

Infant and Young Child Feeding and Gender

A TRAINING MANUAL FOR MALE GROUP LEADERS



This document was produced through support provided by the United States Agency for International Development, under the terms of Cooperative Agreement No. GPO-A-00-06-00008-00. The opinions herein are those of the author(s) and do not necessarily reflect the views of the United States Agency for International Development.

IYCN is implemented by PATH in collaboration with CARE;
the Manoff Group; and University Research Co., LLC.

1800 K Street NW, Suite 800
Washington, DC 20006 USA
Tel: (202) 822-0033
Fax: (202) 457-1466

Acknowledgments

We wish to thank Peter Maero from the AIDS, Population, and Health Integrated Assistance Program (APHIA II) Western at PATH in Kenya for co-facilitating the pilot training workshop that provided the basis of this manual and for providing us with feedback and recommendations. We appreciate the support of the APHIA II Western program staff for partnering with us to incorporate infant feeding into their ongoing community-level activities.

We are also grateful to all the participants of the first training workshop held in Busia, Kenya, in August 2009 for their active participation and valuable feedback:

| | | |
|-----------------------|--------------------|----------------------|
| Mark Abundo | Badson Liluma | Peter Owiti Omotsi |
| Gerishom S. Abung'ana | Christopher Mukabi | Silvanus Omunyenji |
| Morrice Ahuna | Aggrey O. Mulwale | Dismas Omwerema |
| Geoffrey Akhwale | Alfred Musumba | Francis Otima Ongalo |
| David Alumasa | David Nyonje | Wellingtone Ongima |
| Samuel Anyanga | James Maumo Ogot | Anthony Opae P. |
| Wellingtone Ashiemi | Partrick Okochi | Africanus Otyengi |
| Francis Emojong | Evans Okoth | Alfred N. Simiyu |
| Festo Kihima | Vincent Oluoch | Peter Wafula |

The content of this manual is based on several key infant and young child feeding publications, including WHO/UNICEF *Infant and Young Child Feeding Counselling: An Integrated Course*, the Wellstart *Community-based Breastfeeding Support: A Training Curriculum*, and the LINKAGES Project's *Behavior Change Communication for Improved Infant Feeding – Training of Trainers for Negotiating Sustainable Behavior Change*. Many of the gender sessions are used and adapted with permission from EngenderHealth's *Men's as Partners: A Program for Supplementing the Training of Life Skills Educators*.

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Introduction

This manual was prepared by the Infant and Young Child Nutrition Project (IYCN) for the men's groups activities being implemented through the AIDS, Population, and Health Integrated Assistance (APHIA) II Western project by PATH. APHIA II Western is a project funded by the United States Agency for International Development that seeks to improve the quality of, and access to health services pertaining to HIV, malaria, tuberculosis, maternal and child health, and family planning in Western Province, Kenya.

This manual is designed to provide male group leaders with the information and techniques they need to share information and encourage discussions on gender issues and optimal infant and young child feeding. There is a need to encourage men to engage in, and support good infant and young child feeding practices, since prevailing gender roles often discourage men from engaging in this activity. Studies have shown that providing men with correct information and encouraging them to take an interest in their children's feeding practices can lead to improvements in infant feeding practices. The training curriculum described in the manual assumes strong facilitation skills on part of the participants.

The manual describes a two-day training workshop that uses group activities, focused discussions, brainstorming, and role playing to introduce issues such as breastfeeding, complementary feeding, counseling and testing for HIV, and prevention of mother-to-child transmission of HIV. These issues are discussed in the context of prevailing gender roles and gender inequalities, spousal relationships, barriers to accessing quality health care, and other social norms and practices. At the end of the training session, men will hopefully be more aware of, and engaged in their children's feeding practices. They will also be more comfortable discussing infant and young child feeding issues with their families, as well as sharing their insights with other men.

About the Infant & Young Child Nutrition Project

The IYCN Project is the United States Agency for International Development's flagship project on infant and young child nutrition. Begun in 2006, the five-year project aims to improve nutrition for mothers, infants, and young children, and prevent the transmission of HIV to infants and children. IYCN builds on 25 years of the United States Agency for International Development leadership in maternal, infant, and young child nutrition. Our focus is on proven interventions that are effective during pregnancy and through the first two years of life.

Men's groups gender and infant and young child feeding training schedule

| Day 1 | Day 2 |
|--|---|
| <ul style="list-style-type: none"> • Introductions, icebreakers, expectations, and ground rules • Values clarification | <ul style="list-style-type: none"> • Poor child health problem tree • What your family eats • Understanding nutrition |
| Tea | |
| <ul style="list-style-type: none"> • Understanding gender • Gender roles: “Behave like a man, behave like a woman” • Gender roles: Division of labor and child care in the home | <ul style="list-style-type: none"> • Supporting exclusive breastfeeding and early initiation of breastfeeding • Complementary feeding • What to do when your child falls ill |
| Lunch | |
| <ul style="list-style-type: none"> • Effective communication • Healthy relationships • Thinking about fatherhood | <ul style="list-style-type: none"> • Mother-to-child transmission of HIV • HIV and infant feeding • Men's role in health promotion • Action plans |
| Tea | |
| <ul style="list-style-type: none"> • Thinking about fatherhood • Family care | <ul style="list-style-type: none"> • Dismiss |

Workshop materials and preparation

The following is a list of materials that the facilitator will need to prepare in advance of the training session:

- Blank A4 sheets
- Prepared A4 sheets – as and when needed
- Flip charts and flip-chart paper
- Prepared flip charts – as and when needed
- Prepared small cards – as and when needed
- Marker pens
- Tape
- Pens
- Pencils
- Copies of Handout 1: The gender game, Handout 2: Risks of different feeding methods, and Handout 3: Activity plan
- Small cards
- Relevant cut-outs and pictures – as and when needed
- Two empty boxes (a shoe box, for example)
- Information on nutritional status of relevant country/region

Values clarification

Materials and preparation

- One A4 sheet on the wall with the heading “Agree.”
- One A4 sheet on the wall with the heading “Disagree.”

Before the activity begins, put up the signs on either side of the room. Leave enough space between them to allow a group of participants to stand near each one. Review the statements provided below. Choose five or six that you think will help the discussion most.

Time: 30 minutes

Activity

Note to facilitator: This activity is an opportunity for you (as a facilitator) to get a better understanding of participants’ attitudes and beliefs about infant feeding that you can keep in mind as you facilitate sessions over the next two days. Some of the statements below are incorrect, but this is not a time to provide correct information. Throughout the workshop these topics will be discussed in detail.

If all the participants agree about any of the statements, play the role of “devil’s advocate” by walking over to the opposite side of the room and asking “why would someone be standing on this side of the room or what values would they have that would put them here?”

1. Ask participants to stand in the middle of the room. Explain that you will read a statement; if they agree they should move to the side of the room under the agree sign. If they disagree they should move to the side under the disagree sign. Encourage everyone to move to one side, even if they do not feel strongly they can go to the side that is closest to how they feel.
2. Select and read from the following statements one at a time. After participants have moved, ask a few from each side to explain why they are standing on that side. [*Select four or five statements to complete the exercise.*]
 - The health of a child is a woman’s business.
 - Women make better parents than men.
 - Making sure the family eats well is solely a woman’s responsibility.
 - Children should sometimes go hungry so that they can learn to do without when they grow older.
 - Because men work hard to provide for the family, they should be given priority at meal times.
 - Women should always consult their husbands before going to a health center.
 - A man should not be seen taking his children to hospital.
 - Infant formula (Nan, etc.) is very good for babies.

- Breastmilk is best for babies when they are first born, but after two to three months, babies start to be hungry and need to eat other foods.
- Women who are HIV positive should not breastfeed their children because HIV can be transmitted through breastmilk.
- It is more important for women than men to know their HIV status.
- Men can always know their HIV status following the results of their wives.
- A couple should go for HIV testing together.
- If a woman tests positive for HIV, her husband should kick her out of the home.
- A woman's most important role is to take care of her home and cook for her family.
- There are times when a woman deserves to be beaten.
- It is important that a father is present in the lives of his children, even if he is no longer with their mother.

3. After all of the statements are discussed, explain that this activity is designed to give them a general understanding of their own and each other's values and attitudes about gender and infant feeding. It is designed to challenge some of their thinking and also help them clarify exactly how they feel about certain issues. Remind the participants that everyone has a right to his or her own opinion, and everyone's opinions should be respected.

4. Facilitate a discussion by asking the following questions:

- Which statements, if any, did you have strong opinions and not very strong opinions about? Why do you think so?
- How did it feel to talk about an opinion that was different from that of some of the other participants?
- How do you think people's attitudes about the statements might affect the way that they deal with men and women in their lives?
- How do you think people's attitudes about the statements affect the health of children and women?

5. End the activity by reminding participants about the importance of thinking about their own attitudes about gender. Encourage people to continue to challenge their own personal values and beliefs about gender throughout this workshop, and beyond.

6. Present the following:

Everyone has their own attitudes about gender. Often, our attitudes about gender may be in conflict with others. It is important to respect other people's attitudes about gender, but to also challenge them if their attitudes and values can be harmful to them and to others. As you do gender-related work, it is equally important to challenge your own personal values and beliefs about gender.

Understanding gender

Objectives

- To understand the difference between the terms: sex and gender.
- To understand the term: gender equality.

Materials and preparation

- Flip-chart
- Marker pens
- Tape
- Copies of Handout 1: The gender game, for all participants

Time: 30 minutes

Activity

1. Explain that this session will help clarify some of the terminology that we will be using in the workshop. It will also help us understand what these terms mean in our own lives.
2. Ask participants if they can provide an explanation of the difference between the terms “sex” and “gender.” After getting feedback from the group, clarify the points by providing the following definitions:
 - **Sex** refers to physiological attributes that identify a person as male or female.
 - **Gender** refers to widely shared ideas and expectations concerning women and men. These include ideas about typically feminine/female and masculine/male characteristics and abilities and commonly shared expectations about how women and men should behave in various situations.
3. Distribute the handout and ask the participants to indicate if the statements are referring to sex or gender. After giving the participants a chance to read and answer the statements on their own, discuss each of the answers with the entire group.
4. Explain that there are several terms related to the word gender that also need to be explained. Ask the group if they have ever heard the term “gender equality.” Ask them what they think it means. Allow plenty of time for discussion.
5. After getting their feedback provide the following definition:

Gender equality means that men and women enjoy the same status in society. They both share the same opportunities for realizing their human rights and potential to contribute and benefit from all parts of society (economic, political, social, and cultural).
6. Ask the group if the definition makes sense. Allow them to ask any questions about it.

