscle mass. They therefore have a higher BMI for their height. It does not mean a high fat ratio.
- The ratio of fats in women is higher than that in men.
- Also, the life stage affects the BMI; categorization for adults is different from that for children.

BMI is calculated by dividing the weight in kilograms by the square of the height in meters as follows:

$$\text{Body Mass Index} = (\text{Weight in kilograms}) / (\text{Height in meters})^2$$

Write down on the board the following example: A person who is 1.70m tall weighs 80 kilograms. What is the BMI?

$$\text{BMI} = 80 / (1.70)^2 = 27.6 \quad [\text{Note: height is measured in meters, not centimeters}]$$

Ask participants to calculate their own BMI. Meanwhile, write down the following table on the board:

Body Mass Index	Category
< 18.5	Thin
18.6 - 24.9	Normal
25 – 29.9	Overweight
30 – 39.9	Fat
40+	Obese

Ask participants to give their own categorization according to BMI. Mention that it is necessary for every person to reach a ‘normal’ BMI to avoid many diseases.

Step 5: Conclude the discussion by reminding participants of the following points:

- Physical exercise is necessary for all life stages.
- Each age has a suitable sport.
- It is preferable to consult a doctor by those who suffer from heart diseases or diabetes as well as pregnant women to know how to do exercises that are appropriate for them.
- All members of the community should be encouraged to practice physical exercises.

Doing physical exercise for 30 minutes a day at least helps reduce weight and avoid heart diseases, high blood pressure and diabetes.

- Remind them that the BMI helps us achieve the ideal weight or the nearest possible weight to it to avoid diseases resulting from being overweight.
- Remind them of the importance and the benefits of physical exercise.

IV. Smoking (45 minutes)

Step 1: Start the activity with reading the study case “Ayman and his friend Muhannad” about how friends affect each other:

“What starts as a fancy may end up as an obsession”. Ayman is a 17 year old student. He likes different kinds of sports: football, basketball and swimming. He takes part in all matches at the school so that the school selected him to join the schools’ basketball team. One day, Ayman went to visit his friend Muhannad His parents were not at home. Muhannad offered Ayman a cigarette. Ayman declined at firsts, but on Muhannad’s insistence, he smoked his first cigarette. He didn’t like it, but he didn’t tell his friend Muhannad for fear of being laughed at and accused of being a baby. After

that, whenever Ayman and Muhannad met, they smoked together until Ayman couldn't stop. Smoking affected his health; he started coughing every day, especially when he woke up in the morning. He no longer was able to play sports. His athletic and academic performance deteriorated. He no longer took part in sports training or matches and had to withdraw from the school's team.

Ayman became sad and his mental situation deteriorated when he stopped playing sports. He then realized that it was smoking that was behind all that was happening to him. He decided to stop smoking and go back to playing sports. He joined a sports club and played every day until he regained his fitness. He went back to join the school team and his health improved. He no longer coughed or felt exhausted.

As participants what they think of this case. Discuss with smoking and non-smoking participants the following questions:

- What is the role of parents in cases like this one? What is their responsibility in fighting temptations by friends and to help them say "No" if the thing is detrimental to their health?
- How can parents monitor their children and know their friends?
- How can parents paly a role model for their children by not smoking, at least not in front of them?
- Why do you think people smoke?
- How can we help those who want to stop smoking?
- How can we reduce pressures from others and the temptations that make them start smoking?

Step 2; Smoking

Ask participants: why do we fight smoking and pity smokers? Write down its negative effects in terms of health, economically and psychologically on the board.

Listen to the answers given by participants and conclude that there are a number of negative effects. Health wise, it is one factor in causing many diseases, such as cancer, various respiratory inflammations, heart diseases and pregnancy complications. Psychologically, it affects children negatively, because they know that it is harmful and affects their parent's health and may lead to their death. Economically, it exhausts family resources; the money could be used to buy more important things for the family. Much arable land is wasted because of tobacco plantation. Smoking also affects the individual's productivity because smokers are more prone to becoming ill; they need more medical care, which is a burden to the family.

