

# **Community Health Workers' Manual**



**USAID**  
FROM THE AMERICAN PEOPLE

**APHIA II  
WESTERN**



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**APHIA II Western**

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## Acknowledgements

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# | Overview



This chapter outlines the roles and responsibilities of all the different community health workers in APHIA II Western, as well as provides an overview of the manual.



## Overview

### What is the APHIA II Western Program?

APHIA II Western stands for: The AIDS Population and Health Integrated Assistance Program II in Western Province, Kenya.

APHIA II aims to:

1. Promote the adoption of healthier behaviours.
2. Increase the use of HIV and AIDS health services and expand the use of other health services, including family planning/reproductive health (FP/RH), maternal and child health, TB and malaria prevention.

Through community-based activities, APHIA II works to ensure that men, women and youth are able to understand and act on their health needs. Activities will:

- Build the capacity of community members and community-based programs to offer health information.
- Establish linkages and referrals between community programs and health services.
- Encourage healthy dialogue and discussion on a broad range of health issues and gender equality with different audiences.

There are five strategic partners contributing to APHIA II Western:

- **PATH** - managing partner and leader of communication and community mobilization interventions.
- **Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)** - managing pediatric and adult anti-retroviral therapy (ART).
- **JHPIEGO Corporation** - strengthening service delivery, building capacity of providers.
- **Society for Women and AIDS in Kenya (SWAK)** - implementing programs with people living with HIV and AIDS (PLWA).
- **World Vision** - strengthening home-based care (HBC) and services for orphans and vulnerable children (OVC).

There are two implementing collaborators: **Cooperative League of the USA (CLUSA)** working on community mobilization and **BroadReach Health Care** involved in the development of public-private partnerships. All programs complement the work of the Ministry of Health and benefit the people of Western Province. The program is funded by USAID through 2011.

### What type of community activities does APHIA II work on?

APHIA II Western is responsible for working in both the community and health facilities. In each district, APHIA II works with specific identified health facilities. Community activities will take place in the areas surrounding these particular health facilities. Below is a description of some of the community programs APHIA II is working on. These programs may change or evolve over time.

**Community health workers (CHW):** APHIA II engages a large number of community volunteers to facilitate dialogue groups with community members. These dialogue groups will occur at the village, sub-locational, locational, and divisional levels.

**Worksite program:** APHIA II works with formal and informal worksites to help organizations and companies establish health programs for their employees. These programs may include training of worksite motivators (peer educators), on-site health education, dialogue groups, health information, education, and communication (IEC) materials, and access to health services.



**Peer family groups:** APHIA II trains peer family facilitators to establish peer family dialogue groups in the community. One dialogue group will consist of 6 different families; each family represented by a mother, father, and 2 adolescent children. These groups will meet on a monthly basis and discuss issues related to health.

**Ambassadors of Hope:** APHIA II trains and supports a group of volunteers who facilitate discussion groups and provide support to people living with HIV and AIDS. Ambassadors of Hope help to reduce stigma and discrimination of those infected and affected by HIV and AIDS by giving hope. They participate in community forums and conduct advocacy activities on the rights of the PLWA.

**Magnet Theatre outreach:** In each district, Magnet Theatre groups will conduct monthly performances about different health issues in a fixed place at a fixed day and time. The purpose is to attract a sizeable audience within the community who will regularly attend performances and engage with the actors to discuss and propose solutions to various health dilemmas.

**Teacher/youth program:** Certain teachers from primary and secondary schools throughout Western Province will be trained in various health topics. These teachers will go back to their schools and train approximately 20 peer educators who will form a health club and meet on a regular basis. The trained students will provide education to their fellow peers on health issues, as well as design activities with health messages to engage students (i.e., debates, dramas, etc.).

**Home-based care providers:** APHIA II provides training to health facility home-based care (HBC) coordinators, who work with HBC-trained CHWs for PLWA care and support.

**OVC:** APHIA II programs help OVC meet their basic needs such as education, health, psychosocial support, nutrition, and protection. Other support includes legal networking and livelihood.

**Married adolescents program:** Through various faith-based organizations, APHIA II identifies married older women as mentors. These mentors conduct monthly dialogue groups with young married adolescent women and discuss various health issues.

**Radio:** APHIA II will produce and broadcast a regular weekly radio program on health.

**IEC materials:** APHIA II will produce and distribute a health newsletter, as well as a comic book for adolescents.

## **What is the purpose of this manual?**

This manual is designed to help Community Health Workers or CHWs to provide community members with the information and skills they need to ensure good health for themselves, their families and their communities. The manual instructs readers how to mobilize dialogue groups within communities, as well as how to lead effective participatory discussions. In addition, this manual is a resource guide of technical information about HIV and AIDS, reproductive health (RH), family planning (FP); gender; maternal and child health (MCH); tuberculosis (TB); and malaria. It also talks about how to help individuals have satisfying and caring relationships, communicate and negotiate effectively, and make good health care decisions.

## **Who is the manual designed for?**

This manual is designed for Sub-location Community Health Workers, Divisional Youth Community Health Workers, Village Community Health Workers and Youth Community Health Workers in the Western province, but may also be utilized by Magnet Theatre troupes, peer family facilitators, worksite motivators, married adolescent mentors, as well as parents, teachers, and community and religious leaders.



