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**4Children**  
Coordinating Comprehensive Care for Children

# Better Parenting Facilitator Manual



## 4Children Nigeria





# **Better Parenting Facilitator Manual**

Coordinating Comprehensive Care for Children (4Children) is a five-year (2014-2019) USAID-funded project to improve health and well-being outcomes for orphans and vulnerable children (OVC) affected by HIV and AIDS and other adversities. The project aims to assist OVC by building technical and organisational capacity, strengthening essential components of the social service system, and improving linkages with health and other sectors. The project is implemented through a consortium led by Catholic Relief Services with partners IntraHealth International, Pact, Plan International, Maestral International and Westat.

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Adaptations for Nigeria (2016) were retitled Better Parenting Plus: Community Discussion Guide in order to reflect expanded contents and application. This current version was improved in 2018 in response to the need for supplemental Early Childhood Development (ECD), parenting adolescents and up-to-date HIV information.

Ruth Haruna at 4Children Nigeria provided overall technical leadership for the adaptation of the Better Parenting Plus for Nigeria with support from 4Children senior technical advisors. The illustrations and design were done by Godwin Ondoma. The 2018 version is further informed by the CRS Compendium of Tools for Integrating Early Childhood Development into CRS Programs (2015), the WHO and UNICEF, Care for child development: Improving the care for young children and The Amazing Teen Brain: What Parents Need to Know by Chamberlain and Burgess.

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# Introduction

Parenting is critical in supporting and shaping children's health and educational, emotional and developmental outcomes, as well as in supporting overall family well-being. The importance of parenting is documented in a large body of research. Parenting that is supportive, proactive, responsive and involved promotes children's positive adjustment, whereas parenting that is neglectful, abusive, rejecting and controlling can result in poor outcomes. Parenting that is warm and supportive beginning early in the child's life, even prenatally, leads to strong and secure relationships between parent and child, and can protect children from negative outcomes as a result of adverse experiences.

Optimal parenting includes a connected relationship and interactions to ensure that children are cared for physically (providing nutritious food, health care, adequate sleep and safe environment), cognitively (offering opportunities to learn, explore and use language), socially (responding to children with consistent, loving care, teaching children right and wrong, and enabling children to develop independence safely) and emotionally (supporting the child's sense of self-worth). Parenting can be hard, but many parents and caregivers, find that getting a better understanding of children's development, along with learning and sharing techniques in parenting, can improve communication between parent and child, and reduce harsh discipline. Parenting programs are designed to improve one or more of these aspects of caregiving.

The ability to parent well is not necessarily intuitive – an individual's parenting style is influenced by aspects of his or her own history, personality and temperament, together with characteristics of the child, such as age or temperament. Class, culture, religion and neighbourhood or community also shape parenting practices. Better Parenting Nigeria can help!

## What is parenting education?

Parenting education is any programme, support, resource and/or service designed to increase parents' capacities to care for and protect their children. The goal of parenting programmes is to reduce the number of risk factors a family faces while strengthening and building on protective factors (e.g., knowledge and skills, access to resources, etc.). Traditionally, there has been exclusive focus on identifying risks and eliminating them. The current emphasis is on building up the protective factors that help children and families be resilient and develop the skills, characteristics, knowledge and relationships to face the risks. This approach has been found to contribute to both short- and long-term positive outcomes. Using a 'protective factors' approach is a positive way to engage families, because it focuses on families' strengths, builds a base for lifelong positive parent-child relationships, and can provide a strong platform for collaborative partnerships with other service providers.

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<sup>1</sup>Collins, W., Maccoby, E., Steinberg, L., Hetherington, E. & Bornstein, M. (2000) Contemporary research on parenting: The case for nature and nurture. *American Psychologist*, 55, 218-232; Smit, F., Driessem, G., Seegers, P. & Teelken, C. (2008) Scrutinizing the balance: Parental care versus educational responsibilities in a changing society. *Early Child Development and Care*, 178, 65-80.

<sup>2</sup>Al-Hassan, S. & Lansford, J. (2010) Evaluation of the Better Parenting Programme in Jordan. *Early Child Development and Care*, 1-12.

<sup>3</sup>O'Connor, T. & Scott, S. (2007) Parenting and Outcomes for Children, from *Parenting and the Different Ways It Can Affect Children's Lives* (Uttering, D.; editor), Joseph Rountree Foundation.

<sup>4</sup>Ibid.

<sup>5</sup>Shannon, L. (2003) Best practices for parent education: Programs seeking to prevent child abuse. Retrieved December 13, 2009, from <http://www.npen.org/pdfs/BestPra.pdf>

# The Better Parenting Model



Better Parenting Nigeria is a parenting education program whose goal is to see that families have the knowledge and skills needed to raise healthy, safe and resilient children. The program has three basic strategic objectives:

1. The caregiver-child relationship is strengthened;
2. Caregiver capacity to understand family needs and access resources and services is increased; and
3. Caregiver capacity to protect children from all forms of harm and exploitation is improved.

## Why was this model selected for Nigeria, and how has it been adapted?

Better Parenting Nigeria is a discussion peer learning and sharing model. Exchange is promoted by a parenting facilitator posing questions, guiding the discussion and emphasizing good practices, encouraging participation, praising examples of good parenting, and gently correcting information if negative advice is shared.

In its original form, Better Parenting was developed, pre-tested, implemented and evaluated in Ethiopia. The programme showed evidence of significant positive change in parenting knowledge, improved adult-child communication and a reduction in harsh discipline. It was subsequently adapted for Uganda and then Nigeria. Better Parenting Nigeria (BPN) can be used for short-session group discussions, as well as for one-on-one guidance in the home.

Additional topics were added to the Better Parenting curriculum in accordance with the strategic objectives of the Coordinating Comprehensive Care for Children Project Nigeria in 2016. The pictures were changed to fit the Nigerian context. After use in 33 states in Nigeria and feedback from all facilitators, caregivers and children were collated. The Nigeria model was reduced to 20 sessions with optional modules on early childhood development and parenting adolescents.

The model includes the **Facilitator's Manual**, **Community Discussion Guide**, a **Training Supplement** and a **Monitoring and Evaluation Framework**.

This Facilitator's Manual is for the facilitator to use to support the community discussions, provide targeted messaging, and recommend suggestions for knowledge and experience sharing. It should be used hand-in-hand with the Community Discussion Guide.

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<sup>6</sup>Oates, J. (2010) Early Childhood in Focus: Parenting. London, UK: Open University.



# Becoming a Better Parenting Facilitator

Facilitators are responsible for the implementation of Better Parenting Community Discussions. They organise and lead discussions using the Community Discussion Guide. They should complete training that includes practice sessions. New facilitators also attend and observe more experienced facilitators delivering the Better Parenting Nigeria Model to an actual group of caregivers. Supervision of new facilitators by those more experienced provides opportunities for quality improvement and on-the-job training.

## What does a facilitator do?

- Leads Better Parenting discussions with groups of parents, allowing participants to contribute meaningfully and apply what they learn.
- Studies the Community Discussion Guide to learn material and adapt lessons/presentations to local culture.
- Reads and understands the supplements in the Facilitator's Manual to be able to answer parents' questions.
- Is friendly and trustworthy to the participants.
- Administers the pre-and post-tests, and collates quarterly reports.
- Organises the logistics for the sessions, and keeps to agreed-upon timelines.
- Ensures that participants understand the skills they learn, and encourages participants to utilise them.
- Refers participants to other supports and services.
- Models and encourages mutual respect for all group members.
- Makes sure all participants are actively engaged during discussions, and that a space for mutual learning is provided.
- Follow up with participants to ensure that those who require more information, support or referrals have access to them.

## Becoming a Facilitator:

- Complete Better Parenting Nigeria Training, including all four modules of the BPN, and facilitate at least two sessions with a group of other facilitators during the training.

## Becoming a Supervisor/Trainer of Facilitators:

- Meet criteria for Better Parenting Nigeria supervisor (see job description).
- Complete Better Parenting Training of Trainers, including all four modules of the BPN, and facilitate at least two sessions with a group of other facilitators during the Training of Trainers (TOT).
- Facilitate at least one full Better Parenting Session with a parent group.

All facilitators must understand and agreed to child protection and safeguarding policies and practices (see example in annex).

**Better Parenting Nigeria may be implemented in other settings for non-commercial purposes, with full attribution, and ideally, with training for new facilitators to ensure that content is provided in the manner it is intended.**

# The Community Discussion Guide

The Better Parenting Nigeria Community Discussion Guide is intended to facilitate guided discussions and learning by parents to improve parenting knowledge, attitudes and skills. Improved parenting is a lifelong learning process, all of us can benefit from new knowledge.

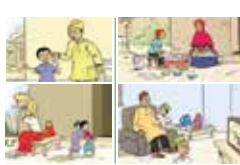
A large version (A3 size) of the Community Discussion Guide is best for use in community settings with small groups, while a smaller version (A5 size) may be used for household-based or individual discussions or refreshers during family visits.

Better Parenting Nigeria has four basic parts: two core sections – Cross-Cutting and Other Family Issues, and two supplemental sections – Early Childhood Development and Parenting Adolescents. These are listed below with their topical sessions:

1	<b>Cross-Cutting (Sessions: 1-14)</b>	<ol style="list-style-type: none"> <li>1. Understanding parenting</li> <li>2. Culture and social norms</li> <li>3. Parenting styles</li> <li>4. Temperament</li> <li>5. Child developmental stages</li> <li>6. Changing needs as children grow</li> <li>7. Children with special needs</li> <li>8. Parent–child communication</li> <li>9. Family rules, boundaries and roles</li> <li>10. Discipline</li> <li>11. Managing your child’s behaviour</li> <li>12. Understanding and managing your emotions</li> <li>13. Role modelling</li> <li>14. Child rights, protection and responsibility</li> </ol>
2	<b>Other Family Issues (Sessions: 15-20)</b>	<ol style="list-style-type: none"> <li>15. Basic information and social issues on HIV</li> <li>16. Gender norms</li> <li>17. Nutrition and adequate diet</li> <li>18. Family-centred care</li> <li>19. 21st-century parenting realities and challenges</li> <li>20. Livelihood options and financial management</li> </ol>
3	<b>Early Childhood Development (Supplemental Sessions: 1-4)</b>	<ol style="list-style-type: none"> <li>1. Bonding, attachment and caregiver well-being</li> <li>2. Basics of early childhood development</li> <li>3. Early learning and behaviour management</li> <li>4. Keeping children safe and healthy</li> </ol>
4	<b>Parenting Adolescents (Supplemental Sessions: 1-4)</b>	<ol style="list-style-type: none"> <li>1. Basics of adolescent development</li> <li>2. Building relationships with adolescents</li> <li>3. Establishing rules and routines, problem solving and conflict resolution</li> <li>4. Keeping adolescents safe and healthy</li> </ol>

## How to Use the Community Discussion Guide

Each session has a two-sided Discussion Guide. The front side has an illustration. The back has a Facilitator Table. You should show the illustration to participants while following the back table as a guide to discussion. *Note that this is only a guide – the facilitator should adapt terms to their own context and simplify messages where needed – it is not intended as a script.*



**Session 3: PARENTING STYLES**

**OBJECTIVE:** To understand the different styles of parenting and appreciate different ways of raising our children.

STYLE	QUALITIES	OUTCOMES with the child
<b>Authoritarian</b>	Children don't get involved in problem solving, adult always makes rules, uses punishment and not discipline, not interested in negotiations.	May do well in school (is obedient), but because of frequent criticism, the child may have low self-esteem and become fearful. May have problems interacting with other people and/or difficulty coping with frustration. May have difficulty solving their own problems.
<b>Role Model / Authoritative</b>	Establishes clear rules but allows reasonable exceptions. Uses logical consequences to teach life lessons. Employs positive discipline to prevent behaviour problems and to reinforce good behaviour. Leads primarily by example rather than words, and child is inspired by how parent is living life.	Is lively and feels secure. Is self-confident and has good self-esteem. Learns to control his or her emotions and develop good social skills. Able to solve problems – including more complex problems as she/he get older.
<b>Permissive</b>	Often only steps up when there is a serious problem. Quite forgiving and adopts an attitude of 'kids will be kids'. Takes on more of a friend role than a parent role, and may not discourage a lot of bad behaviours. When consequences do result, parent often gives in if a child begs or promises to be good.	May enjoy the freedom in the short-term, but cannot properly control her or his emotions. May become rebellious, impulsive and defiant. May be fearful and unable to make decisions. Is likely to have problems with authority and in school.
<b>Neglectful</b>	Basically expects children to raise themselves. Usually doesn't devote much time or energy to meet children's basic needs. Often neglectful, even if unintentionally. Lacks knowledge about child development, and has few rules. May be overwhelmed by work at times, and has little knowledge of what child is doing.	Feels neglected and unhappy. As a baby, does not trust those around to provide for needs. Has problems controlling him or herself. Has low self-esteem and lacks confidence. Has problems in school and with peers.

**START: Discussion questions**

- What do you think is going on in the picture?
- If your parenting style were an animal, which animal would it be?
- What difference do these styles make in how children feel about themselves and how they grow up?
- If you ask children what parenting style they would prefer, what do you think they would say?

In most situations, the Role Model style is recommended, but sometimes parents need to be authoritative, too.  
Can you think of an example?

Styles may vary from time to time, depending on the situation. Be loving and caring, while maintaining clear, consistent expectations. Good parenting can be learned by practicing over and over. Do not worry if you make an occasional mistake, just try again.

**END: Review questions**

- Which parenting style do tend to use, and why? Would you sometimes like to use a different style?
- What do we need to know to improve or change our parenting style?
- What is one thing you can do better in your parenting?
- What is one thing you already do well?
- Do you think different children (for example at different ages) might need different kinds of parenting? Can you give an example?

*All parents are different – be the best parent you can be!*

On the left side are Discussion Questions to encourage participants to share experiences and ideas. Here you will also find activities, icebreakers and other key points.

The centre panel contains key information you can use to complement the participants' discussion. *You do not need to read these points word for word.*

On the top portion of the table there are answers to discussion questions, definitions and/or other basic information.

In the lower left portion of the table there are explanations, key points and takeaway messages. *You may wish to have the group repeat back the one key take-away message.*

At the bottom are review questions to help clarify what has been learned and encourage participants to think about how they will practice.