Step 3: Ask one of the smoking participants to volunteer to calculate the money he/she has spend on smoking throughout his life and ask him/her the following questions:

- What is the cost of a packet of cigarettes that you smoke?
- How many packets do you smoke a day?

-
- For how many years have you been smoking?

To calculate the cost of smoking, apply the following equation for participants to see:

Cost of smoking = (cost of packet) x (number of packets per day) x 30 days x 12 months x number of years smoking

Example:

If a person smokes a packet a day for the past 7.5 years and the average cost of the packet is 90 girsh, the cost of smoking would be:

$$0.9 \text{ dinars} \times 1 \text{ packet} \times 30 \times 12 \times 7.5 = 2,430 \text{ dinars}$$

Ask each smoking participants to calculate the money he/she has spent throughout his smoking life and then mention how they could spend that sum on something more useful.

Step 4: After listening to them, ask the following questions, listen to what participants say and then give them the right answer:

- **Why do people smoke?** (People smoke to imitate others, such as father, mother, brother or friend. Because of the relative ease of getting cigarettes from friends, it was found that 37% of males were most influenced by their peers).
- **Why do cigarettes harm smokers and those around them?** (Because smoking does not only harm the smoker but also non-smokers; it is called non-voluntary smoking).
- **Why do people keep smoking?** (When people start smoking, they become addicted to it. After that, smoking becomes a habit that is hard to stop; it becomes part of the smoker's daily life. For some people, it becomes more important than food or drink. When the smoker stops smoking, there will be some illness symptoms such as lack of sleep, difficulty in concentrating, anxiety and a strong urge to smoke).
- **What do you think are the harmful effects of smoking?** (Harmful effects of smoking are many; the most dangerous of which are lung cancer, heart diseases and arterirosis).
- **Does argila affect the smoker's health?** (Yes. Argila has the same effects of the cigarette on the smoker and non-smoker. Smoking argila during a session that lasts 2-3 hours is equivalent to smoking 20-30 cigarettes. The new types of "meassal" tobacco are more dangerous because the combustion of the materials added to the tobacco produces large quantities of poisonous carbon gasses).
- **How can we protect ourselves and others from passive smoking?** (We can activate the law that prohibits smoking in public places. Workplace owners can prohibit smoking at places of work; parents can stop smoking at home and in the car – especially when the children are around).
- **Why do the young start smoking?** (In a desire to imitate others; it gives them an image of masculinity).

Step 5: Ask participants: What are the steps to take if we wanted to stop smoking? Has any of the participants tried to stop smoking and failed? Who was a smoker and was successful in stopping? Ask these people what steps they took and what things helped them do it.

Conclude with them that to stop smoking, the following steps should be taken:

- Arm yourself with a strong will and complete conviction about smoke cessation.
- Specify a certain date to stop smoking.
- Change the surrounding environment.
- Do not allow guests to smoke at your home or car.
- Spend your time with non-smokers.
- Do physical exercise (walking, daily exercises, a hobby that you like); use any aid that helps you stop, such as chewing gum, nicotine patches, nicotine substitutes or prayer beads (rosary).
- Occupy your time with doing useful things.
- Make a plan to get support from family or a friend who succeeded in stopping and who is willing to help.
- Get rid of all cigarettes, lighters, ashtrays or anything related to smoking.
- Avoid places and situations that tempt you to smoke.
- Avoid temptations.
- Change your life style.

Step 6: Conclude the discussion by focusing on the following points:

- Remind smokers of the bad effects of smoking.
- The importance of stopping.
- The importance of raising children away from smoking and how parents should set an example.
- Give participants some facts and figures like the percentage of smokers in the age group 25+ is 48% for males and 10% for females.
- Encourage members of the community to stop smoking.