7. Afterwards, ask the group to discuss whether or not gender equality actually exists in their communities. As the group discusses this, write down any statements that explain why women do not share equal status with men in all spheres of society. Be sure to include some of the following points if they are not mentioned by the group:

- Women in many countries are more likely to experience sexual and domestic violence than men.
- Men are paid more than women for the same work (in most cases).
- Men are in more positions of power within the business sector.
- Women bear the brunt of the AIDS epidemic, both in terms of total infections and in care and support for those living with HIV.

8. After clarifying the definition of gender equality, ask the group the following questions:

- Why should men work toward achieving gender equality?
- What benefits does gender equality bring to men's lives?

9. Ask the group to name actions men can take to help create gender equality.

10. Present the following information:

This manual was developed to support communities to be more gender sensitive, so that men and women can live more healthy and happy lives. To achieve these outcomes, we must encourage men and women to make joint decisions about their health, men respecting a woman's right to say no to sex, men and women settling differences without violence, and men and women sharing responsibility for parenting and care for others.

Gender roles: Behave like a man; behave like a woman

Objectives

- To identify the differences between rules of behavior for men and for women.
- To understand how these gender rules affect the lives of women and men.

Materials and preparation

- Flip chart
- Marker pens
- Tape

Time: 45 minutes

Activity

Note to facilitator: This activity is a good way to understand the idea of gender norms. But remember that these gender norms may also be affected by class, race, ethnicity, and other differences. It is also important to remember that gender norms are changing in many communities. It is getting easier in some places for some men and women to step outside of their “boxes.” If there is time, discuss with the group what makes it easier in some places for women and men to step outside of the box.

1. Ask: Have you ever been told to “behave like a man”? Ask them to share some experiences of someone saying this or something similar to them. Ask: Why do you think they said this? How did it make you feel?
2. Ask: Have you ever been told that “you are behaving like a woman”? Ask them to share some experiences of someone saying this or something similar to them. Ask: Why do you think they said this?
3. Tell the participants that you want to look more closely at these two phrases. Explain that by looking at them, we can begin to see how society creates very different rules for how men and women are supposed to behave. Explain that these rules are sometimes called “gender norms.” This is because they say what is “normal” for men to think, feel, and act and what is “normal” for women. Explain that these rules restrict the lives of both women and men. The rules try to keep men in their “Act like a man” box. And they try to keep women in their “Act like a woman” box.
4. In large letters, print on one sheet of flip chart the phrase “Behave like a man.” Ask participants what men are told in their community about how they should behave. Write these messages on the sheet.

Check the examples to see the kinds of messages that are often listed. Feed these into the discussion if they have not been mentioned.

5. When the group has no more to add to the list, ask the discussion questions about men listed below:

- Which of these messages can be potentially harmful? Why? (Place a star next to each message and discuss each message one by one.)
- How does living in the box impact a man's health and the health of others?
- How does living in the box limit men's lives and the lives of those around them?
- What happens to men who try not to follow the gender rules (e.g., "living outside the box")? What do people say about them? How are they treated?

6. Print on another sheet of flip-chart the phrase "Behave like a woman." Ask participants what behaviors are considered to be "like a woman," and list the behaviors. Then ask: How should women behave? Add to the list. Write these messages on the sheet. Check the examples to see the kinds of messages that are often listed. Feed these into the discussion if they have not been mentioned.

7. When the group has no more to add to the list, ask the discussion questions listed below:

- Which of these messages can be potentially harmful? Why? (Place a star next to each message and discuss each message one by one.)
- How does living in the box impact a woman's health and the health of others?
- How does living in the box limit women's lives and the lives of those around them?
- What happens to women who try not to follow the gender rules?
- What do people say about them? How are they treated?

8. Next, draw another table that has both a column for men and women. Label it "Transformed men/women." Ask the participants to list characteristics of men who are "living outside the box." Record their answers. Once you get about seven to nine responses, ask the same about women who are "living outside the box." Help the participants recognize that in the end, characteristics of gender equitable men and women are actually similar.

9. Ask participants the following questions:

- Are your perceptions about the roles of men and women affected by what your family and friends think? How?
- Does the media have an effect on gender norms? If so, in what way(s)? How does the media portray women? How does the media portray men?
- How can you, in your own lives, challenge some of the non-equitable ways men are expected to act? How can you challenge some of the non-equitable ways that women are expected to act?

10. Summarize the session by presenting the following:

Throughout men's and women's lives, they receive messages from family, media, and society about how we should act as men, and how we should relate to women and other men.

As we have seen, many of these differences are constructed by society, and are not part of our nature or biological make-up. Many of these expectations are completely fine, and help us enjoy our identities as either a man or a woman. However, we all have the ability to identify unhealthy messages and the right to keep them from limiting our full potential as human beings. As you become more aware of how some gender stereotypes can negatively impact your lives and communities, you can think constructively about how to challenge them and promote more positive gender roles and relations in your lives and communities. Therefore, we are all free to create our own gender boxes, of how we choose to live our lives as men or women.

11. Break into five groups and discuss the following:

- Benefits of gender equality for men.
- Benefits of gender equality for women and children.
- How does the community benefit from gender equality?
- What can we do as men to achieve gender equality?
- What is gender equality? What should be put in place to realize gender equality?

Gender roles: Division of labor and child care in the home

Objective

- To examine routine household duties and the gender stereotypes often associated with them and the benefits of men sharing responsibility in the home.

Materials and preparation

- Flip-chart paper
- Markers
- Paper
- Pencils and pens

Time: 60 minutes

Activity

1. Ask participants to name typical household duties that take place on a regular basis. To assist, ask them to think about what needs to be done in a household from the first activities of the day until the last thing before going to sleep. List all of the activities on a flip chart, placing a number (beginning at 1) next to each activity as you go. The list of activities should include some of the following:

- Cooking
- Upkeep and maintenance, including repairing household items
- Shopping for food, clothes, and household items
- Cleaning the house
- Farming
- Trading
- Collecting water
- Collecting fuel
- Looking after animals
- Washing clothes
- Child care
- Elder care
- Safety
- School-related activities (transportation, homework, meetings at school, etc.)
- Paying the bills

Feel free to add these to the list if participants do not mention them.

2. Distribute blank sheets of paper to the group. Ask the participants to reflect on the list, and identify if the activities listed are usually done in their own household by a woman, man, or

equally by both. The participants can simply write “woman,” “man,” or “both” next to the corresponding number on their sheet.

3. Ask the participants to tally the number of activities that women, men, and both sexes normally do. Ask each participant to share their results and list the totals on a new flip chart.

4. Facilitate a discussion using the questions below:

- Did the tally of activities done by women and men in the household surprise you? Why or why not?
- Was there a lot of variation among the tallies of different participants? Why do you think that is?
- Do you think the division of labor between men and women in the home is changing or continuing to remain the same? Why?
- Do men help take care of young children when the mother is around, or only when she is away?
- Do men feed children less than two years (babies and/or young children)?
- Do men help decide what young children are going to eat?
- If men do not participate in child care and/or feeding, what factors contribute to men not participating?
- How has the need to provide additional home-based care to family members living with HIV affected the division of household labor between men and women?
- What are some of the benefits that come from men playing an active role in household duties?
- What can be done to promote more equitable distribution of labor in households?
- What have you learned in this activity? Have you learned anything that could be applied in your own life and relationships?

5. Summarize the session by presenting the following:

If and how a father is involved in child care is not linked exclusively to biological characteristics, but depends more on how men and women are raised and whether they are raised to believe that men can also take care of children. Although girls and women are frequently brought up from an early age to care for children, men can also learn to care for a child – and learn to do it well.

Healthy and unhealthy relationships

Objective

- To identify healthy and unhealthy behaviors that exist within relationships.

Materials and preparation

- Cards with situations written on them (see below)
- Flip-chart paper
- Markers
- Tape

1. Print each situation below on a small card.

- The most important thing in the relationship is sex.
- Partners should never disagree.
- You spend some time by yourself without your partner.
- You have fun being with your partner.
- Your partner is still close to his or her ex-boyfriend or ex-girlfriend.
- A woman continues to spend a lot of time with her mother or sister after marriage.
- You spend time with your unmarried friends after marriage.
- You feel closer and closer to your partner as time goes on.
- How money is spent is the decision of the man alone.
- You will do anything for your partner.
- Sex is not talked about.
- One person makes all of the decisions for the couple.
- You stay in the relationship because it is better than being alone.
- You are in control and you are able to do what you want to do.
- When a man beats his wife it's a sign of love.
- You talk about problems when they arise in the relationship.
- You argue and fight often.

2. In the front of the room, in large letters print “Healthy” on a piece of paper, “Unhealthy” on another piece of paper, and “Depends” on a third. Place these signs on the wall.

Note to the Facilitator: If you do not have cards, you can simply read aloud each situation to the participants and ask them to determine if that situation falls in the “Healthy,” “Unhealthy,” or “Depends” category. The key purpose of this activity is to define what is healthy and unhealthy. When the participants are divided on this issue, return to the qualities of a healthy relationship (respect, equality, responsibility, honesty, companionship, commitment, communication, and happiness) and see if these apply to the situation.

Time: 30 minutes

Activity

1. Pass out the cards to the participants.
2. Tell the participants that romantic relationships can be healthy or unhealthy. In healthy relationships, both partners are happy to be with the other person. In unhealthy relationships, one or both partners are unhappy with the relationship because of one or more problems.
3. Ask the participants to develop a short list of the qualities that describe healthy relationships. See if the participants can agree that respect, equality, responsibility, and honesty are among these qualities.
4. Ask the participants to examine the following situations in a relationship and determine if they fall under the category of “Healthy,” “Unhealthy,” or “Depends.” Have the participants move to the front of the room and place their situation cards under the sign of the category they think is most appropriate.
5. After all of the cards have been placed in the front of the room, review each card and discuss with the entire group whether the situations fall in the “Healthy,” “Unhealthy,” or “Depends” category.
6. Conclude this activity by asking the group the following questions:
 - Why do you think some people stay in unhealthy relationships?
 - How can friends and family help people in unhealthy relationships?
 - Can relationships get better? Can they change from unhealthy to healthy over time?
 - Can relationships get worse? Can they change from healthy to unhealthy over time?

Effective communication

Objective

To develop skills to communicate effectively in the home.

