



Canada 

SHOW

ASSERTIVENESS AND LEADERSHIP TRAINING FOR FEMALE CHC MEMBERS

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TRAINING AGENDA

Day 1				
Time	Session #	Session Overview	Detailed Timing	Materials
9:00-9:30	NA	Introductions		
9:30-11:00	1	Gender Socialization		
9:30-9:45		Activity 1.1 Gender Socialization	15 minutes	NA
9:45-10:00		The effects of gender socialization Gender socialization leading to discrimination and inequality	15 minutes	NA
10:00-11:00		Activity 1.2 Gender Boxes	60 minutes	Flipchart paper Markers Tape
11:00-11:15	COFFEE BREAK			
11:15-12:15	2	Gender Stereotypes		
11:15-11:25		Intro and definitions	10 minutes	
11:25-12:15		Activity 2.1 Gender Stereotypes	50 minutes	3 Flipcharts/papers (1 with happy face, 1 with sad face, and 1 with neutral face) Adhesive Tape
12:15	3	The Influence of Gender on Health		
12:15-12:20		Introduction	5 minutes	NA
12:20-13:20		Activity 3.1 The Influence of Gender on Health	60 minutes	NA
12:20-14:20	LUNCH BREAK			
14:20-15:00	3	Activity 3.2 Abena's story	40 minutes	Ball of string
15:00-16:35	4	Being Assertive		
15:00-15:05		Introduction	5 minutes	
15:05-16:35		Activity 4.1 Being Assertive	90 minutes	Flipchart paper Markers
END OF DAY 1				

Day 2				
Time	Session #	Session Overview	Detailed Timing	Needed prep
9:00-9:30	NA	Day 1 Recap		
9:30-11:00	5	Assertive Communication		
9:30-9:40		What is assertive communication?	10 minutes	NA
9:40-10:40		Activity 5.1 Assertive communication	60 minutes	Flipchart Markers
10:40-11:00		The importance of providing good feedback	20 minutes	NA
11:00-11:15	COFFEE BREAK			
11:15-12:00	6	Inclusive Participation and Team Spirit		
11:15-12:00		Activity 6.1 Inclusive Participation	45 minutes	Flipchart Markers
12:00-13:00	7	The Problem Tree		
12:00-13:00		Activity 7.1 The problem tree	60 minutes	Flipchart Post-its Markers
13:00-14:00	LUNCH BREAK			
14:00-16:30	8	Community Participation		
14:00-14:15		Introduction	15 minutes	NA
14:15-15:45		Activity 8.1 Identifying a key problem in our community	90 minutes	Flipcharts Markers
15:45-16:30		Activity 8.2 Developing our action plan	45 minutes	Notebook paper Flipcharts Pens Markers
END OF DAY 2				

SESSION 1: GENDER SOCIALIZATION

Socially constructed norms and gender values affect us all the time - from the moment we are born and through our life cycles. The messages of social difference between boys/men, girls/women are communicated to us by the institutions closest to us – our families, our communities, our schools, our religious institutions – and continue to be communicated by society and its institutions.

ACTIVITY 1.1: GENDER SOCIALIZATION

15 minutes

1. Ask the group to pair together (group of 2) and discuss together for about 5 minutes the first time they realized they were a boy / they were a girl.
2. As a guide for their discussions, ask the following questions:
 - a. What was the message that led to this realization?
 - b. Who communicated it to you?
 - c. Where was the message communicated?
 - d. How did you feel?
 - e. What impact can this have on us as boys or girls?
3. Have everybody come back to plenary and ask a few pairs to volunteer to share their discussions.

THE EFFECTS OF GENDER SOCIALIZATION

While social constructions of gender vary from place to place, inequalities between boys and girls and women and men occur everywhere. As a result:

- Boys and girls **learn different skills** that give them different advantages over the other.
- Boys and girls **receive different opportunities and treatment** that give them different advantages over the other.
- Boys and girls grow up believing their **capabilities are different and develop behaviors** to conform, giving them different advantages over the other.
- Boys and girls as they grow end up taking **different roles and responsibilities** giving them different advantages over the other.

GENDER SOCIALIZATION LEADING TO DISCRIMINATION AND INEQUALITY

Gender socialization boxes women and girls and men and women into specific roles and stereotypes and has effects at several levels with damaging consequences not only for individuals but also for society:

At the personal level

- **It violates integrity** by reducing to a single characteristic or attribute which often cannot be changed
- **It denies** means of self-fulfillment to optimal potential
- **It has a negative cumulative effect** - not a singular one-time or isolated experience; faced in multiple settings and often through the life cycle

At the societal level

- It denies social cohesion and development
- It creates instability and wealth destruction

- It reduces productivity (household and national)
- It causes poverty and exclusion

The effects of gender-based discrimination on women (and girls) by and large around the world are grave, placing women and girls at a disadvantage relative to men and boys:

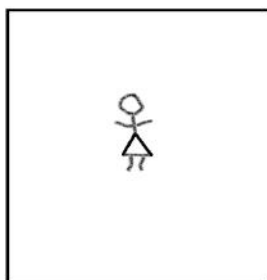
- Women commonly have less decision-making power (in the community and household as well as nationally).
- Women commonly do not have equal control over household or development resources.
- Women commonly face strong access barriers to information and resources.