V. Chronic Diseases (45 minutes)

Step 1: Ask participants: What do we mean by ‘chronic diseases’? Ask them to give examples. Then ask them: what are the most common of them? Conclude by saying: Chronic diseases are a group of diseases that are characterized by the length of their duration that could accompany a person throughout life. This characteristic forces the patient to take

medicine continuously and to adjust his/her life style to overcome the complications resulting from these diseases.

Some of these chronic diseases are: diabetes, high blood pressure, high fat levels in blood, the common asthma, low thyroid gland activity, anxiety and depression and arthritis). The most common of these in our society are: diabetes and high blood pressure. It is these two that we will focus on in this session.

Step 2: Ask participants if they know people who have diabetes. If they answer affirmatively, ask them to explain what diabetes is (Diabetes is the increase of the level of sugar in the blood). After listening to the definition, ask them to mention the early signs or the dangerous signs of diabetes. Conclude with them that the early signs of diabetes include: frequent urination, thirst, increased appetite, general fatigue, abnormal weight loss, blurry vision and sometimes pain in the abdomen. The danger signs are skin itches, poor eye sight, loss of sensation in hands and feet, ulcerations in feet that do not heal and loss of consciousness in extreme cases.

Step 3: Ask participants: do you know the types of diabetes? Is diabetes a disease for the old only?

There are two main types of diabetes:

Type 1: This type affects children and the young. It is caused by the body's failure to produce the insulin hormone.

Type 2: This is more common and affects the middle aged and the old because of the body's failure to use insulin properly. Heredity is a main factor in this type.

Type 3 (Gestational diabetes): This type affects some women during pregnancy. It can be cured after birth.

Step 4: Ask participants: How can a diabetes patient live with this disease and maintain himself?

Go back to those participants who have a relative with diabetes and ask them about the steps that can be taken to control diabetes. How can they maintain the level of sugar in the blood as 80-120 mg/dl. Write down their answers on the board and make sure that they mention the following steps:

- Eat many small meals (to maintain a stable level of sugar in the blood)
- Avoid sweets and reduce carbohydrates.
- Reduce weight.
- Avoid fat rich meals.
- Practice a light sport, such as walking.
- Wear something on feet always to avoid cuts.
- Maintain feet cleanliness.

Ask participants: Is it possible to prevent diabetes? How? Do different health practices and life styles have a role in this prevention, especially for those more susceptible to the disease or for those who have it to prevent complications?

- Eat balanced, healthy food and avoid sweets and food and drinks that contain sugar.
- Eat more cereals and vegetables, especially those that contain fibers.
- Eat fruits with moderation (one or two fruits a day).
- Reduce the consumption of meat, eggs, fats and oils.
- Reduce the intake of salt.
- Eat 5 meals a day while reducing the size of the meal.
- Reduce weight.
- Stop smoking.
- Exercise regularly.

Step 5: Ask participants if they know people who have high blood pressure. If yes, ask them to explain what hypertension is? (Normal blood pressure for an adult is 120/80 mmHg, but any measurement between 100-140/60-90 mmHg can be considered as normal too. High blood pressure exists if one of the two measurements is as follows:

The higher number is 140 or above and the lower number is higher than 90.

After listening to what participants say, ask them to mention the symptoms of hypertension and what effects it causes. Conclude with them that these symptoms include: **dizziness, numbness or weakness in limbs, headache, disturbance of consciousness and concentration, pain in the chest, difficulty breathing, blurred vision and nose bleeding.** The results of hypertension are: **stroke, arteriosclerosis, heart failure, kidney failure and sight defects.**

Step 6: Ask participants: do you know what the reasons for hypertension are? Write what they mention on the board and conclude with them the following points:

- The reason for 95% of hypertension cases is not known. However, there are several factors that contribute to it such as: Obesity, inactivity, genetic factors, old age and psychological pressure. 5% of hypertension cases are due to secondary reasons resulting from: kidneys, endocrine glands and some medicines.