## C. Delivering Better Parenting

Guided discussions can take place in homes, in Better Parenting groups or through other meetings/gathering of caregivers.

**Approximately one hour is required for each Better Parenting session, however some may take less and some may take more!**

The Better Parenting Nigeria model should be delivered in 20 sessions. Repeat or optional sessions may be added if requested. The sequence of sessions can be altered, or one session can be repeated. The optional Early Childhood Development or Parenting Adolescents sessions can be added after delivery of the 20 sessions.

### Group Size: Minimum number of participants 12 and maximum 25

Better Parenting Nigeria is for existing groups such as caregivers' forums, Village Savings and Loans Association/Savings and Internal Lending Community (VSLA/SILC) groups, groups in antenatal clinics, faith groups, women's and youth groups, parent-teacher associations, market groups and other places where groups are already meeting. BPN can also be delivered to a group of caregivers who newly form.

## **Four Ways to Deliver the Program in Groups:**

### **(1) TRADITIONAL METHOD: Using the Information Page to address the day's topic**

All participants should sit in a circle. Show the Illustration Page so that all can see. Follow the instructions on the corresponding Facilitator Table, and pose the discussion questions, followed by a short discussion with reference to additional information. End the session by reinforcing the key messages through the review questions and identifying ways that participants can immediately put into practice what they have learned.

### **(2) SMALL GROUP DISCUSSIONS: Using the Discussion Questions for small group presentations**

Show the Illustration Page so that all can see. Divide the participants into several smaller groups and assign each group one or two of the discussion questions on the left of the text page. Give the groups 10 minutes to plan a presentation on their topic. Note that each group will need a copy of the text from the Facilitator Table. End the session by reinforcing the key messages through the review questions and identifying ways that participants can immediately put into practice what they have learned.

### **(3) SMALL GROUP DRAMAS: Using the Discussion Questions as topics for small group dramas**

Same as above, but each small group should act out a short informational drama or role play, rather than present the material orally.

### **(4) CASE STUDY PRESENTATIONS: Using a case example or real-life story to discuss the topic**

A participant or the facilitator begins by presenting a real-life example (changing names to ensure confidentiality) that illustrates the topic. The facilitator then modifies the discussion questions accordingly, but still make sure that all of the key information is shared among group members. End the session by reinforcing the key messages through the review questions and identifying ways that participants can immediately put into practice what they have learned.

**Delivering BPN at home:** BPN can be shared with parents at home, individually or within small family groups. The facilitator and parents should be comfortably seated. The Illustration Page is shown so that all can see. Follow the instructions on the corresponding Facilitator Table, and pose the discussion questions and key messages. End the session by going over the final review questions, and help parents/caregivers identify what they can do at home to practice. Establish when you will return for the next session.

# Facilitating Better Parenting Nigeria Sessions

The following are steps for running effective BPN group sessions.

1. Identify a matron/patron to arrive early and mobilise others.
2. Begin with an opening prayer or song.
3. Exchange pleasantries.
4. Invite feedback on last session – remind participants what the topic was, and ask participants what they learned and how they practiced at home; review commitments and results.
5. Introduce the new topic; remember to break it down, and interpret in local language correctly.
6. Use icebreakers and energizers where needed to warm the group up, allow participants to get to know each other better, and/or lighten the mood.
7. Show the illustration – ensure every member sees the picture, then ask, what do you see in this picture? What is happening? How do you think this picture relates to today's topic?
8. Ask discussion questions: your role as facilitator is to keep the discussion going, and ensure that the focus remains on the questions and that everyone has a chance to contribute. Keep the discussion flowing through the questions that are in your guide; this will help generate discussion around the topic in their communities. When positive points are mentioned, remember to reaffirm lessons learned from the topic.

Note that participants may mention positive and negative practices. (*Suggestion: when negative practices are cited, calmly ask everyone in the group if they all feel that this is a good practice. Draw on the information from the middle table that explains why negative practices do not lead to positive results.*)

9. Teach the content, but make it participatory and facilitate a dialogue – you are both teacher and facilitator! Use the learning points and drive home the message. Encourage everyone to speak.
10. Review questions and ensure that participants respond. Their responses will show what they have learnt.
11. Take-home messages: be innovative, read the material, sing it, and help participants to remember. **Allow about 10 minutes for discussion about how everyone will practice at home.**

## What is active listening?

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

**You should review the sections of the Facilitator's Manual and Community Discussion Guide in preparation for each and every session – be prepared!**

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

Start by being inspired! Your inspiration and enthusiasm are contagious, and will result in eager and committed participants. Imagine that you have parents who commit to a life-changing decision through their participation in Better Parenting.

Guide the discussion in a way that ensures participation by all members of the group. Participants teach each other by sharing their own experiences, but you must make sure that good practices are reinforced, and unhealthy practices are discouraged. Key messages may be repeated several times in the session as reinforcement. Practice and model active listening so that participants feel heard and supported.

Be prepared with your materials!

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

***Pre- and post-tests***

One pre-test is conducted before a session, and two post-tests take place afterward (one test immediately after all sessions and a second test four to six months later). See annex for sample pre / post tests.

There are two methods of conducting the pre- and post-tests.

1. Every individual gets a copy of the test, and reads and answers the true/false answers.
2. If individual test completion is difficult, administer a group pre-/post-test. Ask all participants to sit on chairs, floor or mats in a circle with their backs to each other. Explain that when each question is asked, participants should quietly raise their hands. To indicate 'yes', raise a hand to display five fingers (like a wave); and to indicate 'no', raise a fist. Hands must be kept above the head until the facilitator records responses. No one should look to see others' responses. The facilitator should write the total number of YES and NO responses next to each question on the test sheet.

Explain to the group that the data is recorded and analysed by group scores only, not individual scores. We want to know the number and the percentage of participants who agree and disagree for each statement to learn about the program, but we are not testing them as individual parents!

## Getting Your New Group Off the Ground

### ***Warming up and getting to know each other***

Welcome participants to the program and explain, *'In this first session, we will discuss what parenting is all about. We will also agree on when and where we will meet in the coming weeks'*. Go around to allow everyone to introduce him or herself.

**NOTE:** The Community Discussion Guide includes a group start-up activity, an icebreaker and a case study to be used to introduce Better Parenting.

### ***Setting group rules/confidentiality***

Guide a brief discussion on rules for the group asking, *'What are some rules that we all want to have for this group?'* (share examples like *'listening when others are talking'*, *'not interrupting'*, and *'coming on time'*). Get a collective agreement on the rules using show of hands or head nods. Where applicable the group should nominate a chairperson and an assistant to ensure that group rules are followed.

Some 'group rule' examples include:

- Listen respectfully, without interrupting;
- Allow everyone the opportunity to speak;
- Criticise ideas, not individuals or groups;
- Avoid inflammatory language, including name calling;
- Ask questions when you don't understand; don't assume you know what others are thinking or their motivations.

Be prepared to handle disruptions when the rules are established, '*What will we do if someone continuously interrupts the group*'?

Confidentiality is really important to Better Parenting groups. This means that *what is said or done in the group stays in the group*. '*Chatham House Rule*' information learned can be shared, but the identities of other group members cannot. This creates a sense of security and safety.

### ***Pre- and post-tests***

Ensure that all participants take the pretest. This provides a baseline regarding knowledge, beliefs and practices of parents, and helps us to assess how the program is doing.

## **Tips for Group Sessions**

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

### ***Using icebreakers, energisers and warm-ups to engage/re-engage a group***

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

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

### ***Dealing with challenges in groups***

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



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

### ***Dealing with gender imbalance***

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

### ***Missed sessions/absences***

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

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

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

# Session Supplements for Facilitators

The following supplements are to deepen facilitator knowledge of each of the sessions in order to be better equipped to facilitate the sessions and respond to the questions that may arise. For each session you will find:



Background information – This includes additional information, including background research on the topics, key definitions and additional points that will help you address questions.



Facilitator suggestions – These include ideas for additional discussion questions, key points that parents should understand, ideas for participatory exercises and session icebreakers.

**Sessions supplements should be reviewed prior to every session!**

## CROSS-CUTTING: Sessions 1-14



**NOTE:** Make time in this first session to form your group using the Community Discussion Guide group start-up activity, icebreaker and a case story to introduce Better Parenting Nigeria. Also schedule time to administer the pre-test if necessary.

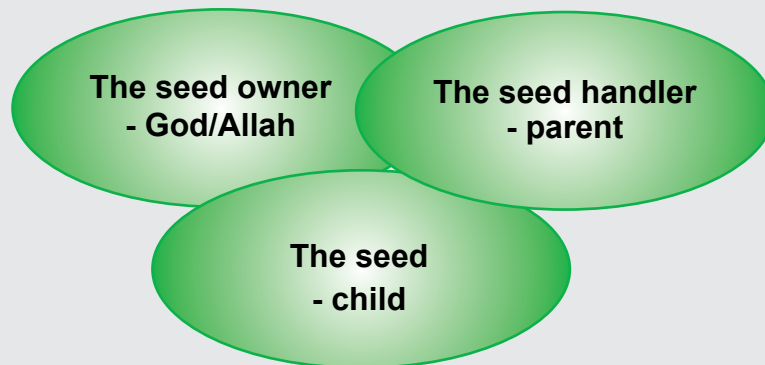


The root meaning of the word ‘parenting’ is to ‘bring forth’: parenting is more than conception, feeding and raising a child. It is about helping a child fully realise his or her potential by creating a relationship and environment that are healthy, safe and conducive to learning and growing. Parents (mothers and fathers or other primary caregivers, for example, an auntie) or other primary caregivers with day-to-day care of the child hold the primary responsibility for the children (under 18 years of age) in their care. Synonyms for parenting include raising, bringing up, looking after and taking care of. The relationship between parent and child spans life and developmental stages, beginning during pregnancy, and building, evolving and changing all the way through adulthood.



**Have the following diagram at the back of your mind as you administer this module...**

This is called the parenting quadrant:



**First line:**

The seed owner is God because God owns every child and within every child is the solution to a problem that parents must help figure out and nurture.

**Second item:**

The seed handlers are the parents, and the way the seed is handled can make or mar a seed. This is why parents must seek to understand who their child is and help nurture his/her greatness without discrimination/cultural bias.

**Third item:**

The seed is the child and parents must know the greatness that resides in a child. A child is a disguised king/queen – nurture by preserving his/her free spirit.

A child is a solution provider – give him a chance and do not impose yourself on him/her.

A child is a decision maker – instil within him/her the right values.

A child is a pilgrim – lead her/him with the fear of the Lord by modelling the right example.

The seed's environment includes other support systems that can positively/negatively affect the well-being of a child, i.e., school, society, family tradition, culture and media.

The most critical aspect of raising a healthy child – the 'seed' – is the seed handler. Many problems start with not understanding the quality and nature of the seed. If the seed is not properly understood there can be problems in understanding how to create the right environment for the overall well-being of the child.



Bring a seed and ask participants to describe what needs to be done to enjoy bountiful harvest from the seed? Also, how best do you treat a plant that is surrounded by weeds? (This helps parents and caregivers better understand why they need to be more careful with the child.)

- The goal of the puzzle is to help parents/caregivers understand the need to give every child a chance, because every child has the right to be given equal opportunities and support regardless their varying personality types and interests.
- Perceptual code is a general representation or a descriptive empowering word that enhances the way parents see their children. For example, a family can choose 'ROYALTY' while another chooses 'WORLD CHANGER' and still another family picks 'DIPLOMAT', which means that is who they see every time they observe/interact with their children. How they see their children determines how they handle, relate to, and correct their children, which ultimately affects children's self-esteem.
- Every child is like a "special crop" is a mantra that must resonate with every parent at the end of the class, so that they can make immediate adjustments to better nurture their 'crop'.
- You can conduct a visualisation exercise at the end of the class in which participants close their eyes and imagine what their children are capable of becoming: imagine the next 20 years and all of your children have become so successful in their respective fields, and all are doing well. Imagine them talking about you on TV about how they became great simply because you treated them with respect and protected them. Now everyone wants to be like you, and you yourselves are successful consultants, and sharing your knowledge about how to properly raise a child. *How does that make you feel?*

## Session 2: CULTURE AND SOCIAL NORMS



Social norms are the understandings, beliefs and practices that govern the behaviour of members of a society. Social norms develop over many years in response to how society organises itself, and they change as the world around us changes. Social norms and culture are dynamic and are constantly changing; for example, in the past some communities have used tribal marks and all children were expected to have those marks. In time, and as different tribal groups move around and mix with others, and as the world changes through transport and media, tribal markings may be viewed with scorn and those who have them may be mocked.

Culture is the way of life of a people at every point and time, which means culture is not static and what is acceptable this year may no longer be relevant in 20 years.



Help parents to reflect on the cultural and social norms they may consider important today but which may, in the next few years, become a problem to the child's development. For example, female genital mutilation/cutting (FGM/C) is a cultural belief that was considered a means of curbing sexual immorality in girls. Female genital mutilation/cutting is widespread in parts of Nigeria, and people who argue for it say that this is to 'protect women for marriage' and as a source of cultural identity. However, FGM/C can lead to serious infections and death of the girl at the time of cutting, and is a cause of reproductive ill health and increased risk of death during childbirth. The federal government of Nigeria recognised this by passing a law against FGM/C in 2015.

Ask the group to share examples of what they believe may be harmful cultural practices and local beliefs, and discuss why participants think these practices and beliefs may be harmful. If there is an obvious harmful practice not mentioned, prompt participants to share reasons they don't consider this practice harmful, and try to list the pros and cons of such practice for further discussion.

- *What are harmful cultural practices in your community?*
- *Why are they harmful, and whom do they harm?*
- *Does everyone agree?*
- *What might be the pros (positives) and cons (negatives) of this practice?*

Certain norms may also be regarded by the community as harmful and may not be considered so within the family, such as a show of affection either privately or publicly, or speaking and listening to the opinions of children.

- *Can anyone think of any other examples?*



### Session 3: PARENTING STYLES



Parenting styles differ among caregivers, and parents raise their children differently than their neighbours for several reasons:

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



At the beginning of the session ask parents to describe the different types of parenting styles they know or can identify.

- *Think about your ideas about how your children should behave.*
- *Who sets the rules?*
- *What are the roles in the home?*

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

1. **Authoritarian Parent**

- You believe kids should be seen and not heard.
- When it comes to rules, you believe it's 'my way or the highway'.
- You don't take your child's feelings into consideration.