However, certain gender norms within a society may not necessarily lead to harmful inequalities, such as when gender norms are flexible and women and men, girls and boys, have the opportunity to make their own choices.

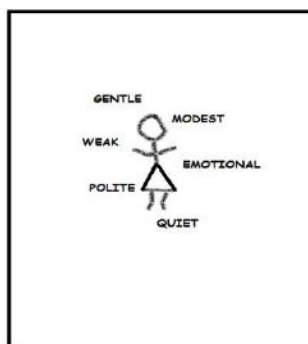
ACTIVITY 1.2: GENDER BOXES

60 minutes

1. Hang two loose leaves next to each other. On the first sheet, draw a girl in the middle of the leaf. Ask the participants what they would like to call the girl.

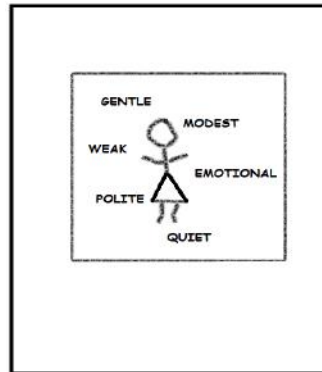


2. **Ask participants:** *"What are the words that describe girls / women? What do we mean when we say 'act like a woman' or 'be a good girl'? What qualities do we expect from girls (good and bad)?"* As participants are volunteering words, write them around the drawing of the girl, keeping them as close to the drawing as possible.

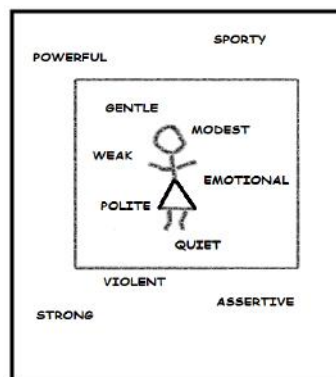


3. As the facilitator, you may need to guide the process by prompting the group, for example by asking: *"Do we expect girls to be aggressive? Violent? Do we expect them to be smart? No? How are they supposed to act? Gentle?"*

4. Now do the same for boys: draw a picture of a boy on the other sheet of paper. Give the boy a name.
Ask: “What are some words that describe boys? What do we mean when we say: “act like a man”? What qualities do we expect in boys (good or bad)?”
 You might need to prompt by asking questions like: “Is being gentle considered ‘acting like a man’? No? How **is** a boy supposed to act? Tough?”
5. Once you have at least 6-10 words around each of your drawings, draw a box around the messages; explain that this is a **gender box**. This is how we expect people to act, depending on society’s idea of what is considered appropriate behavior or characteristics of boys or girls.



6. Once you have drawn your ‘gender box’ around the girls’ and the boys’ words and drawings, **ask:** “What are some words that describe what boys and girls are not encouraged to behave or do?” Write them *outside* the gender box.



7. Next, lead a discussion about how these expectations affect girls and boys, and ask the group to think of their own personal experiences:
 - How did these expectations affect the way that you grew up as girls and boys in your own community? For example, if girls are always told to be quiet and obedient, and boys are expected to be tough – how did this shape your behavior?
 - What happens when a boy (or a man) behaves in a way that is not ‘in the box’? What happens if a girl behaves in a way that is not ‘in the box’? How are they treated at school by other students or by teachers?
 - Ask participants to think of examples of people in their community who do not conform to the behavior ‘in the box’. How do they do it? How do people react to them?

NOTE: Facilitators should post the ‘gender boxes’ up in the room so they can easily reference them throughout the rest of the training.

SESSION 2: GENDER STEREOTYPES

Gender stereotypes are socially constructed and unquestioned beliefs about the different characteristics, roles, and relations of women and men that are seen as true and un-changeable.

- Gender stereotypes are **reproduced and reinforced through processes including the education and upbringing of girls and boys, as well as the influence of media**. In many societies, girls are taught to be responsive, emotional, subservient, and indecisive while boys learn to be assertive, fearless, and independent.

Gender stereotyping occurs when such characteristics are persistently attributed to the roles and identities of males and females in society. Gender stereotyping shapes people's attitudes, behaviours, and decisions. It locks girls and boys into behavioural patterns that prevent them from developing to their full potential and realising their rights. Gender stereotyping can lead to social exclusion of those who do not fit the stereotypes.

Gender Roles

- Gender roles are activities that men/boys and women/girls carry out, based on the gender norms and stereotypes assigned to their gender.
- Gender roles vary according to individual characteristics of people, the socioeconomic, political and cultural context.
- Gender roles can be rigid or flexible, similar or different, conflicting or complementary.
- Gender roles are subject to change over time - increasingly interchangeable between men and women.

ACTIVITY 2.1: GENDER STEREOTYPES

50 minutes

- Explain that the purpose of this activity is to discuss negative stereotypes about men and women and the impact they have on relations between men and women as well as on men's involvement as fathers.
- Ask the group to name some of the stereotypes, sayings, or proverbs about men and women that are common in the community. Share the stereotypes below as examples, and add to the list others that the group comes up with:

Examples of Common Sayings and Stereotypes about Men and Women

A woman's place is in the kitchen.