Step 7: Ask participants: How can a patient with hypertension live with this disease and maintain himself?

Go back to the participants who have a relative with hypertension and ask them about the steps that should be taken to control this disease. How do they maintain their blood pressure? Write down everything they mention on the board and make sure that they mention the following points:

- Commit to balanced, healthy nutrition with low salt content.

- Increase of consumption of fruit and vegetables.
- Reduce fats, oils, meats and eggs.
- Stop smoking.
- Exercise regularly on a daily basis.
- Reduce body weight if overweight or maintain body weight if normal.
- Visit doctor regularly.

❖ **Session Summary:** Summarize the main points discussed during this session. Inform participants that we have reached the end of the training and that they should convey the health messages to other members of the community who did not take part in this training and to practice the healthy behaviors that they have learned to influence others.

Monitoring and Evaluation

Monitoring

To guarantee the effectiveness of the implementation of the program with local community members and to determine the extent of the spread of the health messages and their effect on participants, a monitoring mechanism needs to be developed that includes forms and lists that help in assessing and determining the coincidence of results with the process indicators and the impact indicators.

Each social activist should use the forms and lists of the establishment, organization or program he/she works with. However, if these are not available, the forms attached to this guide can be used. These are:

- Referral card form
- Session assessment by social activist form
- Session assessment by participants form
- Session assessment by individual participant form
- List of participant names; follow up of referrals to health centers, private sector doctors in the same community or one of the clinics of the Jordanian Association for Family Planning and Protection.

Evaluation

The evaluation process for the Arab Women Speak Out™ program adopts a new methodology that relies on observation and close supervision of some cases that the social activist finds effective, have been affected by the program and have conveyed that effect to their families and communities. This is done through writing case studies of some participants whose lives were affected by the program and the health and social messages in it – participants who started thinking, analyzing and making decisions for themselves and their families and communities; participants who discuss life, health and economic situations relating to the issues, needs and priorities of their families and communities. They are empowered and became capable to link causes to effects and analyze practical alternatives to solve livelihood problems. Consequently, change happens in their behavior leading to improving their living reality and the reality of their families and communities.

Role of social activist in writing Case Study

- Noticing participants who are more affected during the training (15 hours)
- Choosing a number of potential participants from each group to write their case study, based on set criteria.

- Securing participant approval for writing their case study and focusing with them on the importance of writing such cases so they become role models for others who live under similar conditions.
- Starting to document the changes that take place in participants investigated in detail according to the standards and guidelines of that section. Use can be made of Annex 6 to help you write the case study.
- Sending these documentations to supervisors so that the best case study can be chosen.

Standards for choosing Case Study

- Attendance of all training sessions.
- Desire of the participant to be role model to others from different communities.
- Comprehension by the participant of the health and social problems that he/she and the community face.
- Participant's desire to change and improve at the individual, family and community levels.
- Participant has the ability to move inside the community and to connect with its members (of the same life stage and/or all life stages) and with families, establishments and organizations within the community.
- Ability to be reached at any time.

How to write the Case Study

The social activist will attempt to write realistic case study that require considerable detailed description, be precise in expressing real changes that take place in the case and how the solutions that enabled the case to adopt the required behavior were reached.

Before starting to write the chosen case study based on the standards above, the social activist should do the following:

- Write a preliminary description in cooperation and coordination with the cases (social status, sex, age, number of children, education level, economic status, skills and experiences, nature of work, etc.)
- Identify problems/priorities that face the case and the behaviors that need to be changed. These problems/ priorities must be within the topics discussed in the sessions. They should not exceed two.
- Identify the steps to be taken by the case in order to solve these problems/address these priorities.
- Identify the environment surrounding the case through repetitive visits and direct observation (Relationship with family and neighbors, links to local establishments and organizations, health center, school and societies)
- Document all the different details for the case and the interventions that the social activist makes to help the case.