2. **Role-model (Authoritative) Parent**

- You put a lot of effort into ensuring you have a positive relationship with your child.
- You explain the reasons behind your rules.
- You enforce rules and give consequences, but you take your child's feelings into consideration.

3. **Permissive Parent**

- You set rules, but rarely enforce them.
- You don't give out consequences very often.
- You think your child will learn best with little interference from you.

4. **Neglectful Parent**

- You don't ask your child about school or homework.
- You rarely know where your child is, or with whom she/she is.
- You don't spend much time with your child.

When the session discussion is nearly over, help parents understand that:

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

## Session 4: TEMPERAMENT



Temperament generally refers to aspects of individual personality that are biologically based, not learned, and include activity level, sleeping and eating patterns, reaction, adaptability, intensity of emotions, mood, distractibility, persistence, attention span and sensory sensitivity. Temperament can include things like if a person is curious vs. cautious, efficient vs. easy-going, outgoing or more solitary, friendly vs. challenging, or naturally nervous vs. confident.

Goal getter		Promoter		Supporter		Enforcer	
How we see ourselves	How others may see us	How we see ourselves	How others may see us	How we see ourselves	How others may see us	How we see ourselves	How others may see us
Bold	Arrogant	Trusting	Indiscriminate	Even tempered	Complacent	Modest	Severe
Competitive	combative	Optimistic	Unrealistic	Stable	Unemotional	Precise	Picky
Risk taking	Reckless	Charming	Manipulative	Steady	Dispassionate	Calculating	Scheming
Determined	Headstrong	Amusing	Frivolous	Peaceful	Timid	Observant	Nosy
Independent	Autonomous	Sociable	Fickle	Team oriented	Dependent	Solitary	Unsociable
Outspoken	Tactless	Convincing	Exaggerating	Good listener	Close mouthed	Cautious	Distrustful
Decisive	Dictatorial	Spontaneous	Impulsive	Methodical	Slow	Detailed	Fixated
Assertive	Pushy	Enthusiastic	Gushy	Patient	Passive	Exacting	Perfectionist
Pioneering	Predatory	Communicative	Gossipy	Predictable	Monotonous	Accurate	Fault finding
Confronting	Offensive	Articulate	Effusive	Loyal	Possessive	Efficient	Uncaring
Strategic	Ruthless	Passionate	Illogical	Sensitive	Fragile	Orderly	Compulsive
Direct	Rude	Talkative	Self promoting	Forgiving	Grudging	Logical	Emotionless
Self confident	Disrespectful	Imaginative	Distractible	Supportive	Enabling	Idealistic	Theoretical
Self assured	Conceited	Persuasive	Fast talking	Empathetic	Self inflicting	Analytical	Suspicious
Goal oriented	Obsessive	Flexible	Unfocused	Cooperative	Spineless	Questioning	Prying
Challenging	intimidating	Relational	Situational	Non-confronting	Dishonest	Excellent	Superior

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Familiarise yourself with temperament before you facilitate this session, and consider the chart above which illustrates how a particular personality sees him/herself compared to how others see him/her. We can mishandle children if we don't step into their own world and think about the way they see themselves so that we can help them reach their highest potential. We can also miss opportunities to help children reach their potential if we don't understand our own temperament. In a relationship (husband and wife, mother and child, teacher and student) personalities and temperaments interact with each other, and influence the relationship.

Help caregivers to think about how they feel about temperaments that they find difficult. *What is difficult about it?* The following chart might help caregivers find ways to deal with temperaments that are difficult or different from their own. Remember: Temperament is not behaviour, it's a person's way of being in the world!

Goal Getter – Olusegun Obasanjo	Promoter – Barack Obama	Supporter – Nelson Mandela	Enforcer – Dora Akunyili
Appeal to the competitive spirit in the child, and make the task look like a goal with a reward.	You need to create a non-judgmental environment, and use play to teach what you need the child to master.	You need to correct the child with love rather than with shouting lest she/he withdraws.	You need to be calm because a child can be easily discouraged. Share examples of others who have accomplished what the child is now trying to achieve.

Please note: often girls who are goal getters may be labelled as ‘behaving like a man’, while girls who are promoters may be labelled as ‘flirty’. Teach parents to discourage people around them from mislabelling their children, and help them learn to celebrate and accept their children. For example, the goal getter helps our world achieve goals, while the promoter helps that which is achieved, to go around. The supporter ensures that the entire goal is delivered, while the enforcer ensures that quality and standards are not compromised.

## Session 5: CHILD DEVELOPMENTAL STAGES



Child development is about the changes and growth/development in human beings between birth (and even beginning in utero before birth) and the end of adolescence and early adulthood. Brain science now suggests that the human brain is not fully developed until we reach our late 20s! Development includes physical growth, psychological and cognitive progression and emotional/social changes, all of which develop at different times and at different rates. In typical development, a human progresses from dependency on others (think of a newborn baby) to increasing autonomy. Parents and caregivers play a critical role in development.

The chart below gives some changes one might expect as a child grows and develops.



0-1 years	2-3 years	4-6 years	7-12 years	13-18 years
Baby is trying to understand his/her world.	Child imitates what he/she sees people do.	A child has energy and wants to do things for him/herself.	Asks 'how, what, when, where and why' questions.	This is a period of transition to adulthood.
Baby is dependent on adults.	More aware of her/himself and the environment.	Curious and inquisitive.	Exhibits unpredictable mood swings and wants increasing privacy.	Development of secondary sex characteristics – puberty.
Baby responds to sights and sounds.	Able to follow simple commands.	Imaginative, loves stories and songs and can sometimes exaggerate events.	Strong need for love and understanding.	More independent and seeks approval of peers; may spend more time with friends than with family.
Learns by observation.	Does not understand consequences so may try to touch everything.	Expect mistakes in child's quest for mastery.	If children are encouraged and appreciated for their initiative, they begin to feel industrious and confident in their ability to achieve goals.	May be exposed to social media and television and movies in which sex, drugs and alcohol hold sway.
Needs to develop trust and confidence in the world and in adults around her/him.	Household safety is important.	Loves games and gadgets.	Friends and school provide new social experiences.	Brain still developing but adolescent feels she/he 'knows everything'.
Period of rapid and important brain development.	Continuing important brain development.	Safety very important and caregivers must be vigilant.	Exposed to new technological innovations like social media.	Wants to achieve so much in little time.
If a child does not experience trust in and attachment to caregiver, he/she may be insecure, have low self-esteem, and may be unable to trust others.	Tantrums are child's way of asserting independence.	Increasingly interested in being with other children.		May struggle to obey parents.
				Needs a sense of clear identity.



### Use the case story: **Adamu's Story**

- *What might be wrong with the way the father handled the case?*
- *What would you do differently?*
- *Has anyone had a similar experience they would like to share?*

Ask the group to pair up and demonstrate to each other their behaviour at different age ranges. Have participants take a comfortable position, and when you name the age range, ask them to behave like that age range; for example, you'd expect ages newborn to one year to cry and crawl, while ages two to three will run around a lot and scatter things around the house. Let them complete the entire cycle and then ask them share what they've learned based on the questions.

While responding to the discussion questions if there are participants who feel badly about the way their parents handled them while growing up, encourage them to explore how they are feeling. You may also want to recommend a professional who can also help with more information.

Get honest feedback from participants on the way they were raised compared to the way they are raising their children. Discuss the similarities and differences.

**The major lesson is for parents to separate expected behaviour from bad behaviour at the various developmental stages, and to encourage reasonable expectations.** A child playing with sand and spilling water at age four is not exhibiting a bad behaviour; it is an expected behaviour, and we must not punish children for being children.

**Note:** It's important to realise that *there is a reason behind every behaviour*, and children do not often misbehave because they are bad or they are trying to hurt the adult. Babies does not cry (the behaviour) because they want to hurt your ears. They cry because they are uncomfortable or hungry (the reason). *What are some other examples of behaviour that you've observed? What might be the reasons for that behaviour?*

Many parents struggle when their children become teenagers. They feel that their children are challenging or being defiant. **What we know about how the brain develops has taught us that children *need* to challenge boundaries and experiment with independence. It is a developmental stage. Understanding this may make it easier for parents to adapt their parenting practices to a teenager's needs to make sure that their teenagers can experiment with independence while also helping them avoid serious harm.**

## Session 6: CHANGING NEEDS AS CHILDREN GROW



As children develop from dependent newborn babies to independent young adults, so do their needs. As they change, their world gets larger: from their immediate surroundings and primary caregiver as an infant, to their home, siblings and wider family, outward to the surrounding community, and school, and peer and friend groups. Parenting and caregiving must change, too, in order to meet children's growing capacities and changing needs.

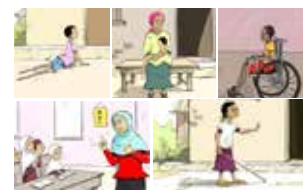
Stage/age	Primary needs	Common behavior	Response
<b>Infant</b> 0-1	Food, sleep, hygiene, comfort and safety. Strong attachment (bonding) with parent/caregiver. Stimulation and attention to support rapid brain development.	0–6 months: will smile, babble and cry to attract the caregiver's attention. Gaze at faces and patterns. Verbalises. Begins to sit up. 6–11 months: will cling to the parent/caregiver, especially when feeling insecure or frightened. Does not want to be apart from caregiver. Begins to crawl and walk. Beginning to say words. 12–23 months: begins to walk and talk; will explore his or her surroundings.	Caregiver should provide care, cuddling, caressing and protection; responding to infants' 'communication'. Provide physical closeness. Provide stimulation through communication, games, singing and involving baby in daily life. Seek to understand your child's behavior without yelling, hitting or physical punishment. Calm the upset baby with touch and singing. Ensure the environment is safe as baby starts to move.
<b>Toddler</b> 2-3	Same as previous stage, but also opportunities to explore and become more independent from primary caregiver. Increasing self-care (likes dressing him/herself) and increasingly wanting to make own decisions. Praise and approval. Opportunities to interact with other children.	Becomes more independent and continues to explore his or her surroundings. Starts speaking sentences and building vocabulary. Does not like to lose or take turns, but sharing can be taught. May express feelings in dramatic ways. Can begin to learn how to manage emotions. Finds it difficult to separate fantasy from reality. Expresses feelings in dramatic ways.	Praise your child often. Redirect unwanted behavior, but do not hit or physically punish. Encourage small choices (between two acceptable options, for example, choosing between two shirts to wear), and the opportunity to try new things. Model generosity and sharing Teach your child about the body and the differences between private parts and body parts using songs and stories, especially how to protect themselves using songs. Provide a safe environment for the child to observe, play and explore.

Stage/age	Primary needs	Common behavior	Response
<b>Early childhood 4-6</b>	<p>Same as previous stages, but also opportunities to learn through active exploring and through play.</p> <p>Opportunity to develop relationships with other children and to play with others to learning social skills.</p> <p>Asks lots of questions and needs answers.</p> <p>Needs a safe environment to play and learn – including being supervised.</p> <p>Needs a wider group – begins to be ready for school.</p>	<p>May talk a lot; asks many questions. The child may ask again if not clear, or if she/he wants more information.</p> <p>Does not like to lose, share or take turns, but losing and taking turns can be taught.</p> <p>Very physically active – needs to be able to move and channel physical energy.</p> <p>Can invent all sorts of stories filled with exaggerations.</p> <p>Wants more time for play, and may want to spend a lot more time watching TV.</p> <p>May compare himself/herself or what he/she has with peers as he/she moves into school.</p> <p>Learns through active exploring, and may be so curious that children get into things that are not safe without realizing the danger.</p> <p>Both wanting to and not wanting to go to school – may be emotional about leaving home.</p>	<p>Answers should be short but should be honest.</p> <p>Teach sharing with compassion</p> <p>Help your child solve her/his own problems; child learns from own mistakes (natural consequences).</p> <p>Separate expected behavior from bad behavior.</p> <p>Seek to understand the reasons behind the behavior.</p> <p>Teach rules of the body to protect him/her from those who can harm.</p>
<b>Middle childhood (7-12)</b>	<p>Same as previous stage, but also school attendance.</p> <p>More independence.</p> <p>Needs increasing time with other children.</p> <p>Increasing interest in religious matters, spirituality.</p>	<p>May answer back to adults to show that he/she 'knows'.</p> <p>Can be very self-conscious and sensitive. May be very active. (The child's unique temperament emerges clearly.)</p> <p>At the end of middle childhood, hormones can cause mood swings and changing emotions, even if puberty is not yet evident.</p> <p>Able to learn to better manage anger and tolerate frustration – able to communicate needs and desires.</p> <p>Responds to anyone who demonstrates care, love and believe is his/her ability. Often develops important relationships with other adults like mentors and teachers.</p> <p>Has increasing access to and wants to play with all forms of gadgets, so needs to understand safety and dangers.</p> <p>His/her quest for independence may be misconstrued as arrogance, and this could negatively affect communication between child and parents.</p> <p>Often has a desire to be seen as good and successful – to gain pride from important adults.</p>	<p>Give more trust and responsibility, but allow enough time for play and recreation with peers.</p> <p>Spend time together with your child, sharing experiences, listening to his/her concerns and worries.</p> <p>Offer praise and show interest in his/her school.</p> <p>Set ground rules together and disciplinary measures when ground rules are violated.</p> <p>Allow child to learn from her/his own mistakes and consequences of her/his choice, when safe to do so.</p> <p>Ensure whatever you do doesn't negatively affect you child's self-esteem and sense of self-worth.</p> <p>Be honest with your child and let your child teach you what you don't know.</p>

Stage/age	Primary needs	Common behavior	Response
		<p>His/her quest for independence may be misconstrued as arrogance, and this could negatively affect communication between child and parents.</p> <p>Often has a desire to be seen as good and successful – to gain pride from important adults.</p>	<p>Discuss the ‘Power of 1’: – just because everyone is doing it doesn’t make it right and that because you alone are doing it, doesn’t make it wrong. Simply stand out.</p>
<p><b>Late childhood/ adolescence</b> <b>13-18</b></p>	<p>Same as previous stage, but also wants even more independence and autonomy to be own person outside of the family.</p> <p>Seeks acceptance from peers for self-esteem.</p> <p>Peers are more important than parents for social interactions and social learning.</p> <p>Focused on forming her/his own identity.</p> <p>Eager to learn about sexuality; may also become interested in experimenting with alcohol and drugs. May worry about the future.</p> <p>Needs supervision and guidance as brain is still developing, and may not be able to see or understand behaviors that are risky.</p> <p>Needs to continue with schooling and learning. Beginning to think about employment and future dreams.</p>	<p>Prefers more interaction with peers than parents. Becomes interested in sexual issues and possibly in sexual relationships.</p> <p>May engage in risky behaviors.</p> <p>Frequent mood swings and rebellious attitude, in part from the changes and hormones of puberty, and natural desire to be more independent.</p> <p>Wants to make own choices and decisions.</p> <p>May become challenging, rebellious and aggressive.</p> <p>May seek guidance and role models outside the family.</p>	<p>Should be taught that all decisions have consequences.</p> <p>Can sometimes be helped to find ‘good friends’ that are responsible and mature.</p> <p>Should receive HIV /sex education</p> <p>Still needs to spend time with caregivers and parents, and be able to talk to them and get advice.</p> <p>Never correct a behavior without assuring adolescent of your love.</p> <p>Help adolescent discover his/her personal vision and support him/her in working towards it.</p>



**Using a buzz group:** Without moving from their seats ask caregivers to form a mini group of two or three people and discuss any of the questions listed on your Discussion Guide. Buzz groups will be a welcome change from how the group is usually facilitated and it will give quieter caregivers a chance to talk with their peers.