Materials and preparation

- Flip-chart paper
- Markers

Time: 45 minutes

Activity

1. Ask participants to think about communication in their own families. Explain that good communication is a quality of strong families and it can help families make it through difficult times. However, it is during hard times, when family members need each others' support the most, that communication can be the most difficult. A family member who has a problem may find it difficult to ask someone else for help, or the person might think that he or she has to be happy and not worry the other family members. People can also be ashamed and worry that the other family members will be disappointed or angry if they learn of the problem.
2. Ask if anyone is willing to share an example from their family or a family of someone they know where not talking about a problem made it worse. Ask volunteers to describe who was involved, what the problem was, why the person did not talk about it, and what happened as a result of not talking about it. Allow participants to comment.
3. Ask if anyone has an example from their family or a family they know where someone with a problem shared it with another family member or the whole family and they were able to deal with the problem successfully. Allow participants to share.
4. Communication styles:

Note to facilitator: This activity is an opportunity for participants to think about the stereotypical male/female communications patterns. This will help them get a better understanding of the need for improved communication skills. Although the statements below are incorrect, this is not a time to provide correct information. Throughout this session good communication skills will be stressed.

Ask participants to stand in the middle of the room. Explain that you will read a statement; if they agree they should move to the side of the room under the agree sign. If they disagree they should move to the side under the disagree sign. Encourage everyone to move to one side, even if they do not feel strongly they can go to the side that is closest to how they feel.

If all the participants agree or disagree about any of the statements, play the role of “devil’s advocate” by walking over the opposite side of the room and asking, “Why would someone be standing on this side of the room or what values would they have that would put them here?”

Read the following statements one at a time. After participants have moved, ask a few from each side to explain why they are standing on that side.

- Men are more physical than women.
- Women are better communicators than men.
- Women are more emotional than men.
- Men do not know how to express their feelings.
- Men act first and think later.
- Women are more talkative than men.

5. As a group, ask the participants to review the list of qualities of healthy relationships that was developed during the previous session. If there is no list, then ask participants to list qualities of a healthy relationship.

- | | | |
|-----------------|-------------------|-----------------------|
| 1. Trust | 6. Transparency | 11. Patience |
| 2. Honesty | 7. Caring | 12. Protection/safety |
| 3. Love | 8. Tolerance | |
| 4. Respect | 9. Mutual respect | |
| 5. Appreciation | 10. Endurance | |

Relate to the participants how these qualities are supported by good communication. And in order for good communication to take place these qualities must be present. Go through each quality one at a time and connect it to communication with real life examples.

6. Explain that the good thing is that families can change and improve the way they communicate. Share the following information with the group:

Listening – When you listen carefully to family members, you encourage them to talk about what is most important to them. It is normal for family members to not listen carefully to each other. We might think that since we know the person well we do not have to listen as closely or we may pretend to listen while we do something else. To listen well, we can:

- Pay attention. Paying attention, and putting aside what you are doing shows the speaker you want to listen. While you are listening it is important to put aside your own opinions, thoughts, and judgments until you have heard all of what the speaker is trying to say.
- Be open and show respect. You may not agree, but being willing to hear what the other person believes shows that you respect that person.
- Hear words and sense feelings. Ask questions to be sure that you are understanding correctly: “Do you mean...?” “Are you saying...?” This can help you be sure that you have understood what your family member really means.
- Give responses, but not always answers. Saying things like “Tell me more about that” or “How long have you felt that way?” shows the other person that you are ready to listen

more. Giving someone advice too soon or telling someone what to do may discourage them from talking with you more in the future.

- Listening is not always easy. It can be difficult to listen when strong emotions are present. Just being with a spouse or child or sibling who is going through a hard time shows that you care. Letting someone know that you will be ready to listen whenever he or she is ready to talk is a good beginning. Encourage talking by asking questions like “What do you think about...”
- Listen patiently. Do not interrupt the speaker.
- Respond positively. Even if you don’t agree with the speaker’s ideas, give him/her time to explain his/her thoughts.

Summarize by giving three main points about listening. Listening:

- Encourages people to speak.
- Encourages people to express their feelings.
- Helps people feel valued, building self-esteem.

7. Ask participants if they have any questions. Ask participants if they think that this information can be used in their own families. Ask them to explain how they think they could use it.
8. Explain that good communication is more than just listening. It is also important for the person talking to express him/herself clearly.

Share the following information about talking:

Talking – You cannot assume that other family members know your needs, feelings, and thoughts if you have not told them. To share your thoughts and feelings in a way that is easy for other people to understand, you may need to take time first to listen to yourself. Ask yourself, “What am I really feeling right now?” “What do I really think about this issue?” Try to focus on how something is affecting you, and try not to blame someone else or think about what another person has done or said. Remember, the other person’s feelings are involved too.

- Describe your feelings. Say, “I feel sad” or “I feel afraid.”
 - Say what you mean in a simple, direct way.
 - Do not blame or judge. Say, “I really need to talk with you,” instead of, “You never listen to me.”
 - If something is important, talk about it – even if you are worried about how the other person will respond. Be ready to listen and try to understand their reaction.
9. Ask participants if they have any questions. Ask participants if they think that this information can be used in their own families. Ask them to explain how they think they could use it.
 10. Explain that it is not always easy to communicate well as a family. Improving family communication takes practice, and taking time to communicate is even more important than practicing new skills. A family can provide a safe place for its members to share feelings, thoughts, ideas, fears, dreams, and hopes. Try to find time to talk with each person alone, and together as a family. When you are busiest and most worried, it is especially important to

plan a few minutes when everyone can be together. A few minutes spent at the end of the day just talking about how things have gone that day and planning for tomorrow can be a relief from stress. Be sure to save difficult problem-solving conversations for times when you are not tired.

11. Ask participants if they have any questions. Ask participants if they think that this information can be used in their own families. Ask them to explain how they think they could use it.

Thinking about fatherhood

Objectives

- To reflect on their feelings about the role of a father.
- To reflect on the influence their father had on their lives.

Materials and preparation

- Flip-chart paper
- Markers

Time: 60 minutes

Activity

Note to the Facilitator: This can be a difficult activity because it involves sharing a lot of personal information. As a facilitator, it will be important for you to model this sharing of personal information so that the participants will feel comfortable in doing the same.

This activity works best with men who are fathers. However, you can conduct the activity with men who do not have children. To do this activity with men who are not fathers, you simply need to change the questions during the discussion so that the participants are asked about the type of father that they would want to be. The questions that give the participants an opportunity to reflect on their relationship with their own father are valuable regardless of the participants' parental status. In order for the participants to reflect on the meaning of fatherhood, this activity calls for them to think about their relationships with other men, particularly their own fathers. Many men you will be working with have not had close or secure relationships with their own fathers. This makes it difficult for them to be loving and caring fathers to their children even when they may desire to be so. At the same time, do not assume that all participants have had poor relationships with their fathers. When doing this exercise, if any men begin to express a lot of negative feelings about their fathers or other adults, remind them that they are survivors and that the fact that they have made it this far is a testimony to their strength and resilience.

1. Explain to the participants that the ideas we all have about being a father have a lot to do with (a) how we were raised, (b) our relationships with other men, and (c) the things that have happened to us in our lives. In this activity, we are going to be discussing our personal life experiences. Every person has the right to say as little or as much as they want to share. No one is required to share his story and everyone has the right to pass.
2. Place the following questions on the board or just simply ask them of the participants. Please share the following information about yourself:
 - What is your age?
 - What are the names and ages of your children?
 - Can you tell us a little about the family you grew up in?

- Who raised you?
- How many children were in the family?
- How would you describe yourself as a boy?

3. Divide the participants into five smaller groups. Ask members of the smaller groups to discuss the following questions:

- Describe your relationship with your own father.
- What kind of parent was your father?
- What did you learn from your father about being a parent?
- How would you like to be a different kind of parent from your father?
- What messages have you learned about what it means to be a man?
- What has it been like so far for you as a father? If you are not a father, what do you think fatherhood would be like? What do you think would be enjoyable? What would be difficult?

4. After the participants have shared some of their personal histories, lead a group discussion around the following issues:

Group One, discuss:

- When you were growing up, who were the important men in your life?
- What kind of relationship did you have with your own father (uncle, grandfather, older brother, mother's boyfriend) when you were growing up? What is the relationship like now?

Group Two, discuss:

- Who have been the important women in your life? What have those relationships been like?
- What have these important people taught you about what it means to be a man?

Group Three, discuss:

- What has your experience as a father been like so far? What have been the positives? What have been the negatives?
- What kind of father do you think you can be?

Group Four, discuss:

- In what ways has your relationship with your own father influenced your feelings about fatherhood and raising children?
- How has your relationship with your mother influenced the way you deal with your children?

Group Five, discuss:

- What are the challenges of being a father? How can these challenges be addressed?
- What is the positive side of being a father? What are the benefits of being a father?

Back in the plenary, discuss the following questions:

- What are the benefits for a child who has an active father in their life?
- What are the benefits of a man having a good relationship with the mother of their child?
- What do men need to do to become better fathers?
- Are there positive role models of fathers in your community?
- What can be learned from them?

6. Summarize the session by presenting the following information:

Men who are more active in caring for their children report more satisfaction in their relationships with their partners and in their daily lives. It is important to consider that if boys interact with men (fathers, uncles, family friends, etc.) in a caregiving situation, they will more likely view men's caregiving as part of the male role. They may also be encouraged to question gender inequality in the home. In other words, the greater participation of men in caring for their children may have a positive impact on gender relations, insofar as children will be able to observe their parents' behavior and learn a broader meaning of what it means to be men and women.

Family care

Objective

- To reflect on current concepts of family and highlight the importance of different caring figures in our lives.

Materials and preparation

- Flip-chart paper
- Markers

Time: 60 minutes

Activity

Facilitators' notes: The number of trios can vary according to the size of the group. This activity can be applied in large groups of up to 40 participants, although in this case the presence of an additional facilitator is recommended. Generally speaking, this activity is popular among young people, insofar as it involves physical movement and a game. The atmosphere in the group during the activity is relaxed, and thus this activity is highly recommended for situations in which the group will meet only once. It is advisable at the start to include some music to get the ball rolling.