## The structure of the manual

The manual is divided into 15 chapters. Each chapter contains information about a specific topic. Within each chapter are sessions. These sessions are meant to be used as a guide for the dialogue facilitator or CHW. They offer a step-by-step process for conducting a discussion with community members, starting first with objectives of the session, followed by questions and explanation for dialogue, finishing with 1-2 activities like games or role plays that can be conducted with your group members to help them to better understand the information. The sessions vary in length, but it is estimated that each session will last 1-1 ½ hours.

At the end of each chapter you will find *Background Notes*. This section is a complete reference guide that describes the information you need to know about the topic of that chapter.

Before conducting a dialogue group, facilitators should read the background notes to understand the topic completely. Next, they should review the session guide and make the necessary preparations in advance of the discussion group.

The chapters in the manual do not have to be followed in order. Facilitators or CHWs may choose to start at different points. What you talk about can be directed by your dialogue group – ask them what they want to learn about or consider what type of questions they ask you. This will help you to choose the next topic.

Once you choose a chapter (i.e., topic) for discussion, it is important to follow the sessions within that chapter in order. This is because the session guides build upon each other. In other words, the first session introduces the topic and provides an overview. Sessions that follow provide more detailed information.

If you begin with a session at the end of a chapter it means that your group may miss some important information needed to understand the concept being presented. However, there are times when you may decide to skip a session because you believe your group already knows the information. For example, if you are working with a group that knows how to prevent STIs, you may decide to skip that session. This flexibility means that it is important to understand the level of knowledge and the needs of the people in your dialogue group.

This manual is support material and should be adapted and applied in whatever way works best for the individual facilitator. A facilitator may choose to spend many sessions with a group on one topic or skip other sessions altogether. Other times, the facilitator may notice the discussion is leading naturally toward another topic, and may choose to focus on that new topic at the next meeting. For example, the CHW may notice that during a discussion on STIs, the participants had many questions about talking with adolescents about sex. In that case, the CHW may choose to focus the next meeting on a session from the chapter that addresses talking with children.

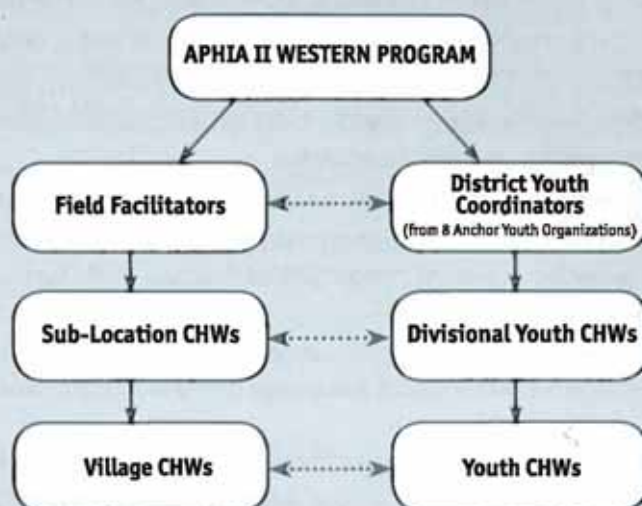
## Who are Sub-location CHWs, Divisional Youth CHWs, Village CHWs, and Youth CHWs?

A Community Health Worker (CHW) is a volunteer community educator. They are considered a part of the Ministry of Health Level One Services, operating in communities and households. CHWs should be able to read and write in English and their local language, be respected in their community, have a good heart and be willing to volunteer. Sub-location CHWs and Divisional Youth CHWs supervise and monitor Village CHWs and Youth CHWs, respectively, in addition to their own community dialogue activities. S/L CHWs and Divisional CHWs are expected to volunteer 3-4 days per week in this capacity. Village CHWs & Youth CHWs are expected to volunteer 1 day a week to work on APHIA II activities.

There are 4 different types of CHWs in the APHIA II program: Sub-Location CHWs, Divisional Youth CHWs, Village CHWs, and Youth CHWs. Although some of the work they do will be similar, they also have different responsibilities.



The structure of the CHW program looks something like this:



There is a lot of linkage and interaction between these groups. For example:

- Sub-Location Community Health Workers and the Divisional Youth Community Health Workers will hold joint monthly formal feedback meetings with Village Community Health Workers and Youth Community Health Workers to enable the sharing of information and reporting. This may not occur in every location. This linkage will only occur in areas where both the Village CHW and the Youth CHW are found in the same village.
- Youth CHWs and Village CHWs operate in the same village and both attend Village Health Committee meetings.
- As much as possible, APHIA II will try to coordinate meetings between Field Facilitators, District Youth Coordinators, and other program supervisors (i.e., worksite, teacher/youth, peer family, etc.) in order that they may share ideas and information.

### Sub-Location Community Health Worker (S/L CHW)

S/L CHWs are chosen via selection criteria and a process involving not only the community members at a sub-location level, but also the Field Facilitators. (Field Facilitators are full-time employees and supervisors of S/L CHWs, as well as responsible for managing the implementation of the CHW program.) S/L CHWs are people with significant experience, skills and ability to mobilize communities, facilitate dialogue, monitor and report, conduct meetings, manage and work with teams of people.

#### Responsibilities of S/L CHW

The main role of a S/L CHW is to supervise a group of approximately 20 Village CHWs and manage the community mobilization, training and dialogue activities in their particular sub-location. There is one S/L CHW per sub-location. Specifically, S/L CHWs are responsible for:

#### Training

- Attend 6 day training on CHWs Manual and 2 day annual refresher trainings facilitated by Field Facilitators.
- Attend trainings on community assessment, VHC action planning, and resource mobilization by Field Facilitators.