When men are present, women should not speak.

A man is the head of the household, he should make all the decisions.

Men are naturally better leaders than women.

Women are too emotional to make decisions about things that are very important. Men are more level-headed.

3. Write down the sayings, proverbs, or stereotypes the participants identify on the flipchart, including the ones from the examples that they feel apply to their communities.
4. After the group has identified a number of sayings, ask the group to stand up. Tell the group that you are going to read the sayings out loud and ask each participant whether they agree with the statement, disagree, or are unsure. Explain that the ☺ represents “agree,” the ☹ represents “disagree,” and 😐 represents “unsure.” They will move and stand in front of one of the three pieces of paper that represents their views.
5. After you read one of the sayings, ask the participants to share why they agree, disagree, or are unsure. Allow at least 1 to 2 participants from each group to share their views.
6. If participants begin talking over one another, remind them to respect each other’s opinions and time to speak.
7. Once you have read 3 or 4 sayings, ask the group to come back to plenary. Lead a discussion using the questions below.
 - *“Where do these sayings come from? Where do we learn them?”*
 - *“What impact do you think these sayings and stereotypes have on how men and women are treated?”*
 - *“How do these sayings and stereotypes help keep women from participating or leading in community groups, like CHCs?”*
 - *“How can sayings like this negatively impact women’s health?”*
 - *“How can these sayings limit children’s potential?”*
 - *“Do these stereotypes give some individuals power over others?”*
 - *“How can we challenge others when we hear these stereotypes in our communities?”*
8. Close the session by sharing the following key messages:
 - *Stereotypes are generalizations of the characteristics, beliefs, habits and/or behaviors of a group of individuals based on some part of their identity, such as gender, race, class, age, sexual orientation, disability, or occupation.*
 - *Stereotypes are learned at a young age, through parents, other family members, peers, school, and mass media, and can be difficult to unlearn.*
 - *Stereotypes and sayings about men and women have the potential to cause real harm to women’s health and well-being, as well as to men’s health and well-being. It is important for us to challenge these beliefs when we hear them in our communities!*

SESSION 3: INFLUENCE OF GENDER ON HEALTH

The health status of women and men, girls and boys, is also influenced by gender.

Prevailing gender inequality and related barriers at the household, community and health facility level are key determinants of women's health, the health of babies, the health of girls and boys.

Within communities, there are two primary ways that unequal gender norms and stereotypes directly contribute to poor health form women, girls, and boys:

- 1) Low status and empowerment of women and girls
- 2) Lack of male support and engagement in MNCH and SRH

ACTIVITY 3.1: THE INFLUENCE OF GENDER ON HEALTH

60 minutes

1. Explain to the group that you will discuss in plenary how gender can impact health.
2. Using the table below, share the impacts of gender norms on women and girls' lives, then ask the group to explain what kind of impact this could have on their health, and particularly their health before, during and after pregnancy. Complete the answers they give with what is in the table.

Low status and low empowerment of women and girls <i>contributing to:</i>	
1) Disproportionate burden of domestic care work on women and girls	
Health impact:	<ul style="list-style-type: none"> Women and girls have less time for rest, and this can have negative impacts on their health Women and girls may have to undertake household chores which could be dangerous during pregnancy – heavy lifting for example
2) High rates of child marriage and early child bearing	
Health impact:	<ul style="list-style-type: none"> Maternal mortality rates are higher for adolescent girls Adolescent girls are more likely to encounter complications related to pregnancy and childbirth Complications for babies born to adolescent mothers are also higher
3) Restrictions on autonomy, mobility and decision-making at the household level to seek MN(C)H/SRH information and services independently	
Health impact:	<ul style="list-style-type: none"> Women and girls may not be able to go an seek care when they know they need it, even in emergency situations. This can lead to complications, and even death, if women and girls are nor able to access the care they need. Mothers may not be able to take their children to health facilities when it is needed. Women and girls may not have access to the information they need to make good decisions about health.
4) Lack of access to and control over financial resources	
Health Impact:	<ul style="list-style-type: none"> Women and girls may not have access or control of the financial resources they need to get to a health facility, for preventative care or in times of emergency.

	<ul style="list-style-type: none"> • Women and girls may be unable to have access to the proper nutrition they need during pregnancy and when they are breastfeeding. • Women and girls may be unable to pay for health services, for medications, or for other elements of healthcare for themselves or for their children.
5) High rates of Gender Based Violence	
Health Impact:	<ul style="list-style-type: none"> • Gender-based violence, whether physical, emotional or sexual, can have both immediate and long-lasting health impacts on women and girls, psychologically and physical: <ul style="list-style-type: none"> ○ Depression, post-traumatic stress disorder, and other mental health issues, ○ Physical injury, ○ STI and HIV transmission, ○ Sexual and reproductive health issues, ○ Unwanted pregnancy (which can lead to unsafe abortions) ○ Etc. • Experiencing violence during pregnancy can increase the risk of complications of for both mother and child (increased risk of miscarriage and still birth)
6) Low educational status, low knowledge of MN(C)H/SRH and ability to access MNCH information	
Health Impact:	<ul style="list-style-type: none"> • Women and girls do not have the information they need to make good health related decisions for themselves and their children, for example on family planning, nutrition, pre-natal care, the need to deliver at the health facility, danger signs related to pregnancy, labor and delivery, etc.
7) Exclusion from community level participation in decision-making bodies-community health committees	
8) Low value accorded to women's representation and voice in community structures	
Health Impact:	<ul style="list-style-type: none"> • Women and girls are unable to contribute to health governance which has impacts on their lives • Women and girl's issues and specific needs may not be considered during health governance meetings is they are not represented, are not participating and/or are not leading these fora and other important community structures
9) Isolation of adolescent married/unmarried pregnant girls	
Health Impact:	<ul style="list-style-type: none"> • Adolescent girls who are married, who are pregnant or who have a child may feel stigmatised and therefore feel uncomfortable accessing health services • Isolation of married, pregnant, and parenting adolescent girls can further increase the likelihood that they will not have access to the information and/or financial resources they need to make good health decisions • Married, pregnant, and parenting adolescent girls are at higher risk of violence if they are particularly isolated • Married, pregnant, and parenting adolescent girls may be more likely to be treated negatively by health providers if they are stigmatized in their communities