- Refrain from personal analysis of the proceeding events and write them down in the form of a narration.
- If there is more than one problem, the proceedings and steps should be documented for each one separately.
- Use simple language that is compatible with reality.
- Cooperate with the case in the development of events and the progress of the writing of his/her study case.

Basic points for writing the Case Study

- Confidentiality: The person has to sign an authorization of approval of case writing and the follow up of his/her case throughout the training program.
- **A personal photograph of the person.**
- **Documenting the following:**
 - Name of social activist
 - Date of starting to follow up and write the case
 - The name of the person
 - Age
 - Sex
 - Governorate / Town / Village
 - Social status
 - Economic status / Family income
 - Level of education
- **Problem/priority: Full documentation of problem**
- **Social activist interventions: Full documentation of interventions**
- **Steps to reach appropriate solutions**
- **Effect of interventions / Adopted behaviors / Successes**

Annexes

Annex 1: Referral Card Form

Social Activist Data:

Social activist name:

Training location:

Name of beneficiary:

Beneficiary social status: Number of children:

Date:

Service provision Data:

Service provision location:

- Ministry of Health Center
- Jordanian Association of Family Planning and Protection
- Private Sector

Type of service provided:

- Pregnancy care and follow up
- Postpartum care
- Family planning using modern methods
- Starting to use one of the following modern methods:
 - IUD
 - Pills
 - Condom
- Follow up of method
- Periodic checkups (hypertension, diabetes)
- Dispensing of medicines
- Child care (vaccination, growth and development monitoring)
- Other (specify):

Annex 2: Session self assessment by social activist form

Social activist is required to fill in the form after each session

1. How did participants respond to session?

2. How did you feel about today's session?

3. What did you do well today?

4. What problems/difficulties happened in today's session?

5. What things should be improved in the following sessions?

- Change room arrangement.
- Better preparation of materials before the session
- Read the material well before the session.
- Give clearer instructions.
- Ask questions to stimulate discussion.
- Help participants reach conclusions instead of giving them the answers.
- Other aspects.

6. If some participants did not attend today, give reasons for their absence:

Annex 3: Session Assessment by Participants Form

At the end of the session, discuss the following with participants:

What did you like about the session?

What was good about it?

What could be made better in the next session?

What word would you use to describe today's session?

Annex 4: Session Assessment by Individual Participant Form

Social activist should ask participants to answer the following questions at the end of the training workshop. Please indicate the number of participants who said that the workshop was excellent, good, etc. Please try to use participant's words in answering open questions:

	Strongly agree	Agree	Neutral / Not sure	Disagree	Strongly disagree
I feel that the training will help me in my personal and family life					
I feel that the training will help me in communicating with my wife/husband					
I feel that the training period was sufficient					
I think that the topics the training tackled are of personal interest to me					

What specific steps have you taken or intend to take in order to:

- Improve family relationships

- Make decisions based on precise analysis of the situation:

- Maintain your health:

Annex 6: Interview Guide for AWSO Cases

Participant Name:	Educational Level:	Age:	Social Status:	Age at Marriage:	Income Source:
Number and ages of children:		Why has this participant been chosen?			
		Contribution focused on:			
Location:					
Village / Town:					
Location Description:					

1. How would you describe yourself before the AWSO training?

2. What are some of the problems you faced in your life/community?

3. What obstacles you faced in dealing with these problems?

4. How did you get to the AWSO training?

5. What is your first impression of the AWSO program?

6. What are the most important things you benefited from the AWSO training?

7. How did you start to apply what you learned through AWSO training to improve the quality of your life?

**Communication Program for Family Health
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8. Explain what you succeeded at and how.

- What problem did you decide to solve?

- Why?

- What steps did you take?

- Who helped/supported/contributed in solving the problem? Why and how?

- What financial resources did you need to solve the problem? How and where did you get them from?