## Session 7: CHILDREN WITH SPECIAL NEEDS



**Special needs** is a term used to describe people, children or adults, who require assistance for disabilities that may be medical, physical, cognitive (thinking) or psychological. Different special needs vary in severity, and include physical disabilities (e.g., mobility), sensory disabilities (e.g. blindness/hearing impairment), language or speech disabilities, cognitive disabilities that impact thinking and communication (e.g., autism, developmental delays, intellectual disabilities, attention disorders), emotional disabilities, learning disorders, and in some contexts, chronic illness that impacts daily functioning. Research indicates that infants exposed to HIV have a higher likelihood of developmental delays, meaning that families dealing with impacts of HIV may also deal with disabilities.

Not all disabilities have the same impact on children's development or daily functioning, nor do they mean that parents and caregivers need to parent differently. Remember no two people are alike, and all should be treated with equal care and respect. The important thing to help parents understand is that ALL CHILDREN have the same rights regardless of their abilities.



*The moment you have any question about your child's health or development, you don't need to panic. Take the child to a health care professional so that she/he can adequately counsel you, provide information, and provide an accurate view. Please note that the symptoms listed above are not confirmatory, and only a qualified medical professional can assess symptoms and provide a diagnosis. Facilitators: Know your community and referral process – if a parent has a question where will you send them?*



**Group service mapping:** To help caregivers understand what services are available in their community ask the group, *Where can you go if you have a person in your home with a disability? Who can help you?* Compile a list of the services and places that the group comes up with. You can use this to share with caregivers who have questions about where to get help. Some examples might be: health clinics, religious or community leaders, community organisations, hospitals, caregiver groups, Early Childhood Development (ECD) centres.

## Session 8: PARENT-CHILD COMMUNICATION



Communication is a two-way process in which there is an exchange and progression of thoughts, feelings or ideas between two people. There are two types of communication: verbal and nonverbal. Children's communication evolves along with their growth and development, from the newborn baby who communicates using cries, sounds, eye contact and body language, to the adolescent fully capable of both verbal and nonverbal communication. Communication is closely linked to behaviour, and is a critical part of parent-child and family relationships. It is important to keep communication open, but it can be hard if children ask difficult questions; are there techniques for answering questions honestly, but first finding out more information ourselves?

- Communication can be verbal: what we say and how we say it.
- Communication can be nonverbal: what we say through our actions, gestures, expressions, etc.; this also includes written communication (writing).



Encourage parents to think about when they've communicated, and it has worked well.

- *What does it look like when your communication works well?*
- *How does good communication feel?*

Other times it can be hard to communicate, like when baby is crying and we don't know why; when a child seems to be unhappy at school, but doesn't want to say why; those time a teenager becomes uncommunicative at home.

- *What does it look like when your communication is not working well?*
- *How does not-so-good communication feel?*

Think about how to get more out of communication using the following skills (ask the parents to think about how these can be done for children at different ages):

**LISTENING:** Be an **active listener**; in other words, let the child speak and explain his or her concerns, thoughts and opinions. Maintain eye contact. Show interest in what the child is saying: stop doing other things; just listen. Look interested – and look at the child directly. Lean forward a little bit to show that you want to understand what the child is saying. Act interested – nod your head or make a soft sound to show that you are tuned in. Do not interrupt the child. Expect the same in return – ask the child to look at you when you are speaking to her/him. *What you model when communicating is what the child will learn to do in his/her communication.*

**OBSERVING:** Pay attention to body language. If possible, sit at the same level as the child. *What might children be communicating with their behaviour? (Remember that behaviour is a way of communicating.)*

**SPEAKING:** Speaking includes both the words we say and the tone in which we say them. Do not raise your voice or yell. Praise and encourage the child often. Keep your requests simple, and don't use complicated sentences. Ask open-ended questions to check understanding.

**QUESTIONING:** Ask for clarification if you don't understand something – never assume you understand fully what the other person is trying to communicate.

**ANALYSING:** Be honest, but remain sensitive to the other person. Do not judge, but seek to listen and understand.

**EVALUATING:** Think about what you've heard before you say something in response. Make your own points in a gentle voice, and ask if the child has any questions. Check to clarify. Summarise the discussion at the end, and highlight any decisions that were made, for example, if there are any next steps to follow.



**Using a role play:** For a change in activity, have the group try a role play. Ask for four volunteers to form two pairs. Take them aside and ask one pair to prepare a 2-3 minute role play on good parent-child communication, and the other pair to prepare a 2-3 minute role play on poor parent-child communication. One will be playing the parent and one the child. Welcome them to be creative and have fun! After they present their "plays" to the large group ask for feedback on what people noticed: *Which one showed good communication? Why? How did it seem the children felt in those scenarios? Did either make you feel bad? Why?*

## Session 9: FAMILY RULES, BOUNDARIES AND ROLES



In order to make the family a happy, healthy and secure unit for all members, you need boundaries, rules, roles, power distribution among family members and an effective communication process.

**Boundaries:** Families have boundaries, or ‘invisible lines’, that define who or what is inside the family – and who or what is outside. Very closed families have locked gates, high fences, unlisted telephone numbers, not much contact with the outside world and lots of secrets. Very open families have frequent guests, an ‘open door’ and lots of differences among family members.

**Rules:** Over time, families develop rules regarding how they relate to each other and the outside world. The rules are developed by the family to ensure stability, and they keep the family distinct from other families. Often rules change or adapt over time, for instance, as children get older or circumstances in the family change.

**Roles:** Every family works out things like who does the chores, who handles the money, and who cares for the children. The way we fulfil our roles depends upon our culture, our own upbringing, our lifestyle and family composition. In some cultures, for example, older children do a lot of caretaking of younger children. Each member of a family has a unique role, and this role changes as children grow and as family circumstances change over time.

**Decision-making:** All families have ways of making decisions and resolving conflicts. Some families strive for equality and let everyone participate in making decisions; other families allow only one family member (maybe the mother or the father) to make the ‘major decisions’.

**Communication Styles:** Families employ communication processes that range from open to closed. Open communication means messages are clear: people let you know where they stand, and express themselves relatively freely. In families with closed communication, messages are not clear, individuals do not freely express their needs, and there is little congruence in what people feel, say and do.

### **The absence of rules and boundaries make room for inappropriate behaviour**

Every family has rules – even if they are not spoken or written! Rules and boundaries should be clear and openly discussed, including with children and listening to their contributions. Some families find it useful to write the rules down – others do not! Remember these are rules for EVERYONE – adults and children. This does not mean that there may be some other rules that apply only to adults.

Rules allow us to set clear consequences of breaking the rules.





Clarify that parents are custodians.

- Their actions should always first serve to protect the child and not expose the child to harm.
- Help them see the bigger picture: safeguarding their children is their own contribution to a better society.

Rules are required when raising children so as to demonstrate to the child the uniqueness of his/her family. It keeps the **'family vision'** in focus, thereby helping the child become more receptive to correction.

OPERATIONAL TERM: FAMILY VISION – 'Creating a picture of a desirable future as a family'.

'Family vision' refers to what the family is setting out to achieve. Many parents do not understand that it is important to communicate their goals as a family to their children. When family members all understand what their vision as a family is, it helps children comply with the rules.

It is important to set boundaries so children become aware of inappropriate behaviours, but also recognise the same in others. A clearly defined family vision helps children distinguish the difference between right and wrong, which then helps them to understand that there are rewards for good behaviour.

## HOW TO SET FAMILY RULES

- Explain that rules are needed within every home.
- Identify the rules based on what the family intends to achieve collectively.
- Ensure that the rules reflect family values.
- Ensure child participation – developing family rules is a process in which everyone participates and to which everyone agrees; these rules should not simply be imposed on all others in the family with input by adults or family leaders only.
- Keep the rules simple and clear.
- Make a visual reminder of the rules, and display them to serve as a constant reminder.
- Use positive language.
- Clearly state the consequences of not following the rules.
- Clarify rules and consequences when needed.
- Continually review the rules based on feedback, changing child capacities, and other changes in the family.

## MAKING RULES MORE EFFECTIVE

- Address how the child has broken a rule rather than talking down to the child and making him/her feel guilty or shamed.
- Link consequences to the rules, e.g., rule = family property should be respected; rule break = child breaks a glass cup to protest parents' insistence on finishing

homework before playing soccer; consequence = child is stopped from playing soccer for a week and made to apologise to the entire family. An example of an illogical consequence in the same scenario is that instead of linking the consequence to the specific property damage, the consequence instead is that the parent takes the child's mobile phone away and cuts off the child's communication with friends. (See also session on discipline and logical or natural consequences. Ask parents for other examples.)

- Model expected behaviour and family rules: be ready to admit when you, too, break a rule!
- Explain why the rules/limits are set, rather than simply giving out orders. This helps you gain the cooperation of the child, and in turn serves as a great leadership model to him/her.
- Remember that family rules are for everyone in the family, not just the children!
- With the aid of effective communication, help the child see how the outcome of good behaviour is in his/her own interest.



## Session 10: DISCIPLINE



Child discipline includes methods used to change or prevent unwanted behaviours in children or impart knowledge and skills in order to teach/reinforce a certain way of acting. Parents use discipline to teach children about expectations, guidelines, family and community rules and values or principles. There are many different ways to discipline children based on culture, tradition and inherited or learned practices.



**ICEBREAKER:** Facilitator writes AGREE and DISAGREE on plain sheets of paper (or in the dirt), and places them on the floor, one to the left and the other to the right side. Facilitator explains to parents that if they agree with the statements that he/she is about to read, they should stand on the side that says AGREE, and if they DISAGREE, they should stand on the side that says DISAGREE.

- Parents own their children.
- Parents have the right to do anything they please with their children.
- Children are the same as any other property the parent owns.
- Children should be seen and not heard.

The table on the following page gives some examples of different ways of disciplining children. Facilitator will read and explain briefly the four types of discipline, then divide parents into four smaller groups and give them five minutes to talk about the advantages and disadvantages of the four types of discipline. Participants then gather again in one group, and share their thoughts with each other. Facilitator then guides parents as they decide which of disciplinary methods will be most effective.

The table below shows examples of different types of reinforcements and should help in case any questions comes up.

<b>POSITIVE REINFORCEMENT</b> (Using positive motivating item after a desired behaviour or otherwise encouraging desired behaviour)	<b>NEGATIVE REINFORCEMENT</b> (Using negative stimulus to effect a desired behaviour – closely linked to physical punishment)	<b>PHYSICAL PUNISHMENT</b> (Causing pain or discomfort in order to bring about desired behaviour)	<b>ENCOURAGEMENT</b> (As opposed to praise, which is external, encouragement helps children to learn and change for themselves, increasing problem solving, self-worth, ownership and responsibility.)
<p><b>Gifts:</b> Do not have to be expensive, for example, biscuits or sweets.</p> <p><b>Communication</b></p> <ul style="list-style-type: none"> <li>• Verbal: Offering words of commendation or praise (e.g., 'good boy/girl', 'you did it right'), encouragement ('good job', 'how do you feel about your accomplishment'?)</li> <li>• Nonverbal: Open display of affection, for example, hugs, pat on the back or head, fist bumping, thumbs up and so on.</li> </ul> <p><b>Extra privileges:</b> Spending a longer time than usual playing, getting to stay out later with friends because rules were followed.</p> <p><b>Public approval:</b> Mentioning the child's good behaviour to others while the child is present.</p>	<p><b>Grounding:</b> Not allowing the child to leave a certain space for a period of time, usually the home or his/her room, ensuring that the child is monitored by parent/caregiver.</p> <p><b>Withhold privileges:</b> Children should learn that privileges come with responsibility. Decrease the access to or time for something that the child likes to do or have, for example, less playtime on the weekend with friends.</p> <p><b>Time out:</b> Establishing a safe physical space where the child must be/stay for a set period of time. Take into consideration the temperament of the child, time out for an introvert will make him/her happy. Time out only works for younger children. Consequences such as 'grounding' (not being allowed out for a fixed number of days) may work better for older children. The child should always understand why the consequence is being applied.</p>	<p><b>Physical punishment:</b> Flogging, slapping, spanking, kicking, pinching, etc. – any form of discipline that causes physical / bodily harm or discomfort (there are many varying degrees).</p> <p><b>Withholding basic necessities:</b> Withholding food, sleep or other comforts and necessary basics needs.</p> <p>Requiring standing or sitting for unreasonable amounts of time.</p>	<p><b>Redirection:</b> Removing or changing undesired stimulus to enhance a desired behaviour or offering an alternative (e.g., baby wants to play with something dangerous, pick the child up and move her/him, giving the baby something safe to play with instead).</p> <p><b>Negotiation/ compromise:</b> Allows input from both parties allowing for mutual decision-making and allowing a role in the decision-making either about rules or about consequences of breaking rules (e.g., permitting the child to sleep instead of doing homework, so that he/she is motivated to do the homework next time).</p> <p><b>Compromise:</b> Communicating and listening to each other to come to a mutual decision about the rules and consequences.</p>

## BENEFITS OF REINFORCEMENT, REWARDING GOOD BEHAVIOUR AND ENCOURAGEMENT

- Boosts self-esteem and improves social acceptance. Helps a child embrace and appreciate his or her own uniqueness.
- Helps child to see the positive effects of their efforts to do better, inspires good behaviour, and teaches problem solving and self-evaluation.
- Based on respect as opposed to power.
- Plays a major role in helping a parent to accept the identity of the child. Gives room to show the ability of the child to model good behaviour to others, especially because the acceptable behaviour has been rewarded or encouraged continuously.
- Motivates the child to want to do more.
- Serves as an opportunity to promote positive communication, improving the atmosphere in the home.
- Discourages comparison, which in turn discourages sibling rivalry.
- Serves as a good opportunity for creating good childhood memories.
- Allows parent to share pride about their children.