3. Repeat the same exercise with the impacts of low or non-existent of male support and engagement in MNCH and SRH

Low or non-existent of male support and engagement in MNCH and SRH contributing to:	
1) MN(C)H/SRH viewed as solely a women's concern thereby distancing or excluding men from taking up responsibility in caregiving in the household	
Health impact:	<ul style="list-style-type: none"> Women and girls might be solely responsible to take care of their health without having adequate support from the husbands, male partners or family members, and without adequate resources allocated to their health because unequal gender norms often attribute less value to women and girls than men and boys (see above)
2) Low knowledge of men and boys about MN(C)H/SRH risks and issues	
Health impact:	<ul style="list-style-type: none"> Men are not informed about health, particularly when it comes to reproductive health, family planning, pregnancy, labor and delivery, and child health, and cannot provide adequate support to their wives and/or female partners Men are not informed about how they can support the health of women and children, and they can support women and girls to make health decisions on their health and wellbeing
3) Low participation in birth preparedness planning	
Health impact:	<ul style="list-style-type: none"> Men are not involved and don't know who to participate in birth planning, and this can contribute to a lack of resources attributing for delivery at a health facility (for things like transport) and for preparations needed in case of an emergency. This creates delays getting women who have an emergency to the health facility, which can lead to additional complications and even death.
4) Low participation and support to women and girls over the MN(C)H/SRH continuum of care	
Health Impact:	<ul style="list-style-type: none"> Men and boys are not involved in MNCH and SRH and are therefore unable to provide appropriate support to women and girls. Because of a lack of support, men may experience strained relationships with their wives/partners and their children, and a lack of harmony at home. This can have mental and physical health impacts on both men and women.

ACTIVITY 3.2 ASANA'S STORY

40 minutes

Before you begin, explain that the experience of married adolescents and young women is illustrated in Asana's story. This story is an experiential exercise that can be used to educate participants about the gender-related barriers that women and girls face when seeking to use health services.

1. Ask for a volunteer to take the role of Asana and to stand or sit on a chair in the middle of the circle and to hold the ball of string.
2. Ask everyone else to stand around "Asana".
3. Explain that everyone is a part of Asana's story. Ask all the participants to imagine that they are in a rural area. You will narrate parts of her story, statement by statement, and they will have to explain why

the girl is in that particular situation. You will help them by reformulating the questions behind the statement.

4. Explain to the group that every time a gender issue or barrier is identified with the statement, Asana has to pass a ball of wool to the person who identified the gender issue and then they wrap it around themselves and give the ball back to her and she has to wrap it around herself before the next statement is read aloud.
5. At the same time, someone needs to write the gender barrier identified by each participant on a flipchart.
6. As the gender-related barrier is identified, ask the question “*why is it like this?*” and let participants respond.
7. Start with an example and read the first statement: “*Asana has a much higher chance of dying in childbirth as someone in their twenties and her child is much more likely to die in childbirth. If a mother dies at childbirth, the child is 10 times more likely to die.*” Ask the question: “Why is Asana and her child likely to die?”
8. At the end of the story, Asana will be entirely wrapped.
9. When all the statements are read aloud ask people the following questions:
 - What do you see/observe?
 - To Asana: how do you feel?
 - As health providers, what can your role be once you understand these barriers?

ASANA'S STORY

Asana is a 17-year-old adolescent girl. She lives in Adaklu Have.

Asana has a much higher chance of dying in childbirth as someone in their twenties and her child is much more likely to die in childbirth than women of any other reproductive age group. If a mother dies during childbirth, the child is 10 times more likely to die.

Asana like most rural women will likely give birth at home with neighbors and no skilled birth attendants and if there are complications, she is likely to lose her life or that of her child.

She has not received more than one antenatal care visit and will likely not receive a postnatal care visit.

She cannot get to the nearest health facility because it's too far to walk and she is burdened by household chores.

Like many other women, her husband and/or family elders make decisions on whether she receives health care or not.

These are everyday realities faced by women in rural Ghana.

SESSION 4: BEING ASSERTIVE

WHAT IS ASSERTIVENESS?