9. What were the results of your efforts on you / your family / your community?

10. Did you apply what you learned through AWSO program to improve your community?(If answer is no then go to question13)

11. Did you work with others in a group to improve the situation in the community?

- How many participants took part in the activities?

- Did anyone else participate? Who

- What were the results of that effort?

- How many benefited from that effort?

12. What changed in your life as a result of the AWSO program?

How was that change?

13. How would you describe yourself today?

14. You know of members of your community who benefited from this program. What do you think changed in the community as a result of this training?

15. What is the most important thing that you learned? What lessons would you like to share with others?

16. What would you like to say to other members of the community who live in the same situation?

Annex 7: List of Preparations / Family Planning

Although family planning is a very important issue, the decision to practice it to form a small family has to be taken at the engagement stage to guarantee the family's health, economic and social future. Now, after the birth of the first child, the couple has to stick to this decision and start using one of the modern methods of family planning that is suitable for them.

The following list helps the couple do that:

- Knowledge of the importance of family planning for the couple and their family and making a joint decision to space pregnancies 3 years at least.
- Finding suitable information sources to know more about the concept of family planning from the service provider or reliable scientific references such as books or websites such as www.sehetna.com
- Consult with service provider/doctor on different modern methods of family planning.
- Determine whether the family planning method to be used is a short-term or a long-term one.
- Find out the advantages and disadvantages of each modern method of family planning.
- Find out the side effects of each modern method of family planning.
- Choose one of the appropriate and safe family planning methods based on full knowledge of the different modern methods.
- Construct a table with the help of service provider for follow-up to guarantee continuity of use.
- Identify the sources to obtain the chosen method, especially if it is a short-term one.
- Acquire knowledge of modern 'emergency' family planning methods from service provider/doctor and making it available at home in case intercourse takes place without protection.

Annex 8: List of Preparations / Pregnancy Care

The pregnancy decision is the couple's alone. They know their circumstances and their vision for the future of the family better. So, the couple has to provide for a safe, healthy pregnancy for both mother and fetus. The following list illustrates the most important responsibilities on the couple during this phase:

Planning for pregnancy

- Make the decision jointly.
- Choose service provider/doctor in a health center to monitor the pregnancy.
- Visit doctor and/or health center to make some laboratory and clinical tests to make sure that the wife is ready to become pregnant.
- Make sure of previous vaccinations that wife had taken.
- Take vitamin, mineral and folic acid pills before pregnancy, according to doctor's instructions.
- Find out suitable information sources to know more about how pregnancy happens and pregnancy care from the service provider or reliable scientific references such as books or websites such as www.sehetna.com
- Stop smoking (if wife smokes) and avoid areas where there are smokers.
- Stop coffee and caffeine intake.
- Revise health insurance to make sure pregnancy follow up visits are covered.

First trimester of pregnancy (months 1 – 3)

- Visit service provider/doctor to make sure the woman is pregnant.
- Revise the vaccinations already taken by the wife with the service provider/doctor.
- Obtain the pregnancy follow up table.
- Consume large quantities of fluids, especially water, with an average of 8-10 cups a day.
- Take foods rich in iron, such as legumes and meats, and foods rich in folic acid, such as oranges and vegetables.
- Stay away from smoking and caffeine containing stimulant like coffee and tea.
- Exercise moderately and for short periods according to the instructions of the health provider/doctor.
- Start planning financially for the new life with a new member of the family.
- Stay away from anything that may harm the mother's or the fetus's health, such as handling chemicals and radiation.
- Start recording weight regularly during pregnancy.
- Calculate the expected date of delivery with the service provider/ doctor.