## Session 11: MANAGING YOUR CHILD'S BEHAVIOUR



Every human behaviour carries a meaning. Behaviours (good and bad) are purposeful, meaningful and goal oriented – even if often not consciously. People act out behaviours based on their understanding of a thought, how they are feeling, or because of something they want or need. When children ‘act out’ (such as having a tantrum) there is always a reason behind the behaviour. Think of behaviour as similar to a symptom of an illness – the symptom is an outward sign of not being well, but it is not the cause of the underlying disease. It’s therefore important for parents to seek to first understand the reason behind a behaviour before deciding on the appropriate approach in handling it. In the example of a young child throwing themselves down and crying and kicking (having a ‘tantrum’), he/she may be tired, hungry or otherwise uncomfortable.

### REASONS CHILDREN SOMETIMES EXHIBIT INAPPROPRIATE BEHAVIOUR

- When the children’s physical or emotional needs are not met.
- Everyone loves to be heard and understood and this also includes children. When this does not happen, they find a way, often subtle, of getting the attention of their parents.
- When the child wants attention, or feels misunderstood or ignored.

- When there are no rules or the rules are unclear or inconsistent in the family regarding expected behaviour. (Refer back to Session 10: Family Rules and Boundaries.)
- When the child feels invisible or unnoticed, or gets attention only when she/he exhibits negative or undesirable behaviours.
- Copying or modelling behaviours they see in friends, neighbours, siblings, parents or other adults.
- Modelling from parents or other adults – children are like sponges in absorbing what they see – they will copy the good and the bad. They will test out behaviours they see to understand whether these are acceptable or not.



### **How to deal with unacceptable behaviour:**

- Review the behaviour and check out antecedents/similar situations, to determine if it's a temporary reaction. If the behaviour will have safety consequences, act immediately to make sure the child is safe from physical harm. Evaluate the intentions of the child and what he/she might be aiming to achieve. Remember that he/she is unlikely to be able to tell you with words!
- Always look for triggers (these include beliefs, interpretations, feelings, situations, places or people that might influence a particular behaviour). Take time to consider what the triggers and the child's reactions might be about.
- Do not assume that the child knows what is expected of him/her. State family rules clearly and reiterate consequences.
- If the child is old enough, discuss with the child what the consequence should be.
- Do not address the child when you are still angry or upset; wait until you are calm. Doing so will reinforce negative attitudes. Don't hesitate to walk away (if the child is safe), and take a moment to get your own behaviour and emotions under control.
- Focus on the good. Acknowledge and celebrate desired behaviour, and try to focus less on the undesired.
- Employ positive communication. Do not yell at the child from a distance, because what you say is less likely to be remembered and understood. Address the child at eye level.
- Look inward and seek to check if you have modelled this same behaviour. Take a second look at your role modelling as a parent.
- Redirect the child's attention – distraction can work very well with young children.
- Model and role play the desired behaviour.
- See also Session 9: Discipline.

## Session 12: UNDERSTANDING AND MANAGING YOUR EMOTIONS



Emotions are a natural, instinctive – often unconscious – state of mind that comes from a combination of circumstances, mood, past experiences, thoughts and relationships with others, and include anger, disgust, fear, happiness, sadness and surprise.

Advances in brain science suggest that emotions are generated by the brain through a combination of thought processes and bodily perceptions: a bit of how we think and how we feel physically. In order to manage our emotional responses and/or change them or the behaviours that they generate, we must be paying attention to our thoughts, how our body feels, and our reactions.



When we perceive past or present events and situations as positive, we feel good, and when we perceive them as unpleasant, we experience negativity around emotions. What this means invariably is that to change our emotions, we must pay attention to how we interpret events. Emotions have the potential to be positive or negative, and when a particular emotion hurts the other person or ourselves, or when it interferes with our overall wellness and well-being, it may be considered a negative emotion.

**NOTE:** Do not dwell on negative emotions alone, but refer to the table in the Community Discussion Guide for examples of positive and negative emotions.

- Ask participants to share their own examples of positive or negative emotions, and ask them to put them in categories.
- Ask participants if think it is possible to switch between positive and negative emotions by simply changing your thoughts.

### ASK PARTICIPANTS TO ENGAGE IN THIS PRACTICAL EXERCISE:

*Think about the impact of emotions on the areas of health outlined below; what are some consequences of emotions?*

**PHYSICAL HEALTH:** Some negative emotions have been linked to physical illnesses (see illustration above).

**MENTAL HEALTH:** Emotional extremes (both positive or negative) can causes poor sleep, irritability, etc., and disrupt mental well-being, while mental health issues (e.g., depression) can also impact emotions.

**SOCIAL HEALTH (RELATIONSHIPS):** Includes family, marriage and friendships.

**CONCEPT OF CREATING A MENTAL ENVIRONMENT:** Our physical/outward/external environment can influence our internal environment. This means that whatever is going on in our external environment has a direct impact on what we think and how we feel (physically and emotionally).

**EMOTIONAL MANAGEMENT:** To understand how we feel and how we know how we feel, and then consciously (with thought) manage or change how we act or react.

Here are some tips to help manage emotions and stress:

- Engage in breathing exercises.
- Identify when you are feeling emotionally exhausted.
- If you are feeling stressed, see if there is someone that you can talk to about the stress that you face. This may be someone in the home, or a neighbour or friend. This is why there is a saying 'A problem shared is a problem halved'.
- Often there is stress because of the way that other people are reacting to you, your family or your child. This may be because your family is affected by HIV, or because a child or adult has a disability that causes people to discriminate or stigmatise. In these cases, there may be other people or groups in which people facing similar stress or discrimination can talk together safely, and get support from each other. Groups like these can also help with practical support, such as when the emotional stress comes from ill health or the challenges of coping with a long-term illness or a disability.
- Make lifestyle changes that promote sleeping and eating better, including the elimination of alcohol, cigarettes or other psychoactive substances, and create a comfortable sleeping environment (e.g. sleeping under long lasting treated mosquito net).
- Find someone supportive with whom to talk.
- Remove yourself from the stressful situation (e.g., if someone is hurting you or discriminating against you).
- Pay more attention to your thoughts: *what are you thinking when you feel a certain way?*
- Consider alternatives to situations:
  - How do I feel about this situation?
  - What do I think I should do about it?
  - What effect would that have for me and for other people?
  - Is there anyone else that I can ask about this who might help me?

It is important to point out that the above suggestions are not always easy things to do. Being depressed, having a physical illness (and not feeling well), or being exhausted or stressed all make it hard to manage emotions. It is also important to remember that these suggestions apply to adults who have the cognitive capacity (that is, their brain and thinking are fully developed) to work through the ways of managing emotions; this is not possible for children, especially young children, but even some adolescents because the 'thinking' part of their brain is not fully developed.



**Group exercise:** Ask caregivers to learn a new way to relax with you. Have them close their eyes and breathe in as deeply as they can, and exhale. Now ask them to breathe in deeply again through their noses as you count to three slowly, and out through their mouth – One. Two. Three. Repeat. Suggest they practice breathing exercise at home, especially when they feel anxious or need a moment to relax.

## Session 13: ROLE MODELLING



Role modelling is a powerful tool for teaching and passing on knowledge, skills and values – it is said to be the basis of character formation. Children emulate or copy everything from the adults around them, from mannerisms of speech, non-verbal language and even walk, to habits such as consuming alcohol to reading to their children, to the way that issues and problems are sorted out. A role model passes on behaviours, examples, successes and life skills to others. Role models can be positive or negative. Parents and caregivers are children’s most important role models!



Are there traditional sayings that promote the idea of parents as role models? You can use discussion about the sayings below to talk about what it means to be a role model, and what kinds of traits, behaviours, knowledge and skills the participants want to pass on, not only to their children, but also to others in the village. We can be role models for everyone around us, not just children.

*The apple does not fall far from the tree.*

*Like father, like son.*

*She is definitely her mother’s daughter.*

## Session 14: CHILD RIGHTS, PROTECTION AND RESPONSIBILITY



Children can face violations of their rights and suffer harm from people, both within the family and outside the family. This is why it is important for caregivers to understand children’s rights and how to protect them, as well as parents’ and children’s own responsibilities in the face of those rights. In society, it is every adult’s responsibility to act if a child may be at harm – child harm is never a family’s private business. It is also important for caregivers to help boys and girls have more freedom to become adults, but stay safe from peer pressure that may lead to abuse or violence. The moment the general well-being of a child is at risk or her/his best interest is not promoted, this may be classified as abuse or neglect.

The United Nations Convention on the Rights of the Child focuses on the rights and responsibilities of the State (or government), parents and children in ensuring that children’s rights are respected. Protection from harm involves:

**Guiding principles:** The guiding principles of the Convention include non-discrimination; adherence to the best interests of the child; the right to life, survival and development; and the right to participate. These principles represent the underlying requirements for any and all rights to be realised.



**Survival and development rights:** These are rights to the resources, skills and contributions necessary for the survival and full development of the child. They include rights to adequate food, shelter, clean water, formal education, primary health care, leisure and recreation, cultural activities and information about their rights. These rights require not only the existence of the means to fulfil the rights, but also access to them. Specific articles address the needs of child refugees, children with disabilities and children of minority or indigenous groups.

**Protection rights:** These rights include protection from all forms of child abuse, neglect, exploitation and cruelty, including the right to special protection in times of war and protection from abuse in the criminal justice system.

**Participation rights:** Children are entitled to the freedom to express opinions and to have a say in matters affecting social, economic, religious, cultural and political life. Participation rights include the right to express opinions and be heard, the right to information and freedom of association. Engaging these rights as they mature helps children bring about the realisation of all their rights, and prepares them for an active role in society.

**Countries have laws put in place to ensure that every child is treated properly and with dignity.**

The Child's Rights Act holds that any child should and ought to have the basic and needed parental care, which includes food, shelter, clothing and training, among others. An important part of this act is protection from harm. Harm might be physical, sexual or emotional, but it might also be a lack of love, care and attention, otherwise known as neglect.

- Read the United Nations Convention on the Rights of the Child.
- Read your national legislation on child rights and protection, including parent responsibilities.
- Note that some states in the country are yet to work out local implementation of the Child's Rights Act. Find out if your state is one of them.
- The facilitator should talk about various forms of abuse in the home.

Children can experience violence and abuse anywhere. Boys and girls experience physical violence, sexual violence and abuse, emotional abuse and bullying, harsh punishment in schools and other violations to their safety and wellbeing. Even though these are often alarmingly common experiences, they are still not often talked about openly. The people who abuse children are very often people who the children know in the home, neighbourhood, school, and community. Abuse can be hard to recognise.



Recognising when a child is being harmed cannot always be easy. The following are some of the more common signs. These signs are also sometimes signs of physical or learning impairments that are delaying development. It is always important to take action to try and find out the reason for such delays, without further stressing the child.

Warning signs/symptoms might include...

- Any child whose behaviour significantly changes, such as becoming silent and withdrawn when he/she was previously outgoing and cheerful, may be hiding abuse.
- Any child who acts out as being very violent or lacks social skills and friends.
- Children who have a loss of energy or appetite, or develop sleep problems, such as difficulty falling asleep or staying asleep too long, or bed wetting or soiling.
- Children who suddenly appear reluctant to do something, such as go to school (when they used to look forward to going), or are reluctant to go to a particular home or venue.
- Adolescents who start drinking alcohol regularly or act out violent behaviour, or who suddenly become involved in other risk-taking behaviours.
- Adolescents who become secretive and reluctant to share information (beyond the 'normal' teen change in focus).

There are many other reasons why a child may show these signs or symptoms, but it is important to be aware that there is a possibility of abuse. Any adults who suspects that a child may be at risk of harm should take action by talking to someone who can help them act and who will provide support to the child.

# OTHER FAMILY ISSUES: Sessions 15-20



## Session 15: BASIC INFORMATION AND SOCIAL ISSUES ON HIV



### What does HIV stand for?

**H = Human.** This means that it is something that only affects humans.

**I = Immuno-deficiency.** *Immunity* is a protection against something, which is bad for us. We have things inside the body that protect us (keep us immune) from infection/illness. *Deficiency* means that there is not enough of something.

**V = Virus.** This is a very small infectious agent which gets into the body and then lives inside the cells in our body. We have blood cells and other kinds of cells. Viruses go into the cells and live there.

The HIV virus lives inside a special cell in our blood. It is a white blood cell called a CD4 cell. This cell leads the attack against viruses and germs that enter the human body.

### What does AIDS stand for?

**A = Acquired.** This means that it is passed from one person to another.

**I = Immune.** Immunity is a protection against something that is bad for us. We have things inside the body that protect us (keep us immune) from infection/illness.

**D – Deficiency.** Deficiency means that there is not enough of something.

**S = Syndrome.** Syndrome is a collection of different illnesses or symptoms that give a sign that a person has a particular condition. This sign is not an individual illness or symptom, but the fact that the person has lots of them together.

### What is the difference between HIV and AIDS?

A person has AIDS when the virus has done enough damage to the immune system to allow infections to develop. A person is considered to have AIDS when his or her CD4 count (the number of CD4 cells) drops below 200 cells (measured in one cubic millimetre of blood), or when he or she develops HIV-related disease called an *opportunistic infection*, such as pneumonia or certain kinds of cancers. It will take many years after getting the HIV before a person becomes very sick.