1. Divide the group into groups of three. Two men will be the walls of a house, one facing the other with their hands raised. By putting the palms of their hands together, they will form the roof of the house. The third will be the occupant (who will remain standing between the walls).
2. Ask one participant to remain outside and not join a group of three. This participant will be neither a wall nor the occupant. Instruct this participant to shout out “house,” “occupant,” or “house and occupant.”
 - When he shouts **house**, the **walls** should move and take up their position around another occupant.
 - When he shouts **occupant**, the walls remain static and the occupants change houses.
 - If the person shouts **house and occupant**, everyone should change place at the same time.
 - The one who shouts should run and occupy an available place. The one that is “left out” should give a new order (shout) and try to occupy a place, and so on.
3. At the end, explore the following questions with the group, asking them to reflect on the exercise:

- Describe ways in which occupants or families sometimes change or leave within households.
 - a. Children go away to boarding school or college.
 - b. Grandparents, parents, or siblings die.
 - c. Husbands leave the household seeking work elsewhere.
 - d. Wives leave the household seeking work or go back to school.
 - e. One or the other parent abandons the family.
 - f. Adult children move back home (married or divorced, with or without children).
 - g. Because of HIV, families take in additional children to raise.
 - h. Someone gets sick and moves in because they need care.
 - i. Other.

- Describe ways in which houses change based on families' needs or circumstances:
 - a. Move to a larger house or smaller house.
 - b. House burns down or is destroyed in a storm or other disaster.
 - c. People move to another location because of work.

4. Facilitate a discussion with the following questions:

- In what way are families similar, and in what ways are they different?
- What is family for you?
- Who forms part of your family?
- Is a family only made up of blood ties?
- How are some of the families that you know constituted?
- Is there any type of family that is better for a child?
- Is there any type of family that is bad for a child?
- What have you learned in this activity? Have you learned anything that could be applied in your own life and relationships?

5. Summarize the session by presenting the following:

There is no single family model and although our cultural model associates family with the relationships between father, child, and mother, there are different family structures that can provide a child with an equally healthy development. In principle, there are no family models that are better than others — only different from each other.

Grandparents, aunts, uncles, neighbors, and friends, in addition to parents, all contribute to families and their support and caring for children and family members.

Families are not static, nor are roles within families static. They are changing and reconfiguring, ever adapting to changes presented by life. All of these changes impact people in their roles and responsibilities, particularly around child care and feeding.

Poor child health problem tree

Objective

- To understand the causes and effects of poor child health.

Materials and preparation

- Flip-chart paper
- Markers
- Paper

Time: 45 minutes

Activity

1. Divide the participants into three or four small groups. Each group will be given an assignment to draw a problem tree.
2. Provide the following instructions for the groups.
3. Draw a tree trunk in the middle of a flip chart.
4. Ask the group to brainstorm some of the causes of child illness. On the problem tree, each of the causes should be depicted as one of the roots of the tree. After mentioning each cause, the group should think about what else can contribute to that initial cause. For example, if one of the causes is “diarrhea” then the group should think about what causes diarrhea. One of the causes could be “unclean water” – this would then be depicted as a sub-root of the original cause.
5. The problem tree will also look at the effects of child illness and what responses/actions are taken to respond to a sick child: who cares for the child, where is the child taken, what decisions need to be made regarding treatment, and who makes these decisions. In their picture of a problem tree, the response/actions will be depicted as the branches of the tree. As they did with the causes, the groups should brainstorm and identify the primary and secondary actions, the decisions that are made, and the people who make them. What are the outcomes of these decisions? What leads to timely caring and treatment of the child?
6. After all groups are finished, ask them to post the flip charts on the wall. Allow all of the participants to walk up to the wall and observe the trees.
7. Bring the group back in a circle. Ask the participants the following discussion questions:
 - Did the groups identify the same causes and effects? Which of these causes do you think are the most important to address in order to reduce childhood illness?

- What have you learned from this exercise? How can you apply this in your own lives and families?

8. Summarize the session by presenting the following information:

Childhood illness can be caused by a lot of different factors, some of which are related to cultural and gender norms. When a child is sick, a woman may wait until the father is home to get money for transport to take the child to the doctor. Because women do not have the power to make decisions and men are not involved in their children's health, this may lead to a child not getting the care needed in a timely manner, and possibly experiencing more serious health consequences than if they had sought care earlier.

What your family eats

Objective

- To understand the importance of meal-planning and the dynamics around family nutrition.

Materials and preparation

- Flip-chart paper
- Tape
- Markers

Time: 60 minutes

Activity

1. With the full group, facilitate a discussion as described below:

- Explain to participants that eating is not just a simple act of putting food in the mouth and digesting it. Eating is a cultural, social, and heavily value-laden activity. We need food to be healthy and strong, but what and how we eat is almost as important as the nutrition we derive from the food. Food means different things to different people. What is food?
 - a. Let the group state a few foods and write them on the flip-chart paper.
 - b. What do you think about snails, snakes, cockroaches? Are these foods?
- When you think about [insert name of popular national dish here]? When you think about [insert name of other popular national dish here], what else do you think about? What are special holiday foods? Feel the emotions that these foods evoke.

2. Divide into six groups of five people.

- Groups One and Four:
 - a. Ask the participants to describe what is a “man-meal” or “man-food.” What are the special foods that men like to eat? How do they get these foods? Are they different from what women eat and what children eat?
 - b. On a piece of flip-chart paper divide into three columns and list:
 - i. Man foods
 - ii. Woman foods
 - iii. Child foods
 - c. Discuss how these differ and why.
 - d. Discuss where these foods are eaten.
- Groups Two and Five:
 - a. Describe a typical meal in your family.

- b. Encourage them to talk about not only the foods that make up the meal but also:
 - i. Who prepares the meal?
 - ii. When do people generally eat that meal?
 - iii. How many times a day does a family come together to eat meals?
 - iv. Does everyone eat together?
 - v. Who eats first and what do they eat? Who eats next and what do they eat?
 - c. Discuss the variety of meals (not just breakfast, lunch and dinner) that families eat and how different people within the family eat differently or at different times.
- Groups Three and Six:
 - a. On a sheet of paper draw a line down the middle. On the left-hand side list what activities/actions are necessary to contribute toward the family meal? Have the group go through every aspect that is required to make a meal possible from securing the raw food to the final preparation and eating of that food (such actions may include farming or securing the seeds, working to make money to buy the equipment that food is prepared on, shopping to buy the food or spices, carrying the water to cook the food with...). If processed food is eaten talk about purchasing that food, etc.
 - b. Once the group has exhausted the topics of what goes into the meal on the right-hand side of the paper beside each of the other items listed, list who is responsible for that action (there can be more than one person and not just fathers and mothers—grandfathers, grandmothers, children, and many other people may be involved).
3. Groups report back what they discussed briefly and the second group of each topic just adds anything new. What did the group learn about food, meals, and family eating?
4. Explain that we will be talking more about foods and health in the next several sessions.

Understanding maternal and child nutrition

Objective

- To understand the importance of how children are fed.

Materials and preparation

- Information on nutritional status of relevant country/region

Time: 45 minutes

Activity

1. Explain that yesterday we talked about the causes and effects of poor child health. Malnutrition contributes to about one-third of all childhood deaths.
2. Ask: What does being malnourished mean? What are some of the causes of malnutrition? How can malnutrition be prevented? Encourage participants to discuss.
3. Ask: Other than children, are there any other groups who are especially at risk of malnutrition? [Pregnant women, people living with HIV/AIDS.]
4. Present the following information:

In order to live, we must eat. The kind of food we eat affects how our bodies work. Not eating enough or not eating the right kinds of foods can cause people to have a higher risk of illness and death. Children are especially affected when they do not eat properly. When children are not fed properly, they become malnourished and their bodies are less able to fight off disease and infection. Not eating properly, falling ill often, not being cared after well, and poor hygiene and sanitation can lead to young children being malnourished.

If a woman is malnourished prior to and during pregnancy, it will affect the outcome of her pregnancy. She may not bring the pregnancy to full term, or she may give birth to a very small child. She may not fully breastfeed. This will affect the child's development throughout life.

During pregnancy, a woman needs to eat more to support her growing baby, and she needs extra iron to support the increased demand for blood in her system. She is given iron tablets during pregnancy that she needs to take for at least 90 days. She needs plenty of rest and should not be engaged in heavy work. She needs the father's and the family's support to help with chores to reduce her workload. The mother needs to eat foods high in calcium to keep her bones and teeth strong, and to add calcium to the breastmilk for the baby.

After she gives birth, the mother needs vitamin A, which passes through her breastmilk to the baby. Although the baby can store iron, it cannot store vitamin A. The mother is given a large

dose of vitamin A within two months of giving birth. After that, the child is given vitamin A every six months, starting at six months of age.

If a child is malnourished during the first two years of life, the child's physical and mental growth and development may be slowed. This cannot be fully made up when the child is older – it will affect the child for the rest of his or her life. For these reasons, a mother's nutrition and how children are fed during the first two years is especially important. Children have the right to a caring, protective environment and to healthy food and basic health care to protect them from illness and promote growth and development.

These optimal infant feeding practices are necessary to ensure adequate nutrition, growth, and development during infancy and early childhood. In many countries, current poor breastfeeding and complementary feeding practices, coupled with the high rates of childhood diseases, result in high rates of malnutrition during the first two years of life. It is essential to ensure that mothers, caregivers, family members, and communities have accurate information on how to optimally feed infants and young children, and that community leaders help to protect, promote, and support optimal infant feeding practices.

Optimal infant and young child feeding practices include starting to breastfeed within the first 30 minutes of birth, and exclusive breastfeeding for the first six months with continued breastfeeding for at least two years and beyond. At six months, babies start to need other foods in addition to breast milk; this is called complementary feeding. Complementary feeding practices include the frequency, quantity, quality, variety, hygienic preparation and storage of food, as well as responsive feeding among others. Feeding the right amount and right kinds of safely prepared nutritious complementary foods is very important for a young child from 6 to 24 months.

It is important that children eat the best foods they can get, so that they grow well and do not get sick. Malnutrition affects health and resources. Children who are malnourished are more at risk for illness and becoming less intelligent, so they will not perform well in school. As adults, the long-term effects of malnutrition can make workers less productive, miss work more often, causing them to earn less money during their lifetime. Malnutrition can also result in problems during pregnancy for a mother's health and the health of her child. Optimal infant and young child feeding practices are important because they have significant health, social, and economic benefits.

[Note to facilitator: At this point, present some statistics and facts relevant to the nutritional status of your country/region.]