Assertiveness relates to the way someone expresses her or himself. When someone behaves assertively they express their feelings and interests directly and openly while having respect for the feelings and rights of others.

Being assertive includes:

- Standing up for oneself, claiming one's rights, and refusing to be exploited or used.
- Standing firmly by one's beliefs without putting down others in the process.
- Rejecting undesirable behavior from others, without harming others.
- Rejecting unequal treatment.
- Overcoming submissiveness and upholding one's decisions
- Being able to reflect on oneself critically and accept feedback from others

Distinguishing between aggressive and assertive is very important!

When women and girls act assertively, they are often accused of being too aggressive or too masculine, because this has been understood as a traditionally male trait in many societies.

While there is nothing wrong with challenging narrowly defined gender roles, in this case it is important to understand that **being assertive is not the same thing as being aggressive**, which involves hurting others. In a nutshell, the difference between being assertive and being aggressive is the way in which what one says and does affects others' rights and how they feel.

ACTIVITY 4.1 BEING ASSERTIVE

90 minutes

1. Explain that the purpose of this activity is to learn to distinguish between different types of behaviors. Tell the group that you will begin by acting out three ways in which a woman can act when asking her partner or male family member for something.
2. Ask the group to come up with a common scenario where a woman would be asking a male partner, husband, or male family member to do something.
3. Inviting two volunteers to help you, ask them to act out the scenario you came up with as group, in three different ways, as outlined in the three "scenes" in the illustrations below.



- Once the three scenes have been acted out, ask the group: “Which of these scenes is the most effective way of approaching somebody with a request?”

The group will likely agree that the third scene is most effective. If they don’t, ask why they think the others are better.

Facilitator Tip: Some may think that the passive option is the most effective way, particularly if this is the way they have always been taught to behave. If this comes up, take the time to explain that this may be the only way that women and girls are able to act in the families and communities, but that it is not particularly effective. Other girls may believe that the aggressive option is the most empowered, particularly if they have grown frustrated by gender norms and seen other use violence legitimately. Take the time to explain that violence is never acceptable, and that if a girl ever becomes violent herself this should not justify other in using violence towards her. In either case, explain that you will learn more about why these behaviors are not effective in throughout the activity.

- Write the words ‘**Assertive**’, ‘**Passive**’ and ‘**Aggressive**’ as headings in three separate flipcharts. Ask the group if they know what the differences is between them and take notes of what they say on the right flipchart.
- Listen closely to what they say and add any ideas to ensure the girls understand these terms as they are described in in the table below. Make sure to link these terms to the scenarios you acted out.

Passive	Aggressive	Assertive
<ul style="list-style-type: none"> Taking no action to claim your own rights Remaining silent when something bothers you Giving in to the will of others because you are afraid Apologizing a lot Putting others first at your own expense Letting others make decisions for you Hoping to get what you want without actually having to say it Acting submissive: talking quietly, laughing nervously, sagging shoulders, avoiding disagreement, hiding face or mouth with hands. 	<ul style="list-style-type: none"> Standing up for yourself, with no regard for others. Overpowering others Reaching your own goals at the expense of others Shouting, not listening to others, saying others are wrong or pointing fingers at others Expressing yourself in a way that threatens the other person Acting confrontational: shouting, demanding, and not listening to others; always saying others are wrong; leaning forward; looking down on others; wagging or pointing finger at others. 	<ul style="list-style-type: none"> Standing with your body in a confident position Being confident without being “pushy” Respecting yourself as well as the other person Taking turns listening and speaking Speaking with confidence Communication balanced and specific points Respectfully telling someone exactly what you want Expressing both positive and negative feelings Standing up for your own rights, without putting down the right of others Acting confident: being specific; using “I” statements; talking face-to-face with the person; being calm and respectful; using body language that shows you are standing up for yourself

- Divide the group into 3 smaller groups, and hand-out 3 blank sheets of paper for each group.

8. Ask the groups to suggest 3 animals – 1 that is passive, 1 that is aggressive, and 1 that is assertive. The groups should draw 1 animal on each piece of paper, and to write down the characteristics for passive, aggressive and assertive around the animal to which it belongs. Encourage the group to also add any characteristics that were not discussed. Give the groups 10-15 minutes.
9. In plenary, ask each group to explain which animal they selected to represent being passive, being assertive, and being aggressive, and to explain why they chose that animal.
10. Lead a discussion using some of the questions below:
 - *“What are the disadvantages and advantages of passive behavior?”*
 - *“What are the disadvantages and advantages of aggressive behavior?”*
 - *“Why is being assertive important for women and girls especially?”*
 - *“Can you think of any challenges that women and girls can face in embracing assertive behavior?”*
 - *“What are some things that you can do to be more assertive or to encourage women and girls you know to be more assertive?”*
11. Conclude by sharing the following key messages:
 - *The way people behave can roughly be divided into three different types: assertive, aggressive and passive. Passive behavior may seem polite, but it leads to disempowerment. Aggressive behavior may seem empowered, but in fact it is a form of violence. Assertive behavior is the most empowered way of interacting with others while still respecting everyone’s rights and feelings.*
 - *Being assertive is important for women and girls to live happy lives and to reach their potential. Therefore, embracing assertive behavior is key for women and girls to begin their journey to empowerment.*
 - *Women and girls can support each other in being assertive. In many communities, women and girls learn that they are supposed to be submissive and obedient and that they should not speak out for themselves. Women and girls need each other’s support to challenge these rules and stand up for themselves.*

SESSION 5: ASSERTIVE COMMUNICATION

WHAT IS ASSERTIVE COMMUNICATION?