If a person takes HIV treatment before they start to get very sick, he/she will stay healthy for longer. There is no cure for HIV, however, antiretroviral treatment can slow the course of the disease, and may lead to a near-normal life expectancy. Following initial infection, a person may not notice any symptoms, or may experience a brief period of influenza-like illness. Typically, this is followed by a prolonged period

without symptoms. As the infection progresses, it interferes more with the immune system, increasing the risk of common infections like tuberculosis, as well as other opportunistic infections.

## How is HIV transmitted?

The HIV virus is very weak. It can only live where it is very WARM inside the fluids in the human body. It has to pass from one human to another without being exposed to the air so that it can stay warm. The virus hides itself only in blood, vaginal fluids (the moistness in the vagina), semen (when a man 'comes') and breast milk. There must be enough fluid with the virus in it to make it possible to enter. This means that transmission happens through:

- Sex, when either vaginal fluid or semen passes very closely into the other body (sex in the vagina, anus or sometimes mouth).
- Blood transfusion, when one person's blood is carefully put into another person's blood.
- From a woman to the baby growing inside her during pregnancy, during childbirth or through breast milk only if the baby has sores in the mouth or in the stomach. A baby is unlikely to get sores if the baby has only breast milk, and nothing else, for up to six months, and then no longer has breast milk at all.

The following do NOT carry any risk:

- Any contact between a person with HIV and anyone else in which no vaginal fluid, semen or blood directly enters the other person's body – there is no virus in saliva.
- Kissing, because there is no virus in the mouth, and saliva can also kill some bugs.
- Insects or other animals – the virus only lives in humans.

If a person with HIV is taking HIV treatment, the risk of the virus passing to someone else is very much lower. This is because the HIV drugs lower the amount of virus in the person's body fluids, and make it harder for each individual virus to duplicate (make more copies of itself).

## The importance of taking HIV test for adults and children

The most important reason for taking HIV test is so that persons with HIV can start HIV treatment immediately, to make sure that they stay as healthy as possible. The earlier that this happens, the more chance there is that the person remains healthy. This is true for both children and adults.

In Nigeria, anyone who is HIV-positive can start on treatment immediately. This is called 'test and treat'.<sup>1</sup>

HIV test measures whether a person's blood or saliva contains the antibodies that show that the person has HIV. The body develops antibodies after any virus enters the body. A positive

<sup>1</sup> Federal Ministry of Health, NACP. (2016) *National Guidelines for HIV Prevention, Treatment and Care*. <http://apps.who.int/medicinedocs/documents/s23252en/s23252en.pdf>

test result means that the test has found antibodies to the HIV virus in the blood. It means that the HIV virus is inside the person's body, and his/her has developed antibodies to try to fight the virus.

Anyone who has possibly been at risk of getting HIV through sex, blood unscreened blood transfusion, or sharing of drug injecting equipment should take a test. In Nigeria, pregnant women are offered the HIV test. Any woman who has HIV and is pregnant will be offered drugs to prevent the baby from being born with HIV.

It is important to make sure that a child who has been exposed to HIV has the chance to be tested. In Nigeria, any child who may have HIV at birth or who has acquired HIV through sex should go onto HIV treatment immediately.

### **Why counselling and testing for children?**

Counselling and testing help everyone to know their HIV status. Both can:

- Make us less worried if we are HIV negative.
- Help us learn more about staying negative and healthy if we are HIV negative.
- Provide timely linkages to life-saving treatment and support if we are HIV positive.
- Help us to look after our health and get information about and coping skills to live positively with the virus if we are HIV positive.
- Reduce stigma and discrimination when everyone is willing to know their HIV status.

Young children will need support and counselling that are age appropriate to help them understand what having a test means. Usually a parent or caregiver must be present. The statutory age of consent for health care services in Nigeria is 18. Nigeria's National Guidelines for HIV Testing Services (HTS) allow children under age 18 to independently consent to HTS if they are married, pregnant, parents or sexually active, if a provider determines that the child is mature enough to independently consent, and the test is in the best interest of the child.<sup>2</sup>

### **Advantages of telling children their HIV diagnosis:**

- To help children cope with their illness and address their fears, concerns and questions in an honest and supportive manner.
- To allow children to participate in support groups or other coping activities.
- To facilitate involvement of the child in his/her care (HIV treatment and support for living positively).

Stigma-related violence and the fear of violence prevent many people from seeking HIV testing, returning for their results, or securing and/or remaining on treatment, potentially turning what could be a manageable chronic illness into a death sentence and perpetuating the spread of HIV. There are many sources of HIV stigmatisation, including one's own self, family and friends, religious institutions and the media, and places where discrimination can be experienced, such in the workplace, hospitals, schools and community.

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<sup>2</sup>UNAIDS: Nigeria. <http://www.unaids.org/en/regionscountries/countries/nigeria/>

### **Stigma can lead to:**

- New HIV infections,
- Social isolation,
- Mental health issues (such as depression),
- Limited access to services, and
- Secondary stigma (stigma by association).

### **Consequences of stigma include:**

- Discouraging women from accessing Antenatal Care (ANC) services.
- Preventing people from receiving HIV testing, counselling, and other care and treatment services.
- Discouraging disclosure of HIV test results to partner(s).
- Inhibiting use of safer infant feeding practices.
- Promoting development delays in children (where services are not accessed/received in timely manner)
- Discouraging access to psychosocial care and support services

Disclosure means sharing HIV results with people who can provide support. It can mean a parent helping a child living with HIV learn about her/his HIV status and what this means.

The main benefit of disclosing HIV status to others is to provide a person who has HIV with a safe source of support. Lots of people find that once they have shared information with other people, it is easier to adhere to HIV treatment.

Any person, especially any young person, who is living with HIV needs a lot of support to disclose safely and confidently. A person living with HIV, especially a teenager, may be worried about how to cope with the negative reactions from family and friends. The most important thing is to be there for the person and be available to talk and listen.

Talking to children about their HIV status is hard. In general, once a child is old enough to ask questions and understand simple explanations and is curious about the pills he or she is taking (usually around ages 8 to 10 years), it is a good time to slowly start disclosing.



#### **Key messages:**

- HIV is a virus, and no one knows exactly where it came from.
- Once HIV is inside your body, it attacks the body's defences.
- You can be healthy for years with HIV.
- Without treatment, HIV will progress to AIDS, which makes your body weak.
- Once there is too much HIV in your body, you can become sick if you are not taking treatment.

- HIV can be looked after, and anyone can get HIV.
- People living with HIV need support from everyone around them to live healthily.
- The biggest 'diseases' caused by HIV are discrimination and stigma.

**Key prevention and testing messages:**

- There are many ways to prevent HIV.
- Abstinence – not having sex – is the only 100% effective way to prevent HIV.
- Preventing HIV transmission is just as important for people already living with HIV, to protect other people and to protect themselves.
- For more advice or support on preventing HIV, it is important to go to someone who can give you accurate information and support. This can be an adviser to help you with life choices; for example, someone in your church. Or it can be a health centre professional, who can share more health information. It can also be someone you trust if you face pressure to have sex when you do not want to.
- Testing for HIV is the only way to know if you have HIV infection.
- Anyone who has a positive HIV test should immediately start on treatment, in order to stay as healthy as possible for as long as possible.
- It is important to take HIV test if you have possibly been at risk of getting HIV, and repeat the test three months later because there is a 'window period' after getting HIV before the body develops antibodies.

**Facilitators know the process for referring caregivers to health services in case they need follow up!**

## Session 16: GENDER NORMS



Gender norms are the behaviours, looks, attributes, characteristics, rules, roles and relationships that society sets as expectations, standards or rules for males and females. Gender norms, along with many other social norms, impact how we go about our daily lives, and how we treat those around us, even the youngest babies in our families.



Throw a ball (made from simple ball of paper) around and ask participants to mention a word that comes to mind when they think of a male or a female (examples: father, breast, cleaner, chest, caregiver, cook, etc.). Make a list of the responses given for males and females. In this exercise, we hear people say what perceived socially ascribed roles are. Once the group members identify their perceptions, explain or lead a discussion about how biology-related features are hard to change, but the roles and responsibilities can be handled by either a male or female parent (see the discussion questions listed below).

Clarify characteristics/roles:

- *Do both sexes work on farms? (Yes/No)*
- *Can both sexes be a cleaner? (Yes/No)*
- *Can both sexes cook? (Yes/No)*

While the answers to the above are all YES, both males and females can play similar roles in the society, we still tend to suggest the role belongs to only one. These are examples of gender norms.

- *Can you think of ways that these ideas influence how we treat others?*
- *How do these ideas influence how we treat our children and what we expect of them?*
- *How do you feel about that? Is there anything you would want to change?*

**Talk about how we put boys and girls in different boxes with different narratives; for example, how do we expect boys to behave, and what we expect girls to be when they grow up?**

Examples: *Real men don't cry, and girls are to be seen and not heard (culture of silence).*

- *What are some other examples?*
- *How do these ideas influence how we treat our children and what we expect of them?*
- *How do you feel about this? Is there anything you would want to change?*



The session should address the importance of FATHERS in children's lives (considering the importance of role models and of parental relationships on children's development as discussed earlier).

- Do fathers interact with and play with babies and children differently than mothers?
- *Why might this be important?*
- How does the absence of fathers impact children? Does it impact boys in the same way as girls? Note: The message here should be that a father is really invaluable and plays an important role, but that when a father is not or cannot be present, there are many other men in children's lives who can also fill that role model.



## Session 17: NUTRITION AND ADEQUATE DIET



Healthy food and nutritious diet are two of the simplest and most important ways to ensure proper child development and to prevent diseases. Consuming healthy foods within a well-rounded diet of locally sourced items helps babies, children and adolescents to grow and develop, and to do well in school, at home, and later, at work. Essential nutrients may change slightly as children grow and change; for example, infants do not have teeth to eat solid foods and they need the special nutrients in breast milk. Adolescents often grow rapidly, and their increasing hormones require additional nutrients than earlier in their childhoods. Good nutrition is critical to preventing stunting, wasting, delayed puberty, nutrient deficiencies, dehydration, menstrual disorders, poor bone health and even academic success. Nutrition is vital to a baby's healthy start, playing the lead role in strong early childhood development, including early brain growth.



Facilitate a discussion around what makes up a healthy diet?  
*What healthy foods are locally available that are:*

- Energy-producing foods (carbohydrates and fats),
- Body-building foods (proteins),
- Protective foods (vitamins and minerals)?

Then ask:

- How do nutritional needs and eating change as a child grows and changes? Think about the difference between a baby and an adolescent.

- What happens in adolescence? – do children change their behaviour and change their eating habits?
- Poor nutrition is often a problem in adolescence. The challenge is ensuring that girls and boys eat enough, and do not stop eating enough or start eating more unhealthy foods.
- Remind people that children’s bodies are growing and changing rapidly. Appetites will also grow.
- Children need to understand the importance of eating well.

## Session 18: FAMILY-CENTERED CARE



Sometimes it is not possible for children to stay at home with their parents, or to be cared for by their immediate relatives. This can happen because of serious illness or death, abuse or neglect or other reasons why family cannot provide care and protection for the child. In this situation it is always best for a child to be cared for within a safe and nurturing family – a relative or foster care. But best of all is to help families care for their own children. The Government of Nigeria strongly discourages the placement of children into care facilities (‘orphanages’) and is working to close them, and support children to be with families. It is important for parents to understand that they are the best people with whom their children should be, as long as they themselves receive support to be the best parents that they can be.

Parents receiving children back from these formal care facilities may need special support in dealing with institutionalised behaviour; the severity of this behaviour will depend on what age the child entered the formal care facility, and how long the child had been resident at the facility. Children who have spent a significant amount of time in an institutional setting will have limited understanding of family and community life, struggle to trust adults, have some ‘sneaky’ behaviours they developed in order to survive the institutional setting, may have been deprived of basic needs, such as food, clothes and education, be disconnected from their language and culture, and may have witnessed physical, sexual and/or psychological abuse from carers or other children. So, the challenges when children are reintegrated back into their families could be significant, and families need to be made aware of these possible challenges and be prepared to deal with them. Additionally, a child who has been living in a well-funded formal care facility may have unrealistic expectations about school, job opportunities and community life, so they may struggle to reconcile their expectations to their new family and community environment.

Parents receiving children back from formal care facilities should be encouraged to:

- Strengthen bonding and attachment through play, family activities and appropriate touch and affirmation as bonding and attachment are the foundations of a healthy adult/child relationship.
- Respond to the child's inappropriate behaviour with patience and kindness as this builds trust and a healthy relationship, and helps a child change behaviour.
- Create household structures and routines that the child needs to feel safe and secure.
- Set clear boundaries for the child so the child has clear expectations on behaviour.
- Nurture the idea of inappropriate behaviour and actions having specific consequences, not punishment, so that the child understands 'cause and effect', which may not have been present in the formal care facility.
- Set realistic expectations for the child, including behaviour, academics, affection and play, as the child may need a great deal of time to 'catch up' with family life, family 'norms' and academics.

Parenting a child with attachment, trust and institutional behaviour is challenging. Parents should be informed that a child with challenges resulting from separation and institutionalisation will not change overnight, and that building trust may take a long time.

Children who are raised in families have better physical, intellectual and developmental and relationship outcomes than children raised in orphanages. International conventions like the United Nations Convention on the Rights of the Child (UNCRC) suggest that orphanages should only be used as last resorts when children absolutely cannot be cared for anywhere else.



Try this exercise with participants, if appropriate.

- Ask participants to close their eyes and imagine they are a child of maybe five, six or seven years old. Pose the following questions while their eyes are closed.
- *What do you like to do?*
- *Who do you like to be with?*
- *Where do you live?*

Processing the exercise:

*Was family important in what you imagined? Can you describe what it was like to imagine family when you were a child?*

*What do you think life might be like for a child in an orphanage, away from her/his family?*

For parents receiving children back from formal care facilities:

- How do you build trust in children who have been separated from their parents?
- What ideas do you have for helping children feel safe, wanted and loved when they return to their parents?
- What approaches to discipline would work best with a child who has been separated from his/her parents?
- How do we make children feel part of a community that they have been away from for perhaps a significant amount of time?
- How can we encourage siblings to play and work together?
- How do we manage children's expectations if they have come from a formal care facility that allowed them access to activities and materials that are not available in the family/community (such as access to TVs, foreigners on mission trips, libraries, etc.)?