### ***Implementing community activities***

- Attend monthly Sub-Location Health Coordinating Committee (SLHCC) meetings.
  - Train members on effective management & record-keeping, as well as resource mobilization & proposal writing.
  - Share health information or conduct dialogue sessions.
  - Inform & update members on activities of CHWs.
  - Organize and coordinate health action days and community outreaches with the health facility.
- Funds are available to S/L CHWs for the mobilization of community members for comprehensive health action days (covering a range of integrated health services held far from the health centre with 500-1,000 people in attendance) .
- Identify 2 women's groups and 1 sub-locational community-based organization with which to conduct dialogue. Meet with each of these groups one time a month and conduct dialogue using the CHWs Manual.
- Refer community members, as needed, to available community resources and health services.
- Conduct training with representatives from local women's groups on health content, facilitating dialogue, health education, action planning and resource mobilization.
  - Mobilize 2 representatives from 30 women's groups at a sub-locational level.
  - Conduct two 3-day trainings with 30 women each in first year (total 60 women), followed by 1-day refresher training in subsequent years.
- Conduct additional activities or follow up as directed by the Field Facilitator.

### ***Supervision and monitoring***

- Assist the community selection process (using VHCs) of 2 Village CHWs per village.
- Train Village CHWs on the CHWs Manual in a 5-day training.
- Supervise and monitor Village CHWs to ensure the following:
  - Dialogue groups are mobilized and meeting as directed.
  - Problems are addressed and solved.
  - Data is collected and reporting forms are completed accurately and submitted in a timely manner.
  - Referrals of community members to health centres and community-based resources are on-going.
  - Informal monthly Village CHWs meeting are occurring. (All the Village CHWs supervised by the S/L CHW should be meeting once a month informally without the S/L CHW present to discuss issues, how to support each other, solve problems.)
- Conduct a formal monthly meeting with 1 Village CHW representative from each of the villages the S/L CHW supervises. This meeting should be held in conjunction with the Divisional Youth CHW and Youth CHW when they are found in the same area.
  - Discuss issues and problems.
  - Collect and review reporting forms.
  - Share success stories, areas for improvement, and new ideas.

### ***Reporting***

- Attend monthly meeting with Field Facilitator to submit reports, share problems, concerns, areas for improvement, success stories, etc.
- Submit financial accountability for released funds as necessary.



- Review all Village CHWs reports, summarize and compile into 1 summary document each month and submit to the Field Facilitator. In addition to reporting on the Village CHWs activities, this report also contains information on your own activities for the month.

## Divisional Youth Community Health Workers

Divisional Youth CHWs are chosen from 8 anchor youth organizations that have been selected to work with APHIA II Western. There is 1 anchor youth organization per district. Selection criteria for Divisional Youth CHWs is determined by APHIA II and the anchor youth organizations and is similar to that of an S/L CHW. Divisional Youth CHWs are people with significant experience, skills and ability to mobilize communities, facilitate dialogue, monitor and report, conduct meetings, and manage and work with teams of people, especially youth. Divisional Youth CHWs will operate at a divisional level, but not all divisions in a district will be represented, only divisions that include targeted health facility sites.

### Responsibilities of Divisional Youth CHW

The main role of a Divisional Youth CHW is to supervise a group of approximately 20 Youth CHWs and manage the community mobilization, training and dialogue activities in their particular division. There is one Divisional Youth CHW per division, but not all divisions within a particular district will be covered. Specifically, Divisional Youth CHWs are responsible for:

#### Training

- Attend 6-day training on CHW Manual and 2-day annual refresher trainings facilitated by the District Youth Coordinators.
- Attend trainings on resource mobilization by Field Facilitators and/or District Youth Coordinators.

#### Implementing community activities

- Conduct, at minimum, 1 monthly dialogue group with a youth group at a divisional level or representatives of youth groups at a divisional level. Mobilize the groups or representatives from the groups as necessary and establish a regular monthly meeting.
- Refer community members, as needed, to available community resources or health services.
- Organize and coordinate health action days and community outreaches with the health facility in conjunction with S/L CHWs.

#### Supervision and monitoring

- Assist in the identification of youth groups at the village level and the Youth CHWs selection process of 2 per village (1 male, 1 female). Link Youth CHWs to the Village Health Committees.
- Train Youth CHWs on the CHWs Manual in 5 day training.
- Supervise and monitor Youth CHWs to ensure the following:
  - Dialogue groups are mobilized and meeting as directed.
  - Problems are addressed and solved.
  - Data is collected and reporting forms are completed accurately and submitted in timely manner.
  - Referrals of community members to health centres and community based resources are on-going.
- Informal monthly Youth CHWs meetings are occurring. (All the Youth CHWs supervised by the Divisional Youth CHW should be meeting once a month informally without the Divisional Youth CHW present to discuss issues, how to support each other, solve problems.)

- Conduct a formal monthly meeting with 1 Youth CHW representative from each of the villages the Divisional CHW supervises. This meeting should be held in conjunction with the S/L CHW and Village CHWs for that area.
  - Discuss issues and problems.
  - Collect and review reporting forms.
  - Share success stories, areas for improvement, and new ideas.

### **Reporting**

- Review all Youth CHWs reports, summarize and compile into 1 summary document each month, and submit to the District Youth Coordinator. In this same report form, document your own activities and submit the form to the District Youth Coordinator.
- Submit financial accountability for released funds as necessary.
- Attend monthly meeting with the District Youth Coordinator to submit reports, share problems, concerns, areas for improvement, success stories, etc.
- Conduct additional activities or follow up as directed by the District Youth Coordinator.