During the second trimester of the pregnancy, the couple feels much more comfortable and confident. They can now inform family and friends and share the good news with them. To guarantee a safe pregnancy, the following things should be remembered and followed up:

Second trimester of pregnancy (months 4 – 6)

- Keep making the pregnancy follow up visits.
- Start preparing pregnancy and birth clothing and what the baby needs.
- Check the rules and regulations regarding the motherhood leave and discuss them with management if the wife was a working one.
- Record the fetus's first movement, weight changes and other developments that take place during this period and show them to the service provider/doctor.
- Enjoy family visits and entertainment during this period and plan for a short trip before going into the last phase of the pregnancy.
- Visit the dentist for a periodic check up.
- Make a list of chosen names for the baby.

During the third trimester of pregnancy, the discussion and consultations between the mother and service provider/ doctor increase and the follow up visits also increase to become fortnightly. Here is a list that should help you remember the most important things in this phase:

Third trimester of pregnancy (months 7 – 9)

- Continue with the follow up visits once every two weeks.
- Know the probable date of delivery.
- Do simple physical exercises for the pregnant woman, especially walking.
- Choose the baby's name.
- Choose the hospital where the delivery will take place.
- Make sure of the insurance coverage of delivery in the chosen hospital.
- Keep staying away from smokers and the places where there are smoking people.
- Keep staying away from caffeine containing stimulants.
- Make arrangements with a family member to accompany the pregnant woman during the final days of the pregnancy, especially when the husband is away.

Annex 9: List of Preparations / Birth

As the date of delivery comes closer, the things the couple should do before and after the baby is born become more. To make remembering these responsibilities easier and to do them at the right time, the following list should be consulted:

- Prepare the baby's requirements such as clothes, cot, towels and others and buy them some time before birth.
- Make sure that health insurance is valid and covers the cost of delivery at the chosen hospital.
- Visit the chosen hospital to make sure of the quality of the services provided.
- Prepare the delivery suitcase that contains what the mother needs and have it ready during the last month of the pregnancy.
- Prepare a bag of the needs and clothes of the baby before the baby's birth.
- Visit the health provider/doctor before the date of delivery to make sure of the fetus's position.
- Walk as much as possible when you feel the date of delivery is approaching.
- Have someone stay with the pregnant woman during the final days of pregnancy, especially during the hours the husband is at work.
- Inquire about the procedure and date of registering the baby at the Department of Civic Affairs and Passports.
- Inform the doctor who will supervise the delivery when there are contractions and go to the hospital.
- Start natural breast feeding from the first hours of birth.
- Have the baby clinically examined by the pediatrician at the hospital where birth took place.
- Inquire about vaccinations given to the mother and child during delivery, if any.
- Make sure you take a birth certificate from hospital before leaving it.
- Register the baby with the Department of Civic Affairs and Passports and have a birth certificate issued within the legal period, 30 days from the date of birth.

Annex 10: List of Preparations / Postpartum and Postnatal Care

The couple may go through many emotions and much excitement after the birth of their baby. They may feel some mental pressures that may affect making important decisions that affect the health of the mother and child. This is why we have prepared the following list of the most important things to do to help them organize the post-birth phase.

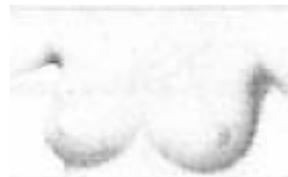
The couple should look over this list before the expected date of delivery:

- Fix postpartum visit dates for the mother with the service provider/doctor.
- The mother should make the first postpartum follow up visit during the first week after delivery.
- The mother should make the second postpartum visit during the 6th week of delivery.
- Use a modern method of family planning to avoid pregnancy. It is recommended that spacing is 3 years at least.
- Choose service provider/doctor to monitor the baby's health.
- Write down a table for the baby's vaccinations with the service provider/doctor and start implementing it immediately.
- The mother should eat healthy, balanced food.
- Consume sufficient quantities of fluids.
- Prevent visitors and friends from smoking inside the house.
- The mother should get sufficient rest.
- Start doing physical exercises suitable for a mother after consulting the service provider/doctor.
- Ask family and friends for help when needed.
- Consult the doctor on how the baby should sleep in its cot.
- Add the baby to health insurance of the family.
- Provide the mother with emotional support by the husband and parents to avoid postpartum depression.
- Find out suitable information sources for postpartum care from the service provider or reliable scientific references such as books or websites such as www.sehetna.com

Annex 11: How to Do the Breast Self Test

Step 1: Visual inspection

- Stand in front of a large mirror with the upper garments taken off down to the waist.