5. Ask: In our community, what food is given to babies when they are first born? Allow participants to discuss. Then ask: What is the best food for babies when they are first born? If there are differences between what participants list for what is given to children and what is best for children, mention them to the group and ask them to talk about why they are not the same.

6. Share the following information with participants and answer any questions:

International health experts recommend giving babies only breastmilk (and nothing else) from the time they are born until they are six months old. This is called exclusive breastfeeding.

7. Ask: Why do you think exclusive breastfeeding is recommended? Encourage participants to discuss. Ask: Do you know of any advantages of exclusive breastfeeding?

8. Present the following information:

- Breastmilk is the perfect food for babies. It has everything that a baby needs to grow and develop for the first six months.
- Babies who take only breastmilk grow better, fall sick less often, and perform better in school than children who are not exclusively breastfed.
- For the first six months babies do not need any other foods or liquids, not even animal milk, water, porridge, or fruits. Breastmilk has enough water so even babies in hot climates do not need water.
- Giving other foods and liquids (including animal milk and water) to babies during the first six months is very dangerous for their health and can make them sick.
- Human breastmilk is perfect for human babies, just as cow's milk is perfect for baby cows and goat's milk is perfect for baby goats. We never see baby goats drinking cow's milk because animal milks are different for the needs of each animal.
- For most HIV-positive women in our community, exclusive breastfeeding is the safest way to feed their baby for the first six months. Giving other foods and liquids in addition to breastmilk during this time increases the risk of HIV transmission, illness, and death.

9. Ask: Is exclusive breastfeeding practiced in our community? Encourage participants to discuss. Explain that even though breastfeeding is common in countries such as Kenya, almost all babies take other foods and liquids in addition to breastmilk before six months. This means that every day most babies in Kenya face a risk of illness, malnutrition, and death. Almost every mother can exclusively breastfeed successfully. Those who might lack the confidence to breastfeed need the encouragement and practical support of the baby's father and their family, relatives, and neighbors, and the wider community. Everyone should have access to information about the benefits of exclusive breastfeeding. Answer any questions participants have about exclusive breastfeeding.

10. Explain that mothers should begin breastfeeding their babies within the first 30 minutes to one hour of birth. The first milk that comes is a sticky, yellow-white milk. It is very important that babies have the first milk. They should not be given water, other liquids, or ritual foods.

11. To recap:

- Breastmilk is the best first food for babies.
- The first milk protects babies from illness and is like a baby's first immunization.
- Starting breastfeeding immediately after birth reduces the chance of the baby dying.
- The mother's body helps keep the baby warm.
- Starting breastfeeding helps create good breastfeeding practices and makes it more likely that babies will be exclusively breastfed for six months.
- Breastfeeding immediately also helps mothers by stopping bleeding.

Supporting good infant feeding practices during the first six months

Objective

- Identify ways men can support good infant feeding practices.

Materials and preparation

- One A4 sheet with “BREASTFEEDING WITHIN 30 MINUTES” written on it and another with “EXCLUSIVE BREASTFEEDING” written on it.
- Blank A4 paper, markers, tape.

Time: 60 minutes

Activity

1. Ask: What are the reasons why mothers in our communities give their babies food and liquids other than breastmilk before they are six months old? Ask participants who give a reason to write it on a piece of A4 paper and post it on the wall under the heading EXCLUSIVE BREASTFEEDING. [Participants may mention cultural practices/beliefs, advice from health workers, pressure from family members, don't know about the benefits of exclusive breastfeeding, women have to work/be away from the baby, no partner/community/family support, etc.]
2. Ask: What are the reasons why mothers in our communities do not start breastfeeding immediately after giving birth? Ask participants who give a reason to write it on a piece of A4 paper and post it on the wall under the heading BREASTFEEDING WITHIN 30 MINUTES. [Participants may mention cultural practices/beliefs, advice from health workers, pressure from family members, don't know about the benefits of exclusive breastfeeding, women have to work/be away from the baby, no partner/community/family support, etc.]
3. Ask participants to look at all of the reasons posted on the wall. Which of these reasons are they able to help address in their families? Take down any reasons that they do not think that they can help address.
4. Explain that as fathers they can help support women to exclusively breastfeed their babies for the first six months. It is important to talk about the beliefs and attitudes people have about infant feeding and to be sure that everyone in our community has correct information about how to properly feed their child. There are many myths about how to feed our children that can contribute to poor infant feeding practices, which make our children fall sick, do poorly in school, and die. Correcting these myths and providing support are important first steps toward improving our children's health. It is important for you to support good infant feeding practices in your family and community.

5. Ask what are some benefits of exclusive breastfeeding for our communities? [Participants might mention more children survive, fewer children need health care, children do better in school, there are more resources for other things, etc.]
6. Facilitate a discussion with the following questions:
 - The clinic teaches that babies should receive only breastmilk in the first six months of life. Is it possible for mothers to exclusively breastfeed their babies for six months? Why or why not?
 - a. What would make it easier for mothers to do it?
 - b. What gets in the way of mothers giving their babies only breastmilk for six months? Does the father not think that the mother has enough breastmilk? Does the father not think the quality of the mother's breastmilk is adequate? Does the father not think the mother has enough time?
 - c. How are some mothers able to do it and others are not?
 - Since women have to go back to their regular activities, they are advised by the clinic to express the milk and leave it for the baby.
 - a. What do you think about this advice?
 - b. Do you know whether women in your community express their breastmilk?
 - c. Why or why not?
 - d. What do women do to make sure their babies are fed when they have to leave them?
7. Divide participants into groups of three for a role play. Explain that one person should be a husband, the other should be the wife, and the other should be the husband's mother. The husband and wife have a two-month-old baby boy. The wife has been practicing exclusive breastfeeding and plans to continue. The husband's mother thinks that the baby needs to start taking some watery porridge. She thinks the baby cries too much and it is because he is hungry. She believes boys need to eat more than girls and breastmilk alone is not enough. Ask participants to role-play this scenario.
8. After five to ten minutes, ask participants to return to the larger group and discuss their role-plays using the following questions:
 - What happened in your role play?
 - Did the "father" become involved in the discussion?
 - What was decided?
 - Was the "father" comfortable talking to his mother about feeding his child?
 - Do you think this is something that could happen in your family? In your community?

Complementary feeding

Objective

- To understand the importance of feeding children the right kinds of food starting at six months of age.

Materials and preparation

- Notecards with foods from earlier session (ensure that any duplicates have been removed).
- Add other notecards with water, formula, cow's milk, breastmilk.
- A4 sheets with 0 to 6 months, 6 to 12 months, 12 to 24 months, never.
- Prepared flip chart with food groups.

Time: 60 minutes

Activity

1. Share the following information:

- At six months children start to need a variety of other foods in addition to breastmilk. As the baby grows more and more foods can be added to their diet.
- Before six months, breastmilk provides everything a baby needs, but at six months and as babies continue to grow they need other foods.
- Breastmilk continues to be an important source to help children grow well and protect them from illnesses until two years and beyond.
- The foods that are given to children at six months are called complementary foods, because they complement breastmilk – they do not replace breastmilk.
- Giving a variety of different foods in addition to breastmilk helps children 6 to 24 months of age to grow well. When children are short for their age (which shows that children are malnourished), it can be permanent and can affect intelligence. Rates of malnutrition usually peak during this 6 to 24 month period, with lifelong consequences.
- Good complementary feeding involves continued breastfeeding and giving the right amount of good-quality foods.
- Babies 6 to 12 months old are especially at risk, because they are just learning to eat.
- Babies 6 to 12 months must be fed soft foods frequently and patiently. These foods should complement, not replace, breastmilk.
- How many times a day do you eat (including tea, snacks, and meals)?
- Babies and young children have small stomachs and need to eat much more often than an adult to keep it filled up. How many times a day do you think a young child needs to eat solid foods:
 - a. Between 6 and 9 months of age?
 - b. Between 9 and 24 months of age?
 - c. Over 2 years of age?

- When children do not eat properly it affects their health, intelligence, and productivity, and ultimately it affects a country's potential to develop.
- Weight gain is a sign of good health and nutrition. It is important to continue to take children to the health facility for regular check-ups and immunizations and to monitor growth and development.
- After six months of age, children should receive vitamin A supplements twice a year or take multiple micronutrients on a daily basis. Encourage mothers to consult a health care provider for the proper advice.
- If a mother is HIV positive, it is important for her to consult a health care provider for counseling on infant feeding options when her baby is six months old, such as safer breastfeeding or the use of other suitable milks.

Answer any questions participants have.

3. Pass out the notecards to participants. Explain that participants should tape their notecards under the age that food should be given to babies and young children. Make sure participants post all of the notecards.
4. Ask participants to walk around the room with you and look at the groupings. Ask if there is anything that people think should be moved/removed. Correct any information that is not correct. It is important to emphasize that there are many cultural beliefs about what foods can and cannot be given to babies – correct any myths. Also, emphasize that the kinds of foods given to babies are similar for children 6 to 12 months and 12 to 24 months; they are often just prepared in a different way and older children eat more food, more often. Discuss any foods that are listed under never.
5. Remind participants of how they grouped foods together earlier. Review the prepared flip chart with information on food groups:

| <u>Body building</u> Make children strong | <u>Energy giving</u> Give children energy | <u>Protecting foods</u> Prevent and fight illness |
|---|---|---|
| Beans, lentils, meat, chicken, fish, and egg yolks | Rice, potatoes, maize, millet, and plantains | Fruits and vegetables like leafy greens, carrots, pumpkin, oranges, mangoes, and paw paws |

6. Explain that children should be fed food from at least two different food groups at each meal. Ask: Do you think this is how most children in our community are fed? What can we do to help ensure that children are given a variety of foods?
7. Explain that as children grow they need to eat more. To be sure they are eating enough, mothers can breastfeed more often, but it is also important that children are given more food, more often, and that the foods given have a lot of energy even in small amounts (like fats and oils). Review the following amounts that children should receive.

| Age | Amount of food |
|-----------------|--|
| 6 months | <ul style="list-style-type: none"> • 2 to 3 tablespoons at each meal • 2 meals each day |
| 7 to 8 months | <ul style="list-style-type: none"> • ½ cup at each meal • 3 meals each day |
| 9 to 11 months | <ul style="list-style-type: none"> • ¾ cup at each meal • 3 meals each day • 1 snack |
| 12 to 24 months | <ul style="list-style-type: none"> • 1 cup at each meal • 3 meals each day • 2 snacks |

8. Ask: What are some of the challenges that women and families in our communities face that prevent them from feeding their 6 to 24-month-old children appropriately? [Possible answers: lack accurate information, heavy workloads limit time to help feed children, perception that there is not enough food.] Note participants' responses on a flip chart. For each response noted on the flip chart, ask: How can we work together with our partners to overcome these challenges? Encourage participants to share experiences.