## **Village Community Health Workers**

Village CHWs are chosen via a selection process involving the village community. This process is guided by Field Facilitators and S/L CHWs. Two volunteers per village (one man and one woman) will be selected by the village as Village CHWs. Village CHWs are people who are well respected in the community, interested in volunteering 1 day per week and want to help improve life in their community. In some villages, there will be 2 Village CHWs and 2 Youth CHWs.

### **Responsibilities of Village CHW**

The main role of Village CHW is to conduct dialogue with different community groups in their village on a monthly basis. There are 2 Village CHWs per village, one man and one woman. Specifically, Village CHWs are responsible for:

### **Training**

- Attend 6-day training on CHW Manual and annual 2-day refresher trainings led by S/L CHW.
- Attend training on community assessment, action planning, and resource mobilization led by S/L CHW.

### **Implementing community activities**

- Identify 5 community groups in your village with which to conduct dialogue. Share information with the other Village CHW so you do not target the same groups.
- Meet with each of these groups one time a month and conduct dialogue using the CHWS Manual. Each time you conduct a dialogue, fill in the summary form.
- Work with Village Health Committees to do community assessment, action planning and training on effective management and resource mobilization.
- Attend and help organize health action days and community outreaches with the health facility in conjunction with the S/L CHW.
- Work closely with the other CHW or Youth CHWs in village to implement activities.



### **Reporting**

- Complete monthly report with the other Village CHW on activities and submit 1 report for your village to the S/L CHW.
- Attend monthly informal meeting with other Village CHWs from the area to discuss problems, share ideas and provide support.
- 1 of the 2 Village CHWs will attend a monthly formal meeting with the S/L CHW to submit reports, share problems, concerns, areas for improvement, success stories, etc. (The Village CHWs may decide to alternate this role or choose one person to take on this responsibility. Alternatively, both CHWs may decide to attend, but they have to share the allotted transport money.)

## **Youth Community Health Workers**

APHIA II is working with 8 anchor youth organizations (1 per district). These organizations will help manage the Youth CHW program. They will select members of their organization to oversee activities from a divisional level. These people will be considered Divisional Youth CHWs and will be the supervisors of the Youth CHWs. The Divisional Youth CHWs will identify youth groups at a village level to work with. Youth CHWs are people who are well respected in the community, interested in volunteering 1 day per week and want to help improve the lives of youth in their community. Each youth group will be asked to elect 2 Youth CHWs (1 male and 1 female).

### **Responsibilities of Youth CHW**

The main role of the Youth CHWs is to conduct dialogue sessions with their youth group and create activities for in and out-of-school youth in their village. In some villages, there will be 2 Youth CHWs and 2 Village CHWs. Specifically, Youth CHWs are responsible for:

### **Training**

- Attend 6 day training on CHWs Manual facilitated by the Divisional Youth CHW.
- Attend trainings on resource mobilization by Divisional Youth CHW.

### **Implementing community activities**

- Conduct monthly dialogue sessions with members of your youth organization using the CHW Manual.
- Refer community members, as needed, to available community resources like health centres or community-based organizations (CBO).
- Organize two activities per month for in and out-of-school youth in your village. Incorporate health messages in the activities. Possibilities include: sporting events/tournaments, games, dramas, songs, etc.

### **Reporting**

- Complete monthly report with the other Youth CHW on activities and submit to the Divisional Youth CHW.
- Attend monthly informal meeting with other Youth CHWs from the area to discuss problems, share ideas, and provide support.
- 1 of the 2 Youth CHWs will attend a monthly formal meeting with the Divisional Youth CHW to submit reports, share problems, concerns, areas for improvement, success stories, etc. (The Youth CHWs may decide to alternate this role or choose one person to take on this responsibility. Alternatively, both Youth CHWs may decide to attend, but they have to share the allotted transport money.)

## How to mobilize dialogue groups

Every Community Health Worker is meeting with dialogue groups on a monthly basis.

| CHW....              | Meets With....    | For example....                       |
|----------------------|-------------------|---------------------------------------|
| S/L CHW              | 4 dialogue groups | 2 women's groups, 1 CBO, SLHCC        |
| Divisional Youth CHW | 1 dialogue group  | 1 youth group or reps of youth groups |
| Village CHW          | 5 dialogue groups | VHC, women's groups, others           |
| Youth CHW            | 1 dialogue group  | 1 youth group                         |

Each Village CHW must meet with 5 dialogue groups every month. Since each village has 2 CHWs, this means that the 2 CHWs must identify 10 discussion groups within their village.

One of these ten groups will be the Village Health Committee. Both CHWs can attend the meeting if they choose, but it can only be counted as a dialogue group for 1 CHW. In most cases Village CHWs can identify groups that already exist and meet with them on a regular basis. However, 1 of their 5 dialogue groups should be a networked group of people.