Communication is the way people connect with each other to exchange ideas or messages. Clear and direct communication is very important for relationships with peers, family, friends and others in the community.

For effective communication to take place:

- A person needs to express her or himself well and the message needs to be received and understood.
- An equal exchange of information in which all parties act both as “sender” and “receiver”. If this exchange is unbalanced, the opportunity to connect is lost.

People communicate in different ways: with their words, actions, facial expression and body language. All of these ways of communicating need to be taken into account in order to deliver a message effectively and to make a connection.

ACTIVITY 5.1 ASSERTIVE COMMUNICATION

60 minutes

1. Ask the group: “*How would you describe assertive communication?*” Take note of their ideas on a flipchart. Remind them to think back to the previous session on assertiveness.
2. After a few minutes, share the following definitions of *assertive*, *passive* and *aggressive* communication.

Assertive Communication	Passive Communication	Aggressive Communication
Delivering a message by honestly expressing one’s thoughts and feelings; directly and clearly; showing mutual respect.	Delivering a message without expressing one’s true thoughts or feelings; sometimes it involves not saying anything at all!	Delivering a message with force and without thinking of the other person’s feelings or rights; it tends to be confrontational and can rarely serve to make a connection.

3. Ask the group: “*Who participates in assertive communication?*” Listen closely for participants who mentions that it takes two or more people to communicate. Explain that communication takes a sender and a receiver. Assertive communication requires a **confident sender** and an **active listener**.
4. With the help of a flip-chart, explain to the participants that there are three steps to assertive communication:
 - **Step 1:** State what you think or feel
 - **Step 2:** Explain why you think this way, or what is causing you to feel this way
 - **Step 3:** Clearly state what you are asking the other person (or people) to do
5. Divide the group into pairs and ask them to practice assertive communication.

6. Ask each pair to determine a scenario where they might want to use assertive communication, either at home, in their communities, or during a CHC meeting.

Ask the pairs to take turns practicing assertive communication using the scenario they have chosen, following the 3 steps.

Explain to the group that when they finish the scenario, they should discuss as a pair what the reaction might be, and how they could deal with possible resistance.

Based on this, they can discuss how to improve their assertive communication techniques to minimize resistance. Give the pairs about 10-15 minutes to work together, remembering to switch roles so that everyone has a chance to practice assertive communication.

7. Once the 10-15 minutes are up, ask if there are 2 volunteer pairs who would like to show the group their assertive communication.

THE IMPORTANCE OF PROVIDING GOOD FEEDBACK

A key component of effective communication is providing feedback. It is important to maintain the principles of assertive communication (delivering a message by honestly expressing one's thoughts and feelings; directly and clearly; showing mutual respect) when providing feedback.

What is feedback?

Feedback is the reaction of the receiver¹.

- Feedback can be verbal or nonverbal reactions to the message.
- The receiver is expected to interpret the message and respond to the sender (give feedback), and then communication starts all over again.
- Feedback is the mechanism by which confidence is gained that the message is understood by the audience or receiver.

Providing feedback using assertive communication can help make sure that our messages are well understood and considered.

When providing feedback, it is important to²:

- **Make sure your words and tone are positive and respectful.** Communicating in a way that makes it clear that you respect your peer and want to support them will make them more responsive and willing to consider your feedback.
- **Make sure that your feedback is given in the spirit of help rather than judgment.** The tone of feedback is as important as the content. The people hearing feedback will be most responsive if they feel cared about, appreciated, and respected.
- **Make sure your feedback is solicited rather than imposed.** Feedback is most useful when the receiver asks for it. If feedback is not solicited, you can ask if the person is willing to hear it.
- **Make sure you consider the needs of the person hearing the feedback.** Feedback can be destructive when it focuses only on our own needs and fails to consider the needs of the person receiving it.

¹ http://guidelines.health.go.ke:8000/media/CHC_TRAINERS_MANUAL.PDF

² https://resourcecentre.savethechildren.net/node/8591/pdf/lgl_curriculum_final.pdf

- **Make sur your feedback offers constructive recommendations along with positive observations.** We all need to be recognized and rewarded for what we do well. When giving feedback, it is often helpful to provide positive feedback on what was explained well, what we agree with or what we appreciate about the message being communicated.