## Session 19: 21st-CENTURY PARENTING REALITIES AND CHALLENGES



Raising children is challenging in this age and time, and it is ever changing. The challenges and realities of raising children changes from generation to generation. In this century many families are on the move, and people often move away from villages to cities; many people no longer live close to their kin. In some families there have been losses of parents, which leaves other generations to raise the children, and in many, many families, the younger generation is more in touch with the world outside (even across the globe) and with peers – and even strangers – via social media.

The world is changing, and we are increasingly going 'online', giving children access to the Internet and social media messages. While the increasing access to social media, even in many rural communities, offers opportunities to learn from other people and cultures, and share information, experiences and ideas, it also increases the opportunities for children and adolescents to access explicit material, experience exploitation and bullying, and become addicted to social media. These present new and serious challenges in communities that have not been exposed to this level of access to social media previously, and have not yet developed the necessary approaches, communication or tools to self-regulate and deal with these challenges.

Drug and alcohol use is of concern in some communities. Mental health and suicide are growing concerns as well for children and adolescents. In some communities, youth join gangs or cults and get involved in crime or other unhealthy risky behaviours. *What are some of the social vices in your community that negatively influence your children?*

All of these factors present real challenges for parenting and raising children in the 21st century.

Education and staying in school are ever more important. Inspiring stories can help to make this message clear, especially stories of boys and girls who turned their lives around through education (for example, Oprah Winfrey, Jack Ma, Nnamdi Azikiwe, Obafemi Awolowo, Dora Akunyili and Chimamanda Ngozi Adichie). Education and staying in school can make a big difference in facing the challenges of the world we live in.



With the advent of the Internet a lot has changed, especially with so many parents not being social media savvy. How do we bridge the gap between ourselves and our children?

A. *How many of you parents know about the Internet and social media?*

- *How many of you are on social media? If not, why not?*
- *Do you think that your children are accessing the Internet? Do your children have Internet-enabled (smart) phones? If so, have you talked to them about the possibilities and risks, and the dos and don'ts of staying safe online?*

B. *Ask participants how they might start a conversation about online safety with their children:*

Conversation starter ideas:

1. Ask your children to tell you about the sites they like to visit, and what they enjoy doing online.
2. Ask them about how they stay safe online. What tips do they have for you, and where did they learn them? What is okay, and what is not okay to share?
3. Ask them if they know where to go for help, where to find the safety advice and privacy settings, and how to report – or block sites or people – on the services they use.
4. Encourage your children to help you: perhaps they can show you how to do something better online, or they might have a friend who would benefit from their help and support.
5. Think about how you use the Internet as a family. What could you do to get more out of the Internet together, and further enjoy your lives online?

*What can you do to help your children attend school and get a good education?*

- Make sure your children enrol in school and attend regularly.
- Save money to enable you to pay school fees.
- Show that you are interested by asking your children every day what their school day was like.
- Check homework regularly, or ask someone else in the family to do this.
- Praise children when they do well in school, and find someone who can tutor them if they are struggling.
- If there is a problem, go to the school and talk to the teacher or the school's director.
- Arrange chores so that children are not late for school in the mornings.
- Remind your children that getting an education is the key to a better future.

A close relationship with your children and clear rules and family values are the best ways to ward off some of the challenges. As a parent, your relationship with your children begins when they are young, but it is never too late to grow a strong relationship. Adolescents need parents' help in fighting against peer pressure. Never hesitate to let children know when you have made a mistake, and when you would like the chance to have a stronger relationship with them. Be open to learning from your child/adolescent. You don't have to always be happy with your child's choices and behaviour, but it is your job to keep them safe and healthy, and to love them even when they make poor choices.

## Session 20: LIVELIHOOD OPTIONS AND FINANCIAL MANAGEMENT



Financial freedom is when we get to that level where what we earn passively can take care of our living expenses. No matter how little one's income is, its use must be planned.

A household that is engaged in more than one income-generating activity at a time has better chances of meeting its needs and responding to risks than a household that depends on only one activity to earn money. Multiple livelihood activities may generate income at different times, which allows the household more opportunities to handle cash in the household. In the event that one income-generating activity faces operational problems, the household can still earn money from the other activities.



Have participants do an exercise where they organise themselves by the number of active and regular (providing income every day of the week, or every week per month or every month of the year) income-generating activities in which their households are currently involved. Participants operating one activity will be in one group, and those with two, three or four will be in their own groups. Ask participants in each of the groups to answer, 'Why are we operating this number of active income-generating activities'?

As a facilitator you might want to ask your participants, within their groups by a show of hands, how many are spending more than they are earning? If you have some hands up, kindly enquire further to find out from where the extra money that is being spent is coming. For those who are able to spend within their income and not beyond, enquire further on what is it that they are doing to be able to do so.

People who spend more money than they earn simply means they are borrowing from their future to service their present lifestyle, which is a recipe for disaster. Borrowing may be one option. Some may be receiving support from family or are begging or forced to sell assets. Start a discussion by asking parents or caregivers who are spending beyond their incomes, 'Are you satisfied with the "sources of extra income" that you currently rely on'? If there are some participants who say they are not, then discuss 'What do you need to do as a household to live within your means'? The rule of thumb usually is for people to either increase their earnings, or reduce their expenditures. Kindly point out that what makes people poor is more about the unbudgeted expenses, and this is why we must all do our best to:

- Live on a budget;
- Create financial goals;
- Leverage to earn extra income;
- Do whatever is legal and ethical to earn extra income;
- Save as little and as much as you can.

You can also suggest that participants plan ahead for their children's future. For example, they can set up multiple businesses, and one business can be set up specifically to take care of school fees. They can also open a savings account reserved for children's education.

The basic investment vehicles available are:

- Business – focus on what you know how to do well (or obtain the needed skills) and what is viable in your community.
- Invest in assets that can reproduce and be turned into cash, such as small livestock (e.g., goats, sheep).

Talk about opportunities abounds, but many of us allow these same opportunities to pass us by.

# OPTIONAL MODULES

What follows are two optional modules (Early Childhood Development and Adolescence), each with four sessions to be delivered similarly to sessions 1-20. The Early Childhood Development session is designed for parents and caregivers with children under 5 years, while Parenting Adolescents is designed for parents and caregivers of children ages 10 to 19 years. Like the earlier session supplements, the following provides the facilitator with basic session overview information, suggestions for session facilitation and end review questions. The community discussion guide is designed the same for these optional modules: a picture to be shown to participants on one side and facilitator discussion guidance on the reverse.

## EARLY CHILDHOOD DEVELOPMENT (ages newborn to 5)

### Session 1: BONDING, ATTACHMENT AND CAREGIVER WELL-BEING



Children need good care from the moment they are born – even before they are born! Children’s survival depends on adults who can meet their needs, keep them safe, love them, and provide learning opportunities. Even tiny babies are learning. Babies and very young children are dependent on adults for their needs, survival, love, nurturing and learning. Adults are very, very important to ensuring that children are healthy and safe. Care for babies and young children includes feeding and nutrition, and also stimulation and learning. Both are very important! But the foundation for this is a strong relationship or bond between the young child and the parent/caregiver; it is equally important for the parent/caregiver to take good care of him/herself.

Good care of children under 5 also includes developing a caring, nurturing, trusting and loving relationship – this process is called **bonding**, and the relationship that forms is called **attachment**. Bonding starts before baby is born. Early bonding and a healthy attachment help the brain to develop, and provide a foundation for healthy relationships as the child grows. Young children who have secure relationships are better able to explore their world and learn from new experiences.



Help parents/caregivers to know what bonding and attachment look like:

- Parent/caregiver knows what baby’s different cries and sounds mean, knows the child’s favourite way to be held, and how to comfort baby.
- Parent/caregiver has and makes time to be with baby and young child, and shows joy at being with that child.
- Baby loves to look at parent’s/caregiver’s face, and imitates facial expressions.
- Young child prefers to be with closest caregivers, and is wary of strangers.
- Crawling babies and babies just learning to walk look back to know where their caregiver is at all times, and will come back to ‘check in’ often.



## Session 2: BASICS OF EARLY CHILDHOOD DEVELOPMENT



During early childhood, children grow and change more rapidly than at any other time in their lives. Generally, these are the following stages of development in the early years: birth to one week (newborn), one week to six months (infant), six to nine months (infant), nine months to one year (infant), one to two years (toddler) and two years and up (young child). Refer to the developmental chart for more detail on development at these different stages.

Development is more than just physical growth, it also includes physical development like learning to reach and grab for toys, sitting, crawling and walking. Development also encompasses social and language development, including learning to communicate and developing social relationships with adults and other children; cognitive (or mental) development and learning to think, solve problems, compare sizes and shapes, and recognise people and things; and emotional development, including learning to trust others, calm oneself, be patient, and make other people happy.

Brain development is at its most rapid during early childhood – producing over a million neural connections per second (picture the ‘wires’ that connect all the parts of the brain). The young child’s brain is more open to learning and being enriched than adults, but it is also more vulnerable to developmental problems if not properly cared for and stimulated.

The prenatal period is also important in early development – a baby can hear, recognise voices, and see light even in the womb. Attachment and bonding, part of social development, start before baby is born!















Understanding all the aspects of child development helps parents to encourage and care for their children’s physical, social, emotional and intellectual growth in the first five years. Parents may experience both joy and frustration with the young child’s rapidly changing behaviours, skills and feelings – understanding development can help them to recognise why their child is doing certain things, and determine appropriate responses. Parents are also the first people to notice when their child’s development is different than that of other children – it’s important that they are supported, and understand when to be concerned and where to go for help.

You can use the chart on the following page to facilitate further discussion. Copied with permission from WHO/UNICEF Care for Child Development.



## Recommendations for Care for Child Development

NEWBORN – 1 WEEK	1 WEEK – 6 MONTHS	6 – 9 MONTHS	9 – 12 MONTHS	12 MONTHS – 2 YEARS	2 – 3 YEARS +
<p><b>Your baby learns from womb</b></p>  <p><b>PLAY:</b> Provide ways for your baby to see, hear, move arms and legs freely and touch you. Gently soothe, stroke and hold your child. Skin to skin is good.</p>	 <p><b>PLAY:</b> Provide ways for your child to see, hear, feel, move freely and touch you. Slowly move colourful things for your child to see and reach for. Sample toys: shake/rattle bid ring on a string.</p>	 <p><b>PLAY:</b> Give your child clean, safe household things to handle, bang, bang and drop. Sample toys: Containers with lids, metal pot and spoon.</p>	 <p><b>PLAY:</b> Hide a child's favourite toy under a cloth or box. See if the child can find it. Play peek-a-boo.</p>	 <p><b>PLAY:</b> Give your child things to stalk up and to put into containers and take out. Sample toys: Nesting and stacking objects, containers and clothes clips.</p>	 <p><b>PLAY:</b> Help your child count, name and compare things. Make simple toys for your child. Sample toys: Objects of different colours and shapes to sort, stick or chalk board, pencil.</p>
 <p><b>COMMUNICATE:</b> Look into baby's eyes and talk to your baby. When you and breastfeeding is a good time. Even a newborn baby sees your face and hears your voice.</p>	 <p><b>COMMUNICATE:</b> Smile and laugh with your child. Talk to your child. Get a conversation going by copying your child's sounds or gestures.</p>	 <p><b>COMMUNICATE:</b> Respond to your child's sounds and interests. Call the child's name, and see your child respond.</p>	 <p><b>COMMUNICATE:</b> Tell your child the names of things and people. Show your child how to say things with hands, like "bye bye". Sample toy: doll with face.</p>	 <p><b>COMMUNICATE:</b> Ask your child simple questions. Respond to your child's attempts to talk. Show and talk about nature, pictures and things.</p>	 <p><b>COMMUNICATE:</b> Encourage your child to talk and answer your child's questions. Teach your child stories, songs and games. Talk about pictures or books. Sample toy: Book with pictures.</p>

- Give your child affection and show your love
- Be aware of your child's interests and respond to them
- Praise your child for trying to learn new skills.

## Session 3: EARLY LEARNING AND BEHAVIOR MANAGEMENT



Particularly in the early years, children learn by playing and interacting with the world around them. They also copy a lot of what they see around them. Early experiences shape the adults they will become, and early skills prepare them for life. Babies and young children need safe environments in which to learn and explore, and consistent love and attention from parents and other caregivers. The biggest part of supporting learning and managing behaviours is providing a safe and stimulating environment!

The period from birth to five years of age is the fastest growing and changing period in a child's development – they grow from being completely dependent to walking and talking to being ready to attend early childhood programs with other children. Good care of young children includes meeting their needs for nutrition and staying healthy, keeping them safe, and providing love, attention and opportunities to learn.



Explain that primary caregivers and families are children's first teachers and the most important people in children's lives. The foundation for a child's development and learning begins at home and with their caregiver. Even when resources are very limited, families give children special care that contributes to their development, including love, attention and opportunities to learn. By feeding, playing and communicating with children, families help children to grow healthier and stronger, and children learn to communicate their needs, solve problems, and help and love others.

Families can provide exposure to stimulation like colours, shapes, sounds, music, books and simple handmade toys:

- People can be the best toys simply by looking at and talking to baby, singing songs and playing simple games like *peek-a-boo!*
- Interesting and colourful objects hung beyond baby's reach can serve as a mobile. (For safety reasons, be sure to emphasise to parents that these objects must always be mounted high enough that baby cannot ever pull them down or become entangled.)
- Rattles can be made from empty water bottles filled with stones or dry beans and secured safely shut.
- Simple soft balls or dolls can be handmade.
- Books and puzzles can be made from cardboard.

**Optional activity:** Set out everyday objects (paper, cloth, ribbon or string, plastic bottles, large stones, cardboard, pens/markers). Ask the group to form smaller groups of 3-4 people. Give each group a developmental stage to focus on – one group gets 1 month old, one 6 months old, one 12 months, and one 3 years) from birth to five years old. Give them 10-15 minutes to make a toy for their baby's developmental stage using only the materials available. After ask them to present what they made and the reason this is a good toy for their baby's age.

## Session 4: KEEPING CHILDREN SAFE AND HEALTHY



Health and safety are paramount to child growth and development. Health and safety include:

- Appropriate and healthy foods (including breastfeeding) and safe water,
- Access to medical and health services (including timely immunisations),
- Caregivers who recognise when baby is sick and needs to visit clinic or when baby is in distress,
- Caregivers who can identify trusted care for baby in their absence, and
- Keeping baby's environment safe from harmful or potentially harmful situations/materials.