(Please see details below.) Each village is different, but here are some suggestions for possible dialogue groups:

- Women's groups
- Village Health Committee
- Welfare groups
- Youth groups
- Self-help groups like PLWA
- CBOs (work with groups whose membership is male when possible)
- Informal groups like boda boda drivers
- Farmer's unions
- Father's unions
- Groups found in religious institutions such as:
  - Mother's groups
  - Youth groups

One of the five dialogue groups that each Village CHW meets with should include a:

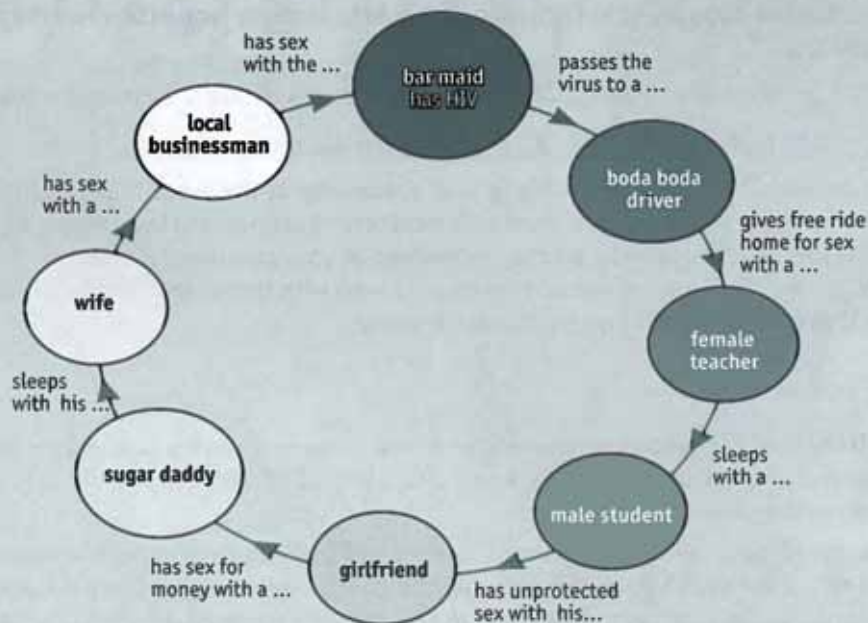
**"Networked group:"** This is a group of people that a Village CHW must mobilize on their own and encourage regular monthly meetings. Typically, dialogue groups include people who are homogenous or come from the same background, i.e. all women or youth. A networked group will allow people of different perspectives and experiences to share their insights with other people who they might not normally interact with. This may enable people to better understand how their own behaviour indirectly impacts other people in the community. The idea is to link different people in the community who might be putting each other at high risk of infection for HIV or other health issues.

The networked group should include representatives from people in the community that have different experiences and perspectives. There should be representatives from males, females, and youth (ages 18-24 years). There could be mothers and fathers, people with different professions like farmers, boda boda or other transport drivers, bar maids, shop owners, business people, commercial sex workers, church or community leaders, teachers, etc. You do not have to have all these people in your group. The idea is simply to have a variety of different people represented. The goal is to bring together a group of people that have different perspectives. Try to create a mix of people from different backgrounds, beliefs, and qualities or characteristics.



This is an new approach and methodology for dialogue groups. Sometimes doing something new can be difficult and you may run into problems. Please talk regularly with other CHWs and your supervisors as issues arise, so we can work to make this an effective program. "Networked groups" could provide very valuable insights to people in the community and how and why people behave the way they do, as well as encourage behaviour change.

**Think of it this way:** HIV is passed through a network of people who interact sexually. So a networked group may bring all these different people together. For example:



So the circle goes - around and around. Through their interactions, these people put each other at risk for infection of HIV or STIs and yet, some of them may not interact with each other on a regular basis. Nonetheless, their actions link them together. The idea of the networked group is to encourage people from these different backgrounds to get together and think about issues of health and how their behaviour actually has a broader impact on other people in the community.

The people listed in the circle above could make up a "networked group." Even if these actions sometimes happen with people outside the village, it will still be useful to bring together a group of different people from one village for discussion. The same ideas and beliefs still apply.

### Mobilizing a networked group

Mobilization may not be as difficult as you think. A suggestion for mobilizing these people is to start by asking people from your other dialogue groups about their husbands, parents, mother-in-laws, friends, adolescents, etc. Ask if there are people they know who would be interested in joining a dialogue group. Explain that you are trying to mobilize people who have different perspectives and experiences. Then follow up with these people directly and see if they would like to be involved.

Although there is not an economic or financial incentive to join, explain that this is an exciting opportunity to talk about health, gender and other issues with people that they might not normally interact with. Dialogue groups are only meant to be one hour, so it is also a time to engage in fun activities and learn something new.

Be careful! The people of the "networked group" should not be representatives from other dialogue groups. That is not the purpose of a "networked group." The idea is to form a dialogue group with people from different backgrounds and experiences and encourage them to talk about health issues. If someone is a member of one of your other dialogue groups, then he or she is already receiving information. Try to make sure the people in your dialogue groups do not overlap.

If you are having problems mobilizing a "networked group" or facilitating the dialogue, please speak with your supervisor and report any and all questions or suggestions in your monthly report.

### **Organizing dialogue groups**

1. Locate a venue that is conducive to discussion. It should be centrally located to where the participants live and private.
2. Establish a regular monthly meeting day and time that is satisfactory to all participants.
3. Invite experts to help co-facilitate a session, such as health providers or other CHWs.
4. Become familiar with services available in your community in the event that you find a need to refer participants for follow-up care. Meet with local service providers to learn about the health and counselling services they provide, and to inform them of your program. Let these service providers know that you may be referring people to them, and work with these service providers as necessary to ensure that their services are accessible and friendly.