- By looking at the mirror, examine your breasts to make sure there are no abnormal changes in shape. These include swellings, changes in the skin, changes in the nipple and/or its direction, abnormal secretions.

You can notice these changes by doing the following:

- Raise your arms upward (clapped above the head) and note any changes in the breasts in terms of: size, upward lift with the same degree, any new dents or a pull of one of the breasts or both of them towards one direction.



- Put your hands on your waist while tensioning the chest muscles.



- Put your hands on your waist and bend forward at the waist.



Step 2: Hand inspection

The significance of this test is to make sure that there are no lumps or swellings in the breasts or in the armpits.

- Do this test while lying on your back.
- Put a pillow or a folded towel under the left shoulder and put your left arm behind your head.



- Perform the test with the right hand (figure) using the inside of the three middle fingers (figure). Examine the breast by making circular pressures, light at first, then of medium force and then deeply for every spot. Move from one spot to the other without lifting your fingers.



- Repeat the process of making circles starting from the larger breast perimeter to the nipple circle without leaving any part unexamined. Then you should examine the armpit.



- After examining the left breast, examine the right breast using the same steps.
- If you had full or large breasts, follow the same procedure after displacing the breast sideways to examine the other side.
- You can repeat the test when taking a bath as the soap reduces friction and may make lump detection easier.

Annex 12: Child Development and Nutrition Table



تطور وتغذية الطفل

مملكة كـسـوء

مركز البحوث والدراسات الصحية

العمر	التطور الحركي	التغذية
١٨-٣٦ شهرا	<ul style="list-style-type: none"> • يمشي بمفرده • يلعب بالكرة • يركض • يقف على أطراف أصابعه • يمشي على خط مستقيم • يقف على أطراف أصابعه • يمشي على خط مستقيم 	<ul style="list-style-type: none"> • يمشي على خط مستقيم
١٨-١٢ شهرا	<ul style="list-style-type: none"> • يقف بمفرده • يمشي بمساعدة الآخرين 	<ul style="list-style-type: none"> • يمشي بمساعدة الآخرين
١٢-٩ شهرا	<ul style="list-style-type: none"> • يجلس بمفرده • يزحف • يزحف • يزحف • يزحف • يزحف 	<ul style="list-style-type: none"> • يزحف • يزحف • يزحف • يزحف • يزحف • يزحف
٩-٦ شهرا	<ul style="list-style-type: none"> • يجلس بمفرده • يزحف • يزحف • يزحف • يزحف • يزحف 	<ul style="list-style-type: none"> • يزحف • يزحف • يزحف • يزحف • يزحف • يزحف
٦-٣ شهرا	<ul style="list-style-type: none"> • يزحف • يزحف • يزحف • يزحف • يزحف • يزحف 	<ul style="list-style-type: none"> • يزحف • يزحف • يزحف • يزحف • يزحف • يزحف
٣-١٢ شهرا	<ul style="list-style-type: none"> • يزحف • يزحف • يزحف • يزحف • يزحف • يزحف 	<ul style="list-style-type: none"> • يزحف • يزحف • يزحف • يزحف • يزحف • يزحف
١-٣ شهرا	<ul style="list-style-type: none"> • يزحف • يزحف • يزحف • يزحف • يزحف • يزحف 	<ul style="list-style-type: none"> • يزحف • يزحف • يزحف • يزحف • يزحف • يزحف



الرجاء استشارة الطبيب المختص عند الحاجة

US AID