Talking points include:

Nutrition and health

- Breastfeeding and introducing appropriate foods
- Nutritional needs of growing baby
- Feeding as an important opportunity for social interaction, bonding and stimulation
- Taking baby and young children to wellness clinics and getting immunisations
- Care and treatment for illnesses like HIV:
  - Access to quality testing and services
  - Understanding the importance of medication, nutrition and diet
  - Dealing with stigma and disclosure as children get older
- Preventing mother-to-child HIV transmission:
  - All pregnant women are HIV tested, and all women are put onto HIV treatment if they have HIV.
  - If the woman takes HIV treatment, the baby is delivered in a health facility and takes HIV treatment for the first 14 weeks, so that the risk of the baby getting HIV is very low.
  - All women who are pregnant, including girls under age 18, are welcome in health clinics, where they will receive care to have a healthy pregnancy and to get support before, during and after the baby is born.

Physical environment:

- Children are not exposed to harm or risk.
- Children feel safe and comfortable.

- Children are stimulated in play and learning.
- Children can bond and attach to caregivers.
- Children can relax and sleep.

Stimulation:

- Paying attention to, playing with, and talking to baby – mothers/females and fathers/males!
- Providing a safe environment for exploration, play and learning
- Providing simple toys and learning materials



**Use a buzz group:** Ask caregivers to form a small group with the one or two people sitting next to them. Tell them to look around the space and discuss some of the things that would be unsafe for babies. Give them 5-10 minutes to come up with 3-4 examples, just remembering them, not writing a list. Go around and ask each group to mention a few things they saw. Ask the large group what could be done to make the space safer. Safety concerns might include: uncovered electric outlets, wires, low tables or shelves, rocks and stones, open cooking fire, a road or parking area, etc.

# PARENTING ADOLESCENTS (Supplimentary sessions 1-4)

## Session 1: BASICS OF ADOLESCENT DEVELOPMENT



Adolescence is a developmental stage of great physical, social and brain and cognitive change. Adolescence begins with puberty, and continues through the transition in social roles to independence (like completing education, starting work, beginning a relationship or starting a family). Science shows that the brain continues to develop well into our 20s.

Adolescence might be a close second to the early childhood period in terms of rapid growth and development. It is a mistake to think that adolescents (or teenagers, 'teens') are just adults in slightly smaller bodies, or that they are merely big children. Boys and girls develop differently in the teen years – girls typically reach physical maturity in their mid-teens, while boys mature a couple of years later. Not only is physical growth profound, but recent research shows that adolescents' brains are developing almost as quickly as babies' brains do, and that the adolescent period is a critical time for physical, cognitive (or mental), emotional and social development.

Physically, adolescents experience rapid and pronounced growth – bones lengthen, the adolescent grows taller and heavier, muscles develop, etc. Puberty brings changes with physical, social and emotional growth. Girls grow pubic hair, breasts and wider hips, while boys grow facial and pubic hair, their voices deepen, and they develop more muscle. Boys also experience development in their penis and testicles. Teens must learn about safety regarding their changing body and about risks of sexual violence.

Socially and emotionally, adolescence can be a period of volatility in parent/caregiver relationships, and peer relationships become increasingly important. Teens worry about fitting in – stigma, bullying and other peer issues can be serious problems. Hormone fluctuations can challenge emotional stability. Younger teens show more concern about body image, looks and clothes; some have big mood swings and/or lack confidence. Older teens show increasing interest in romantic patterns and sexuality, and want more independence from parents.

Cognitively, the brain is growing rapidly, and making connections, particularly around decision-making, problem solving, identity and other key issues, as the teen transitions into adulthood. Adolescents need to continue with their schooling and learning must progress. Teen brains can understand more complex ideas. Teens are better able to communicate their feelings and develop a strong sense of right and wrong. Older teens develop work-related skills and habits, show more focus on future work and school plans, and can give reasons for making their own choices.

For healthy development adolescents need secure and trusting relationships, healthy foods and good nutrition habits, good hygiene and sanitation habits, safe space to grow and learn and access to education, health and psychosocial services. Health and behaviours that start in adolescence can have lifelong consequences



### Key messages:

- Adolescence is a time when specific and unique changes happen in boys' and girls' brains, bodies and family and social lives.
- The change is very rapid – as rapid in many ways as the first two years of life, considering all the emotional and social changes that come with physical change.
- Biological maturity begins earlier than emotional and social maturity. This is important to remember as parents, because often we look at a 'young man' or a 'young woman', and forget that they still may need the security and comfort of being a child.
- Younger adolescents may be particularly vulnerable while their capacities are still developing, and they are beginning to move outside the confines of their families.
- The changes in adolescence have consequences not only in adolescence, but also over the course of life, with the potential for health and learning decisions, behaviours and consequences during adolescence to have lifelong impacts.

## Session 2: BUILDING RELATIONSHIPS WITH ADOLESCENTS



Just like younger children, adolescents or 'teens' need relationships based on trust, security and love. They will make mistakes – this is, in part, how they learn. Positive relationships are good for health, development, learning and life success, while negative relationships lead to isolation, risky behaviours (which can lead to health problems) and stagnation in learning and development. Teens need caregivers as much as babies do!

The difference in gender becomes increasingly challenging as children grow into adolescents. Social gender roles become more pronounced. Family and social expectations increasingly differ as boys and girls get older. Our concerns about adolescent safety can also become more challenging because we have to start talking about intimate issues that may be difficult.

Adolescents start to develop their own sets of values and beliefs based on those that they have learned from parents, but also increasingly drawn from peers and, for some, online communication. Although most adolescents remain committed to the moral and social values of their families, adolescence is a time of developing critical attitudes and learning how to 'make up one's own mind'. To do this, there needs to

be someone to rebel against, challenge and identify as the 'opposition'. The safest and most trusted people, the parents, can become this opposition.

Parents may need to change communication styles. Some ways of doing this include:

- Showing that you are listening – allow time for adolescents to think through what they believe and how they might express this. Give space and time to allow thinking.
- Show that you trust and respect adolescents by giving them more responsibilities – not just the household chores that they have always done, but tasks that make them feel more trusted.
- Give them time to be with the outside world by allowing them space to contact others and have friends.
- Show that you are still there as a parent, and that they can come to you if they are scared or want support.

The following are key issues for communication:

- Encourage adolescents to try out as many new hobbies or skills as possible, so they can discover new talents and what interests them.
- Help adolescents learn how to manage time and tasks, such as by making lists of things to do or using a planner to keep up with homework and chores.
- Encourage both adolescent boys and girls to be physically active. Sports, exercise, and being outdoors are good for the brain.
- Find ways to make adolescents more involved in family decision-making, including how to budget money and other tasks, or, with schoolwork, involve them in planning and assessing how the lessons are being managed.



Here are some ways to improve your relationship with your teen:

- Remember that you are the parent, not the best friend even though being their friend is highly necessary in getting the best out of them – your teen needs you to set rules and boundaries (it is always advised that you set the rules together).
- Talk less and listen more.
- Be clear in your expectations, and hand over some responsibility to your adolescent.
- Praise and encourage the things that go right and the things that make you proud.
- Be there! Make it clear that you are still there as a parent to support and listen.
- Make time for your child – relationships take time!



## Session 3: ESTABLISHING RULES AND ROUTINES, PROBLEM SOLVING AND CONFLICT RESOLUTION



Adolescents are known for pushing boundaries and testing rules – it's almost as if breaking rules and testing limits is their job! It's true that as adolescents learn to be independent young adults, they have to begin to solve their own problems, resolve conflicts and make some of their own boundaries. Adolescents benefit from a household with clear rules and expectations and predictable routines (e.g., meals served at the same time). This stability allows them to learn how to problem solve and negotiate conflicts in a safe environment.

Negotiation becomes a key parental skill, as does helping teens to identify what consequences can naturally result when they make their own mistakes.



What can parents do?

- Let teens know that even when they make mistakes, they are still loved unconditionally.
- Express your love for them in words, with touch and by sharing with them your time.
- Give them responsibilities and boundaries.
- Allow them to experience consequences, and to be part of the decision-making process about consequences.
- Don't be afraid of tough conversations – and remember to be a listener, too.
- See that they are unique, worthy and have a purpose!

What can adolescents do?

- Ask adolescents to identify what they think their responsibilities are in the home – because they are not living in a hotel! Agree on a list of rules and routines that are appropriate and respectful to family rules.
- Discuss how best to ensure that adolescents have the freedom to do schoolwork and see their friends, but also provide support in the family.
- Try to show your adolescent that you are here to listen and answer questions, and ask them to try and be open about the information and support that they may need as they grow up. If they need information, especially with questions about growing up, make it clear that they can talk to you or are free to talk to other trusted family and friends, but discourage him/her from doing things secretly.

## Session 4: KEEPING ADOLESCENTS SAFE AND HEALTHY



Health and safety are paramount to adolescent growth and development. This includes:

- Appropriate and healthy foods and safe water to support growing and developing bodies.
- Access to medical and health services (including sexual and reproductive health and information about staying free from harmful lifestyle impacts of alcohol, drugs or risky sexual behaviour).
- An environment that is safe from harmful, abusive situations/substances (e.g., drugs, exploitation, sexual violence, etc.).
- Settings that support healthy development of individual identity, including current and future school and/or work.



Talking about staying safe is one of the hardest topics for parents of adolescents, because it involves talking about sex and drugs!

### Substance use and abuse

Drug use is prevalent in most countries and communities, and even in the 'best' homes people can use drugs.

Alcohol is a drug. It can be one of the most addictive substances that alters minds, and can lead to significant violence. It can be hard to avoid alcohol because it is socially acceptable in many communities, even where alcohol may not be socially permitted. The most effective way to prevent a child from becoming involved in substance use is to be a good role model.

It is not always easy to identify the signs of drug use, but some people note the following behaviour:

- Drawing away from family and/or a change in friends;
- Drop in academic performance or school attendance;
- Loss of interest in previous hobbies or sports.

The discussion with an adolescent who is drawn to substance use can focus on finding other ways for the child to assert his or her independence, to make sure that the adolescent can assert independence and assume responsibility, but in a less harmful way.

## Sexual health

Talking about sexual and reproductive health can be hard. It is important for parents to know how and where to get information themselves about sex. And it is essential that children know that they can get accurate and supportive information to keep themselves safe. We want to know that they are getting information that is safe, accurate and framed within our own values and morals.

It is not essential to have all the answers to an adolescent's questions. What is important is to show that you are not judging, and that you can find out the information and give them the answers they are looking for if you don't already know. It is important to take questions seriously and not give inaccurate answers.

Talking about sex and sexuality with our children will not make our children go out and experiment with sex. Studies from around the world, including in Nigeria, have shown that giving children accurate and clear information about sexuality, in an age-appropriate way, actually delays early sex or risky sex.

Often children ask questions about sexuality or other health issues because they are curious, and not because they have already started to engage in sex or similar risky behaviour. Giving a clear answer and finding out why the child wants to know may be the best first response, especially for younger adolescents who are possibly starting to hear and think about things, rather than actively 'doing' them themselves.

It is important that both boys and girls have access to the same, accurate information about sexuality and reproduction.

Find moments to raise the discussion in nonconfrontational ways; for example, after your child says that their favourite song is one that has explicit lyrics, or after seeing a film in which sexual issues are addressed. These moments allow opportunities to discuss issues in a more indirect way.

### **Adolescents living with HIV**

Adolescents living with HIV face the same issues, concerns and positive aspects that all adolescents face, but often with added questions or challenges.

Ideally, it is good for adolescents living with HIV to meet others in similar situations through support groups. At home, a parent can make sure that the child has access to support.

Talking about if, how and when to disclose to friends or others may be an ongoing conversation. Teenagers may start to think about the consequences of an open HIV status in the wider world, at school and beyond.

Adolescents living with HIV will need information about developing relationships and future sexual relationships. Depending on the level of clinic access and support, a parent can help make sure that the adolescent has access to information about staying safe and preventing HIV transmission in the future, and about eating well to deal with HIV treatment issues.

## BETTER PARENTING NIGERIA CAREGIVER PRE / POST TEST

	TRUE	FALSE
1. Children have different needs at different stages.		
2. It is wrong to compare one child with another in the name of inspiring or challenging her/him to produce better results.		
3. A male child is more important and superior to a female child.		
4. A child with a mental disability is a stigma to the family and should be banished from the community.		
5. Children are born with certain personality and temperament traits.		
6. All children should be parented the same regardless of their age or personality.		
7. Parents have increased confidence in parenting (self reported).		
8. A child who responds back to an adult to explain himself/herself is rude and should be punished.		
9. Parents who listen to their children eventually raise undisciplined children.		
10. Young children cannot communicate until they are able to talk.		
11. There is nothing a parent can learn from their children because parents not children are the teachers.		
12. Communicate is about talking and listening.		
13. How I communicate with my husband/wife effects also my communication with my child.		
14. Negative punishment is the only way to stop a one-year old from undesired behaviour.		
15. Adolescents need to have rules and boundaries to stay safe and healthy.		

	<b>TRUE</b>	<b>FALSE</b>
16. Giving the child a choice between two possible options is an example of positive discipline.		
17. Beating a child has no long-term effect on the child.		
18. I have a positive relationship with my child (self reported).		
19. Its' okay to spend money on items that were not budgeted/ pre-planned for.		
20. I can meet my family's needs with the resources available to me.		
21. It is okay for my children to work selling, it is more important for children to bring in income than to go to school.		
22. I am able to identify viable income generating activities that solve problems within my family.		
23. It is not my responsibility to support my children when they do their schoolwork.		
24. It is better to use traditional medicine to treat a sick child than to take her/him to the hospital.		
25. I can name four services in my community that could help my family if needed.		
26. HIV testing is important even if we are not sick.		
27. You can get HIV from hugging or shaking hands with someone who has HIV.		
28. I have family, neighbours, or friends that I can go to when I need someone to talk to.		
29. Child rights include rights for survival and development, rights for protection and rights for participation.		
30. It is okay to allow a child whose parents are poor to marry a rich man so that he can send her to school.		
31. When a badly dressed girl is abused, it serves her right because how she dressed invited it.		
32. Children are only abused outside of the household.		
33. It is hard to talk to an adolescent about sex and drugs, but I feel confident in my ability to do it.		
34. A safe environment for baby includes places to play, sleep, relax and be with caregivers safely.		