### **As a CHW, remember....**

- The CHW Manual is very comprehensive. There are more than 40 sessions. If you are meeting with a group every month, there are enough sessions to last for 40 meetings or more than 3 years. You will not run out of things to talk about!
- The main purpose of the dialogue groups is to initiate discussion about various health topics. CHWs should not give a health education talk, but rather work with the group to generate discussion and questions about the topic. This is how the sessions are arranged, to emphasize participatory interaction with participants.
- It is also important to remember that we don't have all the answers. Sometimes questions will be raised that you may not know how to respond. It's ok. The main job is to get people talking about health topics. When a question arises that you don't know how to answer, tell the group you will try to find out the answer (via your supervisor or health care provider) or refer them to an appropriate community resource (i.e., health facility or CBO).
- An important role of CHWs is to refer community members to the appropriate resources in times of need. CHWs are not doctors or medically trained personnel. Your main purpose is to help community members understand and think about different health issues like HIV and AIDS, RH, malaria, etc. People may come to a CHW asking for advice on their own health issue. Do not try to diagnose them or treat them for their problem. Whenever possible, refer them to the nearest health centre for assistance.
- As a CHW you will have increased interaction with community members. Your opinion will be valued. Be careful not to judge people because of their actions or beliefs. Everyone has a right to their opinion. The job of a CHW is to make people feel comfortable and accepted and get them to think about health issues in different ways. If you are judgemental or negative in your responses, the community members will be less likely to open up and share their true feelings with you.
- Review the Background Notes provided for each session. The Background Notes provide basic information on the chapter. You can share some of this information with participants where it enhances the discussion, but try not to simply read aloud from the Background Notes as it may make the session too much like a lecture. Gather additional information and resource material on different topics as necessary so that you feel comfortable addressing and answering questions about issues that are raised in the discussion. Your supervisor can help you with this.



# Facilitating discussion groups



This chapter has information to help improve your facilitation skills and should be read before beginning any sessions with your groups.



## What are some important guidelines for working with groups?

**1. Active listening:** Being able to listen and understand what another person is saying is a very valuable communication skill. Active listening is more than just hearing with your ears, it means:

- Making the other person feel comfortable so that he/she feels free to talk and express himself/herself; and
- Being sure that you understand what is being said.

Effective listening skills show participants that you are interested, attentive and respectful. To be really good at active listening, follow these rules:

- **Listen.** Do not do other things. Focus on what the person is saying, do not prepare your response or think about something else.
  - **Do not interrupt.** Interrupting the other person is a strong signal that you are not interested in what he/she has to say. If you need to ask a question or summarise, do it when the person has reached a natural pause.
  - **Do not judge a person.** No one is going to share what is really on his/her mind if he/she is liable to be judged or criticised. Even if you disagree, withhold judgment and negative comments. Remember the goal is to understand the other person, not to comment on or evaluate him/her.
  - **Do not be passive or indifferent.** Lack of interest causes people to be defensive or be quiet. People may not communicate openly or fully when they think you are not really interested in what they have to say.
  - **Encourage the speaker.** Use body language like eye contact and leaning forward to show your interest. Respond from time to time with acknowledging sounds or asking questions.
  - **Make sure you understand what is said.** Ask a question if something is unclear. Summarise what the speaker has said to check for accuracy (i.e., is this you what meant?). Ask the speaker to repeat or rephrase when something isn't clear.
  - **SOFTEN demonstrates effective listening.** S-smile. O-open posture. F-forward lean. T-touch. E-eye contact. N-nod.
- 2. Effective feedback:** The purpose of giving feedback to another person is to provide a mirror so they can see and evaluate their own behaviour or beliefs in order to make changes. Sometimes people become defensive when given feedback of any sort. Remember the following when giving feedback to another person:
- **Intent:** Think about why you are providing the feedback. Feedback is effective when it is done constructively with the aim of helping the other person. If the purpose of feedback is to attack, criticise, or to ridicule the other person, then it is unlikely that the words will have a positive impact because the other person will become defensive.
  - **Timing:** Feedback should be given when the person is ready to "hear" what you have to say, ideally soon after the behaviour occurs, but only when the other person is receptive and able to listen. Feedback should also be done in private.
  - **Tone:** Feedback should not be judgemental, it should be as neutral and factual as possible. Report what you saw and the consequences for either another or yourself. Do not give feedback when you are emotionally upset.
  - **Specificity:** Be as specific as possible with respect to the other's performance or behaviour. Give examples. Generalities are hard to understand and hard to change. Generalities are likely to be dismissed and resisted. It is easier to change when you know exactly you have done.
  - **Change:** The decision to change the behaviour is up to the other person. You cannot force someone to change. All you can do is reflect back to them the results of what they are doing and leave them to make the decision about it. Do not try to suggest solutions at the time of providing feedback.



You may need to schedule a time later, if the other party agrees, to talk about solutions to the problem.

- **Tools** – Use language that is personal and not hostile. Some examples might be:
  - “I feel.....when you.....”
  - “When you.....it affects me by.....”
  - Try to have the person first evaluate his/her own performance, i.e. “how do you think the meeting went? What succeeded and what needs improving?”
  - Then use more directive questions to help the person see/discover specific things, i.e., “what happened to the discussion after you interrupted Mary?”
  - Provide your observation when necessary to reinforce or contradict the other’s observations, i.e., “yes, I agree, everyone became very quiet and restless then.”
  - Use “what if” statements to help the other discover ways to improve. “What if you tried it this other way, would that be better?”
- 3. **Body language:** We communicate using words, sounds, silence, voice, body, eyes and face. Half of communication is said to be non-verbal. How a person uses or displays their body can show how they might be feeling. Facilitators should be aware of body language and use it as a signal to change their tactic or try to make the individual feel more comfortable. In addition to being aware of your own non-verbal communication, it is important to pay attention to the others. Some signs to look for include:
  - Crossing of the arms tightly across the chest may indicate the person is feeling defensive and not open to what is being said.
  - Frowning, grunting, or low verbal noises.
  - Slouching could be an indication of boredom or disinterest.Nonverbal behaviours such as these can block good communication.