9. Ask: How do you know if a child is growing well? Where can you take your child to be weighed and measured? How often should you take your child to be weighed and measured? Do most mothers in our communities take children to be weighed and measured as often as they should?

10. Facilitate a discussion around the following questions:

- Do young children under two years eat the same foods as the rest of the family?
 - a. If not, what do they eat differently?
 - b. How often do they eat?
- What are the best foods for babies and children of the following ages?
 - a. Newborns and babies up to two months.
 - b. Babies two to six months.
 - c. Infants 6 to 12 months.
 - d. Young children one to two years.
- When should babies start to drink other liquids? And eat solids?

[Note to facilitator: Get fathers to talk about the process as they know it. Do not just ask them to answer each question.]

- a. At what age should mothers start to give water to babies? Why?

- b. At what age should mothers start to give other fluids/liquids? Why?
 - c. Should other milks besides breastmilk be given? Which ones (names) and when should they be given? Why?
 - d. How should these liquids given?
- What are the first foods typically given to young babies?
 - a. What are the names of foods given?
 - b. What are the ingredients in the foods?
 - c. If porridge is mentioned, ask: What other things are added to the porridge? Why?
- How do parents know that the baby is ready to start eating solid foods?
 - a. Probe the cues and milestones (specific ages, teeth, sitting, crying, reaching for food, etc.).
 - b. When and how should mothers start to give solid foods?
- What foods or liquids should not be given to young children under two years?_Why?

What to do when your child falls ill

Objectives

- To identify danger signs.
- To be prepared for an emergency.
- To describe how to feed a child who is ill.

Materials and preparation

- Flip charts
- Markers

Time: 60 minutes

Activity

1. Facilitate a discussion with the following questions:

- How do you know that a baby or young child is healthy?
 - a. What does a healthy baby look like?
 - b. How does a healthy baby behave?
- How does a sick baby look different or behave differently than healthy babies?
 - a. What makes babies sick?
 - b. What types of illnesses do babies have before they are six months old?
 - c. What causes these illnesses?
 - d. How can mothers prevent their babies from getting sick?
 - e. Are special foods or liquids fed to infants when they are sick?
- When a child falls ill, who decides how the child should be cared for?
 - a. Who decides when a child should be taken to a health facility?
 - b. What do men typically do when a child is ill? What is their role?

Encourage participants to discuss.

2. Ask: Does anyone have a story to share about when their child fell ill? Encourage participants to share their experiences.
3. Ask: What are signs that a child should be taken to a health facility immediately? [Participants should mention the child is not able to drink or breastfeed, the child vomits everything, the child has convulsions (fits), or the child is lethargic or unconscious.]
4. Ask: What are some of the challenges or barriers to bringing children to a health facility when they are ill? Note participants' comments on a flip chart.
5. Ask: How can we overcome these challenges? Write suggestions next to the challenges.

6. Explain that often time and money for transport is a challenge to getting care. Ask: How can we be prepared in the case of an emergency? What can you do to be prepared in your own family? Encourage participants to discuss.
7. Explain that when children are ill, it is important for them to eat properly. Ask: What are common beliefs and practices around feeding children who are ill? Are they encouraged to eat or not eat? Are there foods that should be given or not given?
8. Explain that it is important for children to eat more when they are ill and when they are recovering from an illness. Present the following:
 - Children who are ill may lose weight because they have little appetite or their families may believe that ill children cannot tolerate much food.
 - If a child is ill frequently, he or she may become malnourished, causing them to be at higher risk of more illness. Children recover more quickly from illness and lose less weight if they are helped to eat when they are ill.
 - Children who are fed well when healthy are less likely to lose weight when they are ill and more likely to recover faster. They are better protected.
 - Breastfed children are protected from many illnesses. Special care needs to be given to children who are not breastfed and who do not have this protection.
9. Ask: Why might a baby or young child feed less during illness? Write participants' replies on the flip chart. Refer to their responses as you make these points.
 - The child does not feel hungry, is weak and lethargic.
 - The child is vomiting or the child's mouth or throat is sore.
 - The child has a respiratory infection that makes eating and suckling more difficult.
 - Caregivers withhold food, thinking that this is best during illness.
 - There are no suitable foods available in the household.
 - The child is hard to feed and the caregiver is not patient.
 - Someone advises the mother to stop feeding or breastfeeding.
10. Ask: What can you do to make sure that children eat enough when they are ill? Ensure the following are mentioned.
 - Encourage children to drink and eat during illness and provide extra food after illness to help them recover quickly.
 - The goal in feeding a child during and after illness is to help him to return to the growth he had before he was ill.
 - Give small amounts frequently.
 - Give foods that the child likes.
 - Give a variety of nutrient-rich foods.
 - Encourage the mother to continue to breastfeed – often ill children breastfeed more frequently.

11. Ask: What can you do to make sure that children eat enough when they are recovering from an illness? Ensure the following are mentioned:

- Encourage the mother to give extra breastfeeds.
- Feed an extra meal.
- Give an extra amount.
- Use extra-rich foods.
- Feed with extra patience and love.
- The child's appetite usually increases after the illness so it is important to continue to give extra attention to feeding after the illness.
- This is a good time for families to give extra food so that lost weight is quickly regained.
- Young children need extra food until they have regained all their lost weight and are growing at a healthy rate.

12. Ask: How can men take a more active role in caring for their children when they fall ill?
Encourage participants to discuss.

Mother-to-child transmission of HIV

Objectives

- To explain the transmission of HIV from infected mothers to their children.
- To explain that most babies born to HIV-infected mothers will not be infected with HIV.
- To explain that there are ways to reduce the risk of mother-to-child transmission.
- To describe what participants can do in their community to help reduce the risk of mother-to-child transmission.
- To encourage all women to be tested for HIV during pregnancy.

Materials and preparation

- Blank A4 sheets
- Tape
- Markers

Time: 30 minutes

Activity

1. Ask: When can HIV be transmitted from HIV-infected mothers to their children? Allow participants to answer. [Participants should mention: during pregnancy, during labor and delivery, and through breastfeeding.]
2. Ask: Will most children born to mothers who are HIV infected become infected with HIV themselves? Encourage participants to discuss.
3. Ask 20 participants to stand up in the front of the room. Present the following:
 - Imagine that each person standing up is a baby who was born to an HIV-infected mother.
 - How many of these 20 babies do you think will become infected with HIV during pregnancy, labor, or birth? *Encourage several participants to discuss.*
 - *After participants discuss, ask five people to raise their hands.*
 - About 5 out of the 20 babies will be infected with HIV during pregnancy, labor, or birth. These are the numbers based on women who do not go for prevention of mother-to-child transmission (PMTCT) services during pregnancy. The number of babies who would be infected is lower if women use PMTCT services.
 - How many of these 20 babies do you think will become infected with HIV through breastfeeding? *Encourage several participants to discuss.*
 - *After participants discuss, ask three **other** people to raise their hands.*
 - About 3 out of 20 babies would be infected during breastfeeding. A baby's risk of HIV infection depends on how he or she is breastfed. When mothers breastfeed and give other foods and liquids before six months (which is how most children in our community are fed) it almost doubles the risk of passing HIV to the baby.

- In summary, out of 20 babies born to HIV-positive mothers, around 8 would be infected with HIV, even if the mothers do not use PMTCT services or practice safer infant feeding. So most children will not become infected.
4. Ask the same 20 participants to stay in front of the room. Present the following:
- Now imagine that each person standing up is a baby who was born to an HIV-infected mother, but this time the mother and baby take antiretrovirals and practice exclusive breastfeeding.
 - How many of these 20 babies do you think will become infected with HIV during pregnancy, labor, or birth? *Encourage several participants to discuss.*
 - *After participants discuss, ask two people to raise their hands.*
 - About 2 out of the 20 babies will be infected with HIV during pregnancy, labor, or birth. The number is lower because these women used PMTCT services.
 - How many of these 20 babies do you think will become infected with HIV through breastfeeding? *Encourage several participants to discuss.*
 - *After participants discuss, ask one **other** person to raise his/her hand.*
 - About one baby would be infected during breastfeeding if a mother breastfeeds exclusively for six months.
 - In summary, out of 20 babies born to HIV-positive mothers, around 3 would be infected with HIV if their mothers use PMTCT services and practice exclusive breastfeeding. So by taking these preventive actions, mothers can reduce the risk of transmission to their baby by more than half.
5. Explain that even when women do not use PMTCT services, most children will not become infected. But because there are ways to reduce the risk of HIV transmission, it is important for all pregnant women to be tested so that if they are positive, they can learn how to reduce the risk of HIV transmission to their baby. Women who are negative need to protect themselves from HIV infection during pregnancy and breastfeeding.
6. Ask: Why do some babies who are born to HIV-infected women become infected with HIV while others do not? Encourage participants to discuss.
7. After participants discuss, present the following information:
- Research has shown that there are many factors that can increase the risk that mothers will pass HIV to their babies. These factors include:
 - a. Recently infected or re-infected with HIV while pregnant or breastfeeding.
 - b. Being in labor for a long time.
 - c. The mother is very sick with HIV (the stage of her illness).
 - d. Mother has breast problems while breastfeeding, including cracked nipples, swollen breasts, or mastitis.
 - e. The baby has oral thrush or sores in his or her mouth.
 - f. The baby breastfeeds and receives other foods or liquids at the same time.