When *receiving feedback*, it is important to:

- **Always assume the best.**
- **Remember that there's always room for improvement**
- **Consider what is being shared.**

SESSION 6: INCLUSIVE PARTICIPATION AND TEAM SPIRIT

By the end of this session, participants will:

- Understand the importance of active participation, and the factors that exclude people from active participation (particularly for women).
- Have strategies for ensuring high quality participation for all members of the CHC
- Understand the importance of a strong working team

ACTIVITY 6.1: INCLUSIVE PARTICIPATION

45 minutes

1. Explain to participants that one of the keys to a successful CHC is active, equal and inclusive participation. Ask participants to write down on a card 1 reason **why the active participation of all members is so important**.
2. In plenary, ask for volunteers to share their 1 reason. After each reason is shared, ask who else wrote that reason? Proceed with this approach until all reasons have been shared. Ensure the following is included:
 - Because the perspectives and knowledge of different positions (clients/staff/management) is important to understand what improvements are needed;
 - Because the perspectives of people from different backgrounds is important (different religions, different sexes, different ages)
 - Because suggestions and ideas for improvement will be better when more have been shared and explored
 - Because the CHC should implement plans that has relative consensus from the membership in order to ensure support
3. Ask participants to reflect on previous activities and take a moment for internal reflection, asking themselves: who participated actively? Who was quiet? Did people at higher positions participate more? Did everyone feel that they could speak?
4. Give participants **5 minutes** to 'pair and share'. Ask them to turn to the person next to them, discuss and identify 3 reasons that people might **not** actively participate in a CHC meeting.
 - Remind participants to recall discussions from the gender introduction sessions. Prompt them to remember the characteristics of WOMEN that they identified (which may have been 'quiet', 'respectful', 'polite', 'nurturing', and those of MEN (which may have been 'strong', 'leaders', 'intelligent').
 - Also remind participants that it is not always the choice of people to *not* participate, and encourage them to think of reasons why some people are *excluded* from active participation by others.
5. One by one, list the following potential reasons (or animate on the PPT presentation), and ask how many groups identified them:
 - Position in the clinic
 - Position in the community
 - Religion
 - Gender

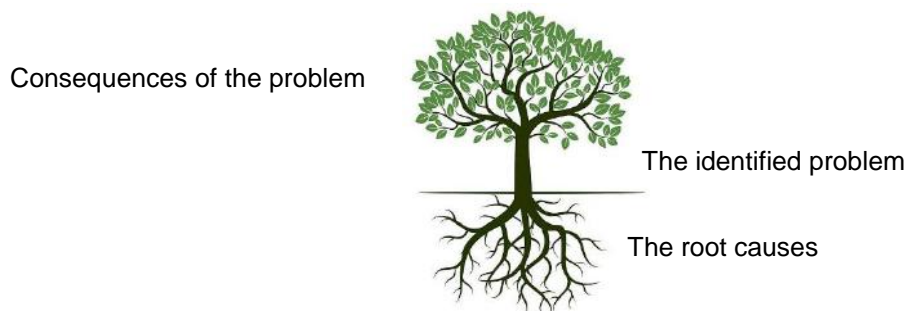
- Age
6. Explain to participants that we can recognize that they **important value of active and inclusive participation**, and we can recognize the **reasons that people do not or can not participate** – and now let's describe different levels of participation. Introduce and briefly discuss the following 4 levels of participation:
 1. Presence
 2. Voicing your opinion
 3. Having your opinion *heard* and *respected*
 4. Actively contributing to decision-making
 - Highlight that the **higher** level of participation, the **better the quality**. Ask participants briefly to discuss in plenary what level of participation women usually reach? And adolescents?
 7. Break participants into groups of 4 and ask them to take 5 minutes to think of 3 strategies they can commit to that could ensure active and equal participation, especially for women and adolescents, in CHCs.
 8. Take up their suggestions/commitments in plenary, making sure that the following is included:
 - Encouraging and giving space to women and adolescents to share their perspectives and participate in decision-making
 - Listening when women, young people, and other excluded groups speak
 - Ensuring leadership positions are filled by women
 - Design an agenda that ensures everyone has a voice and participates in decision-making
 9. Conclude by sharing the following key messages:
 - High level and active participation of women, adolescents and members of all positions in the CHC is important in order to represent the perspective and capture the knowledge available to make appropriate and informed decisions.
 - In order to succeed in the delivery of quality improvement, the CHC members need to function as a supportive and cooperative team.

SESSION 7: THE PROBLEM TREE

ACTIVITY 7.1 THE PROBLEM TREE

60 minutes

1. Introduce the next activity by saying that they are going to learn to use a tool called an “problem tree”. Draw a tree on a flipchart and explain that the tool resembles a tree: the trunk of the tree is the problem at hand, the roots are the causes of that problem and the leaves are the effects of it. The problem should relate to the goal they have chosen.
2. Ask a volunteer to come up to the drawn tree and write the problem the group has identified they would like to address on the trunk of the tree.
3. Then, ask the group to use their own experiences and what they know about the problem to think about the causes of the problem. They can use post-its to write their ideas down in pairs to begin with, using the following guiding questions:
 - **What is causing the problem? What gender stereotypes are related to this?** These will be the “roots”.
 - **Is the situation different for girls and boys? How?** For example, regarding ending child marriage, girls are more likely to leave school early than boys because they more likely to be married young.
 - **What are people’s perceptions of the problem? Do some not think it is a problem at all?**
 - **What are the consequence and gender implications of the problem regarding the following:** the way girls and boys are valued, different roles they take on, their decision-making power, their ability to act, the violation of other rights? These are the “leaves”.