8. Ask: What can be done to help prevent or reduce the risk of an HIV-infected woman passing HIV to her baby? Encourage participants to discuss. They should mention the following:
- All pregnant women and their partners should go for HIV testing and seek health care services if they are positive.
 - Women who are positive should give birth in a health facility.
 - Women who are positive should attend PMTCT services.
 - Women who are positive should take antiretroviral drugs (ARVs) during labor and give ARVs to their baby when it is born.
 - Talk with a health worker about how best to feed her baby safely.
 - Sleep under an insecticide-treated net during pregnancy. These nets are available for all pregnant women for free or at a subsidized fee at the antenatal care (ANC) clinic.
9. Ask: How can men support women who are HIV positive and pregnant? Allow participants to discuss.
10. Explain that husbands and partners can help pregnant women stay healthy and reduce the risk of HIV transmission to the child by:
- Going for voluntary counseling and testing (VCT) together.
 - Making sure the woman goes to the health facility for ANC regularly and receives early treatment of infections and illness.
 - Talking with a counselor about how to feed the baby and making an informed decision together.
 - Using condoms during sexual intercourse to prevent infection or re-infection.
 - Making sure the woman delivers in the health facility or with a skilled and trained attendant.
 - Encouraging the woman to eat healthy meals and extra food during pregnancy and breastfeeding.
 - Encouraging her to sleep under an insecticide-treated mosquito net.
 - Supporting her to take her ARVs (if recommended by her doctor).
11. Ask: If a pregnant woman is already positive, does she still need to protect herself against HIV? Allow participants to discuss.
12. Explain that a woman who is infected or re-infected with HIV during pregnancy or breastfeeding is more likely to pass the virus to her child. Unprotected sexual intercourse while pregnant or breastfeeding places a woman at risk of HIV infection, and increases the risk of HIV infection to her child. When someone is newly infected or re-infected with HIV, the amount of HIV in her blood is very high, increasing the risk of mother-to-child transmission.
13. Ask: Where can women and their partners access PMTCT services in our community?
14. Ask: What can you do to help women and their partners reduce the risk of transmitting HIV to their children?

15. Divide participants into pairs for a role play between two friends. Their friend comes to them for advice with the following problem:

My wife is pregnant. I think I may be HIV infected but I do not want to tell her or go for testing myself. What good would come of knowing my status? If I am positive, I will feel as though I have disappointed my family. I think it is better to do nothing and if she tests positive she will think that she has brought HIV into our family.

16. After five to ten minutes, ask participants to come back to the large group. Facilitate a discussion with the following questions. Encourage several participants to share:

- What advice did you give to your friend? Did anyone give different advice?
- Do you think the pregnant woman will follow the advice?
- Would anyone have done anything differently?
- Is what happened similar to what would happen in our community?

Infant feeding and HIV

Objectives

- To explain how to make breastfeeding safer for HIV-positive mothers.
- To explain how to offer support to HIV-positive mothers and families on how to feed their babies.
- Describe how to feed an HIV-positive child.

Materials and preparation

- Flip chart
- Marker
- Copies of Handout 2: Risks of different feeding methods

Time: 45 minutes

Activity

1. Ask: Since we know that HIV can be passed through breastmilk, how should HIV-positive women feed their babies? Encourage participants to share their thoughts.
2. Share the following information:
 - For most HIV-positive women in our communities, **exclusive** breastfeeding is the best way to feed their babies for the first 6 months, with continued breastfeeding through at least 12 months.
 - However, if women breastfeed and give other foods or liquids (including water) at the same time before six months, it makes the risk of HIV transmission and death from other illnesses much higher. This is called mixed feeding.
 - Although giving only formula (and never breastfeeding) can reduce the risk of HIV transmission, it can double the number of children who become sick and die from other illnesses, like pneumonia and diarrhea. For this reason, exclusive breastfeeding for the first 6 months and continued breastfeeding through at least 12 months is the safest option for most women in our community.
 - We need to support HIV-positive women to exclusively breastfeed and be sure that people know about the dangers of giving other foods and liquids while breastfeeding before 6 months. At 6 months, HIV-positive mothers should introduce complementary foods and continue breastfeeding through 12 months. At 12 months, mothers should talk with a health worker again about how best to feed their babies and about whether stopping breastfeeding would be appropriate.
 - If, despite recommendations to exclusively breastfeed, mothers choose to feed their children using infant formula and not breastfeeding, they should talk with a health worker to learn if this would be an appropriate option for them and how to do this safely.

3. Encourage participants to ask questions about any of the information presented above.
4. Ask: Why do you think mixed feeding is so dangerous? Why do you think giving formula is so dangerous?
5. Pass out copies of Handout 2. Explain that these pictures show the risks of different feeding options. Ask: Why is it important for families to understand these risks?
6. Ask: How can male partners support HIV-positive women to exclusively breastfeed for six months? What services are available in our community to help women and families who are HIV positive? Encourage participants to share their opinions and write them on a flip chart.
7. Ask: Do women who are HIV negative need to protect themselves from HIV infection during pregnancy and breastfeeding? Why or why not?

Disclosure role plays

Objectives

- To practice providing support to partners when they disclose their HIV-positive status.
- To understand the potential benefits of disclosing one's HIV-positive status to a peer.
- To develop empathy for someone who discloses their HIV status.

Time: 60 minutes

Activity

1. Explain that this activity will allow participants to explore the disclosure process and understand the advantages and challenges it can bring. Explain that in this activity, everyone will be assumed to be HIV positive. In reality, we may not know another person's status. That is something everyone has a right to keep confidential if they choose. However, this activity will help us become more comfortable about talking openly about being HIV positive.
2. Ask participants to divide into pairs. Explain that in this activity participants will take turns asking each person to go with them to be tested for HIV. The first role play will involve a husband asking his wife to go for couples counseling.
3. After five minutes, ask the other participant to play the role of the wife asking the husband to go with her for couples counseling.
4. After all role plays are completed, bring the participants together to discuss the following questions:
 - What was this activity like for you?
 - What was it like to ask someone to go with you to be tested?
 - What was it like to have someone ask you to go with them to be tested? How did you react?
 - Was it different when the "husband" asked than when the "wife" asked? How? Why?
 - What are the advantages and disadvantages of knowing your status?
 - Why is it important for pregnant women and their partners to know their HIV status?
 - How can we encourage people to be tested?
 - What do you think happens in our community when wives ask their husbands to go with them to be tested? Is this different from what happens when husbands ask their wives?
 - Have you learned anything that could be used in your own life and relationships? Will you make any changes as a result of this activity?
5. Ask participants to go back into their pairs. Explain that in this activity participants will take turns playing the role of an HIV-positive person disclosing his/her status. Whoever played the wife last time should play the husband this time.

6. Explain that the first role play will involve a husband disclosing his status to his wife. After five minutes, ask the other participant to play the role of the person disclosing. In this role play the participant should play the role of a wife disclosing her status to her husband.
7. After all role plays are completed, bring the participants together to discuss the following questions:
 - What was this activity like for you?
 - What was it like to disclose? How did it feel? Do you think it is easier to disclose to some people than others? Why?
 - What was it like to have someone disclose to you? How did you react?
 - If you were in that situation, would you really disclose? Why or why not?
 - What are the advantages and disadvantages of disclosing to your partner?
 - What are some strategies that one can use to disclose to someone?
 - What are some important things to consider when someone discloses to you?
 - What do you think happens in our community when wives disclose their HIV-positive status to their husbands?
 - Is this different than what happens when husbands disclose to their wives?
 - Have you learned anything that could be used in your own life and relationships? Will you make any changes as a result of this activity?
8. After the discussion, remind participants that this exercise was a learning experience, and it says nothing about people's true HIV status. Participants should be encouraged to "de-role" from this exercise.
9. Ask: How can we support our wives and partners if they are HIV positive? Encourage participants to discuss.
10. Ask: Where in your community can you be tested for HIV? Do they offer couples counseling? Explain that it is important that you are aware of where you can get tested and share this information with others.
11. Summarize this session by presenting the following information:

Knowing your HIV status is a key part of being able to protect yourself and your partners. When you know your HIV status, you can disclose it to your partner and take the necessary steps to protect yourself, your partner, and your children, either from infection, or in the case where you or a partner are HIV positive, from re-infection.

Men, women, and caregiving

Objective

- To increase awareness about traditional gender divisions in caregiving and promote men's increased participation in caregiving in their homes, relationships, and communities.

Materials and preparation

- Two empty boxes (a shoe box, for example)
- Cut-outs
- Photos, or drawings of people, objects, animals, plants, and other objects that men and women care for:
 - a. Babies
 - b. Elderly persons
 - c. Large and small animals
 - d. Plants
 - e. Houses
 - f. Cars
 - g. Clothing
 - h. Diapers
 - i. Garden tools
 - j. Other persons/objects that men and women "care" for

Prior to the session, the facilitator should prepare up to ten images (drawn or cut from newspapers or magazines) of babies, elderly persons, large and small animals, plants, houses, cars, clothing, diapers, garden tools, and other persons/objects that men and women "care" for. If possible, the facilitator can bring some of the objects themselves to the session. It is OK to have multiple copies of certain images or objects. If objects or illustrations are not available, write the name of objects on notecards.

Time: 60 minutes

Activity

1. At the beginning of the session, present the two boxes/baskets to the participants, saying that one of the boxes will be given to a man and the other to a woman.
2. Present the images and objects to the participants and ask the participants to place in the woman's box the images and objects that women know how to care for or care for better than men. In the other box, the man's box, ask the participants to put the images and objects of things that men know how to care for or care for better than women.

3. After they have done this, take the images and objects out of the box, one by one, showing them to the group.
4. Then, try to explore how the men grouped the images and objects together using the following questions:
 - Why are some types of images and objects found only in the man’s box?
 - Why are some types of images and objects found only in the woman’s box?
 - Why do some images and objects appear in both boxes?
 - Looking at the images and objects in the box for women, do you think that a man could properly care for these things?
 - Looking at the images and objects in the box for men, do you think that a woman could properly care for these things?
5. Write the words “female caregiver” and “male protector” on flip chart. Ask participants what the differences are between being a “caregiver” and being a “protector.”
6. Ask: Why do you think it is important for men to care for the health of their children and families, particularly how mothers, babies and young children eat? Encourage participants to discuss.
7. Explain that you want to look at the pressures that prevent men from getting more involved in caring for others. Divide participants in to three groups. Ask the first group to discuss the social pressures that make it hard for men to take on the role of “caregiver.” Ask the second group to discuss the economic pressures that make it hard for men to take on the role of “caregiver.” Ask the third group to discuss the psychological pressures that make it hard for men to take on the role of “caregiver.” Ask each group to also discuss ways to reduce these pressures so that more men can become caregivers.
8. Allow ten minutes for this group work. Then bring the groups back together. Ask them to take turns reporting back to the other two groups. Allow a few minutes for questions at the end of every report back. When all the groups have reported, lead a discussion with these questions:
 - Which kinds of pressure (social, economic, psychological) have the biggest impact on preventing men from being caregivers?
 - What opportunities are there for men to get more involved in caring for others?
 - What actions are needed to support men in being caregivers?
 - What could be done in your community to help men play a greater role in the care of babies and young children?
 - After considering the specific groupings, open up the discussion with the questions below:
 - a. Can men and women learn to care for things in different ways? Or, is the way we care for things part of our culture or our biology?
 - b. Do men take care of themselves? Why or why not?
 - c. Do women take care of themselves? Why or why not?

- d. Other than children, who else do men and women care for? (Siblings, grandparents, etc.) Who in general cares more for these people, men or women? Why?
- e. Are there men in your families or communities who are good caregivers? What do other people in your family or community think of these men?
- f. Have you ever taken care of a person or object? How did it feel to be a caregiver? What did others think of you in this role?
- g. From what you have heard in this discussion, is there a change you might like to make in your life around caregiving?

9. End the session by presenting the following:

It is common to attribute to women the task of caring for people, animals, and plants, as well as daily housework. On the other hand, men are attributed with caring for objects, such as cars, electrical work in the house, painting the walls, repairing the roof, etc., (depending on local culture). It is important to stress that many of these ideas about caregiving come about as a result of learned behavior. For example, girls are encouraged from an early age to play with dolls, practicing what supposedly lies ahead for them: domestic life and caring for family members. On the other hand, boys are generally discouraged from playing with dolls or helping out with domestic chores. This lack of male involvement in caregiving often means that women carry a heavy burden and that men miss out on many of the pleasures involved in caring for children. As you think about promoting equality between men and women in your communities, it is important for you to start in the home and think about how you as men can start to participate more in caregiving tasks in your family, as well as how you can encourage other men to do likewise in their own homes.

Men's role in health promotion

Objective

- To identify key roles that men can play in promoting health.

Materials and preparation

- Flip-chart paper
- Markers
- Prepared flip chart with the following six roles that men play in social and economic life as follows:
 - a. Partner, husband, or boyfriend
 - b. Brother or cousin
 - c. Father or uncle
 - d. Friend or colleague
 - e. Manager or supervisor
 - f. Community leader

Time: 60 minutes

Activity

1. Explain that this activity looks at what men can do in each of these roles to promote health, and primarily at how they can help ensure that children are being fed properly and growing well.
2. Begin the session by drawing a problem tree. Explain that you would like to look at causes and consequences of men not being involved in infant and young child feeding. Once causes and consequences have been discussed, now focus the group's attention on what men can do to affect those causes.
3. Divide into six groups. Give each group one of the following roles:
 - Partner, husband, or boyfriend
 - Brother or cousin
 - Father or uncle
 - Friend or colleague
 - Manager or supervisor
 - Community leader
4. Ask each group to discuss what men in their specific role could do to improve infant and young child feeding. Allow 15 minutes for this small-group work. Ask the groups to write out the list of men's possible actions on a sheet of flip chart.

5. Bring everyone back together. Ask each small group to take it in turns to put their flip chart up and report back on their discussion. After each report back, allow a few minutes for the rest of the group to ask questions and make comments.
6. Discuss the actions recommended by the small groups; use the following questions to facilitate a discussion:
 - How best can men use their privilege and power to promote good infant and young child feeding practices?
 - What can men do to be more involved in caring for their children?
 - How should men's roles in promoting health link to gender equality?
7. Make a note of the group's suggestions for action on men's roles.
8. Explain that many pregnant and breastfeeding women do not eat enough and do not get the rest that they need because of all their household responsibilities. Present the following information about the nutritional needs of women:
 - At any age, women should:
 - a. Eat more food if underweight to protect health and establish reserves for pregnancy and lactation.
 - b. Eat a variety of foods to get all of the vitamins and nutrients needed.
 - c. Eat more fruits and vegetables daily.
 - d. Eat animal products as often as possible.
 - e. Use iodized salt.
 - During adolescence and before pregnancy, women should:
 - a. Eat more food for the adolescent "growth spurt" and for energy reserves for pregnancy and lactation.
 - b. Delay the first pregnancy until after age 18 to help ensure full growth and nutrient stores.
 - During pregnancy, women should:
 - a. Eat an extra meal a day for adequate weight gain to support fetal growth and future lactation.
 - b. Take iron/folic acid tablets daily.
 - c. Rest during the day.
 - During lactation, women should:
 - a. Eat an extra, healthy meal (made of a variety of foods) each day.
 - b. Take two high-dose vitamin A capsules (200,000 IU) within 24 hours of each other, as soon after delivery as possible, but no later than eight weeks postpartum, to build stores, improve the vitamin A content of breastmilk, and reduce infant and maternal morbidity. This helps women to recover from childbirth and prevents illness.

9. Ask: Are women able to follow the recommendations that we just discussed? Why not?
10. Ask: What are the consequences of women not eating properly? What about during pregnancy and lactation specifically?
11. Ask: How can men support women who are pregnant and breastfeeding? Encourage participants to discuss and note their comments on a flip chart.

Activity plans

Objective

- To create a realistic six-month work plan.

Materials and preparation

- Copies of Handout 3: Activity plan.

Time: 45 minutes

Activity

1. Ask participants to pair off with a partner and talk with each other about how they plan to incorporate infant feeding into their current community activities.
2. After ten minutes, explain that creating an activity plan with a goal and objectives can help them achieve these goals and make positive changes in their groups and communities. Present the activity plan template, defining each of the headings and sharing examples, and pass out Handout 3 to participants.
3. Ask participants to work in pairs (with their partner from their men's group) for 15 to 20 minutes to create an activity plan for incorporating infant feeding into their group's activities. Ask participants to identify an overall goal (based on the conversations they had earlier), then choose activities that can help them reach their goal. For each activity, ask participants to describe the activity, timeline, and how they will know if they have been successful.

| Goal: | | |
|-----------------|--------------|----------------------------|
| Activity | Dates | Measures of success |
| | | |
| | | |
| | | |

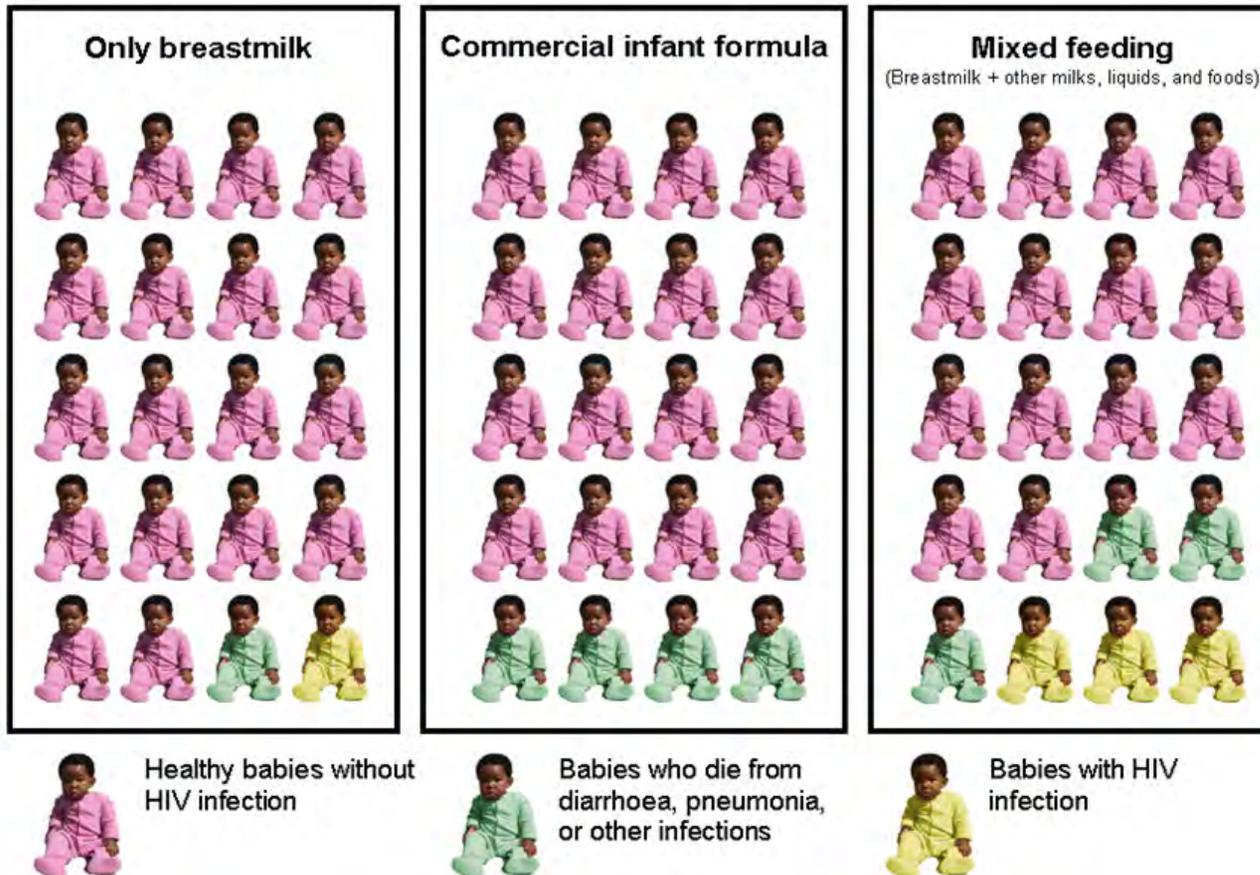
4. Divide participants into groups so that each facilitator has one group. Ask each participant to present their plan to the people in their group. Encourage members of the small groups to ask each other questions and offer suggestions.

Handout 1: The gender game

Identify if the statement refers to gender or sex:

| Gender | Sex | |
|--------|-----|--|
| | | 1. Women give birth to babies, men don't. |
| | | 2. Girls should be gentle, boys should be tough. |
| | | 3. Women are the primary caregivers for children. |
| | | 4. Women can breastfeed babies, men can bottle-feed babies. |
| | | 5. Many women do not make decisions with freedom, especially regarding health, sexuality, and relationships. |
| | | 6. Men's voices change with puberty, women's voices do not. |
| | | 7. There are many more men MPs than women. |
| | | 8. Women get paid less than men for doing the same job. |

Handout 2: Risks of HIV infection and death by different feeding methods during the first 6 months of life



Source: Adapted from: Ministry of Health, NASCOP. Infant and Young Child Feeding in the Context of HIV and AIDS: Kenyan National Counselling Cards. Nairobi; 2008.

Handout 3: Activity plan

| | | |
|-----------------|--------------|----------------------------|
| Goal: | | |
| Activity | Dates | Measures of success |
| | | |
| | | |
| | | |
| | | |
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| | | |