4. Ask two volunteers to collect the post-its and facilitate a discussion about where on the tree they should go. Are they roots (causes) or leaves (consequences)?
5. Next, ask the group to think more about the causes of the problem:
 - *Are people’s attitudes or the policies of institutions making the situation worse?*
 - *What are the gender inequalities?*
 - *What are other political, economic, social or technological factors?*
 - *What power dynamics exist? What unequal power relations you can identify*
 - *What policies, perceptions and practices are reinforcing the problem? Or is there a lack of policy, perceptions or practices?*
6. To turn the problem tree into a solutions tree, ask volunteers to simply turn the negative root causes into positive statements using words such as: ‘increase’, ‘decrease’, and ‘improve’.
7. Use the questions above again to outline the policies, practices and perceptions that need to shift to meet their goal. For example:

- Policy: minimum age for marriage in the country is increased to 18
 - Practice: more parents value their daughter's education and do not allow them to marry before 18
 - Perceptions: more girls finish secondary school and are valued as productive members of society.
8. In this new tree, the solutions tree, the problem then becomes the goal again and the root cause become the possible objectives.
9. Conclude by sharing the following key message:

Only by understanding the causes and effects of a problem, can we develop effective solutions. One way to strive for a gender transformative advocacy approach is to be deliberate in the objectives we choose: 1. Change in perceptions, 2. Change in policy and 3. Change in practices.

SESSION 8: COMMUNITY PARTICIPATION³

INTRODUCTION

What is community participation?

Community participation can be defined as an awareness-raising and mobilization process which allows individuals and groups to identify and understand their needs and to look for solutions that improve their lives and communities.

Why women's participation in community health committees is important?

Women's participation in community health committees is critically important for several reasons:

- 1) Women and girls have the right to participate in community level decision making, and women are just as capable as men to participate in community governance structures, such as the CHC.
- 2) A diversity of representatives on a CHC can help ensure that the CHC will address problems that impact a number of different people from the community; therefore, women's participation and leadership of CHCs can help CHC prioritize issues that affect women and girls.
- 3) Through participation in community governance structures, like CHCs, women (and girls) can develop new perspectives and recognize their own power to shape and change their communities. As a woman member (or leader) of a CHC, you can also inspire other women and girls to work to improve their communities.

ACTIVITY 8.1 IDENTIFYING A KEY PROBLEM IN OUR COMMUNITY

90 minutes

1. Explain to the group that in this activity, participants from the same CHCs will work together to develop a proposal for their next CHC meeting. This proposal will look at one key issue that they identify and will include the beginnings of an action plan on how the CHC might be able to address this issue.
2. Ask participants to group themselves and sit with members from the respective CHCs and form their CHC teams.
3. Ask the participants to each take 2-3 minutes ON THEIR OWN to silently reflect on some of the gender and health issues that were discussed on Day 1, and other issues which are important in their communities. Ask them to pick one issue which they think is most relevant and critical for their own community.
4. After the 3 minutes are up, ask the CHC teams to share which issues they identified in their community, and to decide one issue which they would like to propose a solution for to their whole CHC. Once the CHC teams have decided on an issue, ask them to develop a presentation following the guidance below. The presentation can take any form that they want, either writing or drawing on flip-chart, doing an oral presentation, preparing a small role-play or drama, using a case study or personal story, etc.

³ Adapted from Promundo's Program M (Instituto Promundo, Salud y Género, ECOS, Instituto PAPAI and World Education. (2006). Program M – Working with Young Women: Empowerment, Rights and Health. <https://promundoglobal.org/programs/program-m/>)

Presentation guidance:

- *What is the problem?*
- *How does this effect women? How does this affect girls (adolescents and children)? How does this affect men? How does this affect boys (adolescent and children)?*
- *How does it affect them?*
- *What is the problem tree analysis of the problem you identified: What are the root causes? What are the consequences?*
- *What consequence or root cause do you want your CHC to focus its solution on and why?*

Give the teams about 30 minutes to develop their presentations. Each team will have about 5-10 minutes to present (depending on how many teams there are).

Remind the CHC teams that their presentations are also an opportunity for them to practice the assertive communication skills they have practiced earlier in the day.

5. After the 30 minutes are up, invite each team to deliver their presentation. After each presentation, allow about 5 minutes for feedback from the other participants (reminding everyone to keep in mind the assertive communication notes on providing and receiving feedback).

ACTIVITY 8.2 DEVELOPING OUR ACTION PLAN

45 minutes

1. Once all the presentations are done, ask the CHC Teams to come back together. Explain that they will now work together to develop actions plans based on their presentations, and which should try to incorporate some of the feedback that they were given.
2. Ask each CHC team to reflect on the following questions together for about 5-10 minutes:
 - *What next steps can you take as a group to addressing this problem?*
 - *Often, we focus on the difficulties and problems in the community. Thinking about the flip side, what are the potentials of your community? What could the community be like if the problems you identified were solved?*
 - *What are potential barriers for solving this problem? How can you overcome these obstacles?*
 - *What next steps can you take as individuals to address this problem?*
3. Next, explain that they should use the remaining time to finalize their presentations so that they can present them to their home CHCs. Explain to the teams that they can use the following template to determine the agenda and objectives of the meeting on their presentation, and which they can also use to note next steps with their CHCs.

Date/Time	CHC members present	Meeting Objectives	Next Action Steps	Person(s) responsible
		1.	1. 2. 3.	
		2.	1. 2. 3.	
		3.	1. 2. 3.	



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