### Tips for facilitating discussion groups

The facilitator’s job is to make people feel comfortable, create an environment that allows open, honest discussion, ensure group participation and help the group achieve its goal. Your skills are key to the success of the session.

A facilitator should:

- **Speak slowly and clearly.** Make sure everyone understands what you are saying.
- **Don’t impose your point of view.** The goal is to facilitate discussion, not present what you think is wrong or right. What’s most important is to understand the participants’ points of view and get them to think about things in a different way or consider options they had not thought of before.
- **Don’t try to be an expert.** A facilitator is not a teacher, but simply guides the discussion. Although it is important to correct myths or incorrect information from time to time, be sure not to do this all the time, as it could be distracting to the conversation.
- **Keep the discussion focused.** Don’t allow the discussion to wander but keep the group talking about the topic or working its objectives.
- **Ensure what people say is clear and understood.** If something is said that is not clear ask the speaker questions to help him say what he means in a different way or re-phrase what was said in your own words, then ask “is this what you meant?”
- **Encourage participation.** Ask questions and call on people who are quiet.
- **Provide information** when it is needed by the group.



- **Suggest techniques and tools** for the group to use to achieve their objective.
- **Use questions effectively.** If an answer is incomplete or wrong, ask questions to help the person complete or correct the error. If she or he cannot, ask the group to help. When asked questions by the group, throw them back to the group. If still no one can answer, then answer it yourself. Never make up an answer. Admit you do not know and explain that you will find out the answer and get back to them later.
- **Maintain a team-like environment.** Make sure the group is aware they are working together. If problems between people are interfering with the work of the group, call their attention to it and try to solve the conflict or speak with them after the discussion.
- **Use flip charts effectively.** If you will be using flip charts or other visuals, prepare them in advance. Print clearly, write large enough to be seen. Use only key word or phrases. Don't use complete sentences or lots of writing. When possible use pictures, designs, charts, and drawings to illustrate points. Always face the participants when talking, try not to look at the visual aid.

### Encouraging reflection

The following strategies and questions can be used to guide the audience through the stages of reflecting, generalizing and applying experiences to their own lives:

- **Reflection:** Ask open-ended questions ("What happened?"; "What do you think about it?"; "How did you feel about the activity?") to encourage individuals to describe the experience and how they felt about it. This can show how different people perceive the same activity or event differently. In addition, it can help individuals begin to recognize patterns in the way they think, react, and respond. The facilitator's role is to encourage everyone's participation; to record responses; and to listen for recurring themes, differences and similarities as individuals report on and think about their common experience.
- **Generalization:** Help individuals make connections between their everyday lives and what they experienced in a role play or group exercise. Ask questions, such as "Does this happen to people in your community?"; "Have you experienced this in your life?"; or "Do you know someone who was in a similar situation?"
- **Application:** Ask individuals to think about what they experienced or saw, and how they can apply what they have learned to real life situations. Ask questions such as: "What is the most important thing you learned from this activity?"; "How will you use what you have learned?"; "What is a problem situation in your own life that you think you would deal with differently, based on what you know now?"; or "What changes do you want to make in the way you act?"

These questions can be used during an activity or group discussion, but at the very least, they should be asked at the end of each session.

### Ways to make people feel comfortable

Many of the topics discussed in this manual are sensitive and can impact people personally. One common strategy for creating a respectful environment where participants feel comfortable sharing their personal beliefs and feelings is to review basic "ground rules" that will govern the group's discussion. Participants can suggest their own guidelines for how members of the group should treat each other, but commonly used ground rules include:

- **Confidentiality:** Any information shared within the group will not be shared with others outside the group.



- **Openness:** It is important for all participants to be open and honest about their feelings and experiences, but everyone should make sure that in discussing his or her own experiences, the personal lives and private information of other people (who are not present) are not disclosed.
- **Non-judgmental:** It is normal for people to have different points of view, and it is okay to disagree with others in the group. However, no one should be judged, ridiculed or looked down upon for his or her point of view.
- **"I" statements:** When expressing one's own values and feelings, one should try to use sentences beginning with "I feel..."; "I believe..."; or "I think..." Rather than saying "It is ..."; or "You should..."
- **Right to pass:** Although the best discussions are those in which everyone is involved and contributing, each person has the right to sit out during a particular activity or question if it makes them feel too uncomfortable.
- **There are no "stupid" or "silly" questions.** Each and every question is important and valid. If one person has a question, others probably have the same question. If participants seem too shy or embarrassed to ask questions, let them write down their questions anonymously, and put them in a question envelope or box.
- **Make no assumptions:** It is important for everyone to avoid making assumptions about other group members' feelings, values, life experience and behaviour.<sup>1</sup>

## Helping people help themselves<sup>2</sup>

As facilitators, there are many ways you can help members of your community. You can:

- **Share your knowledge.** To help themselves, people need knowledge. Many health problems can be prevented if people know how. But remember that you do not have to have all of the answers to help people. Many times there are no easy answers. It is fine to admit when you do not know something. The participants in your group will be happy with your honesty.
- **Treat people with respect.** Each person should be treated as someone who is capable of understanding his or her own health problems and of making good decisions about their treatment. Never blame the person for their problem or for past decisions they have made.
- **Keep health problems private.** Health problems should not be discussed where others can hear. Never tell anyone else about a problem someone has unless the person with the problem has given you permission.
- **Remember that listening is more important than giving advice.** A person often needs someone who will listen to their problem without judgment. By listening, you let that person know you care and that he or she is important. And as that person gets a chance to talk, he or she may find out that he or she has some of the answers to the problem.
- **Solve problems with others, not for them.** Even when a person's problems are very large and cannot be solved completely, that person usually has some choices that can be made. As a Field Agent, you can help that person realize he or she has choices, and help her or him find the information they need to make their own decisions.
- **Learn from the people you help.** Learning how others solve their own problems can help you to better help others (and sometimes yourself, too).

<sup>1</sup>Adapted from: Advocates for Youth. Life Planning Education: A Youth Development Program. Washington, D.C.: 1995.

<sup>2</sup>Adapted from: Burns A, Lovish R, Maxwell J, Shapiro K. Where Women Have No Doctor: A Health Guide for Women. Berkeley, CA: The Hesperian Foundation; 1997.



## What are experiential learning techniques?

Learning by actively doing an activity is called 'experiential' education because the participants are experiencing part of what they are learning. Experiential activities in this manual are designed to help the participants gain new information, examine attitudes, and practice skills. There are exercises where the participants do something and then talk about the experience together, making some general statements about what they learned and trying to relate the new information to how they will use it in the future. **This type of learning focuses on the participants.** While your role as a facilitator is important, creating a learning environment is the job of the entire group.

In order for discussion groups to be effective, learning activities must be participatory, build on participants' experiences, be meaningful and useful to their lives, take place in a respectful and supportive setting, and allow participants to control their own learning.

## What are some participatory learning techniques?

Listed below are a number of different types of participatory learning techniques. In order for these techniques to be used effectively, a facilitator should practice the techniques with guidance and support.

### Brainstorming

This is a creative way of generating a range of ideas in a short time. It allows for maximum group participation. It can be used in groups as an ice-breaker or as a way to generate common definitions and terminology. For brainstorming to be useful, follow three basic rules:

- a. Accept every idea without judgment.
- b. Aim for quantity, not quality.
- c. Do not interrupt the brainstorming process to talk about the ideas mentioned.

### Group exercise

This is usually in the form of a game or activity that allows participants to move around the room, talk frankly with a smaller group of participants, and have some fun while learning and discussing.

### Quiz

Asking participants questions can help the facilitator understand what participants have learned, identify areas that need further discussion, reinforce information, or clarify misinformation.

### Role play

Role play is a powerful technique for exploring personal experiences, feelings, and beliefs in a safe and non-threatening environment. In role play, participants use their imagination to create characters, conversations, and stories. This allows them to express personal situations and experiences without saying that they are true.

Role play is not a special skill that only a few people have. We are all born with the ability. Children are natural role players, and frequently take on roles while playing together. As we grow up, we lose the skill or come to believe we have lost it. Some adults may claim that they 'do not know' how to role play.



However, with a little warming up, everyone can participate in this activity.

Role play should not be scripted or rehearsed. The idea is to have spontaneous expression of players' experiences, feelings, and beliefs. The facilitator should allow just enough time (between 2 and 5 minutes) for a brief discussion between the players, followed by an impromptu performance.

Role play should never be competitive, or else it can make participants feel self-conscious. This will limit their self expression and reduce the usefulness of the tool. Facilitators should never comment negatively on the quality of an individual's role play. Instead, always applaud and congratulate those who do a good role play, while offering suggestions on how the performance could be made better in the future.

Role play can help participants explore the feelings or attitudes within some experience or behaviour. For example, if someone in the group has shared a moving personal experience, then the facilitator may decide to conduct a role play to explore those feelings and beliefs. To conduct a role play follow these steps:

- a. Repeat the details of the personal experience that a participant has just shared.
- b. Tell participants that such experiences may be common and that we would like to explore the feelings and beliefs that make people behave in such ways.
- c. Ask for volunteers to play the roles of the characters in the story.
- d. Ask them to re-enact the situation. (Repeat steps c and d two or three times with different participants.)
- e. Explore their feelings using the freeze technique.
- f. Explore the causes and consequences of the experience, using the Timeline technique.

## Timeline

Timeline is a tool for exploring the causes and consequences of risky behaviour. It helps participants to imagine the long-term effects of different decisions, and examine how a decision to behave in a certain way affects the lives of individuals and their loved ones.

Timeline is best conducted with a participant who, in the scenario, has been exposed to risk or who plans to practice risky behaviour. Examples of these might be:

- I will not tell my partner that I am HIV positive, and I will not use a condom during sex.
- I am going to have sex with my daughter.
- Now that I am HIV positive and pregnant, my best choice is to commit suicide, so that I and my loved ones can avoid the pain of coping with AIDS.
- In a newspaper interview, a sugar daddy says, "My girlfriend is a college girl. She gets money and gifts from me, I get status and sex from her. Why stop a relationship in which both benefit? My wife knows she is not attractive to me any more."

The main participant in a Timeline session is called a key player. The key player is a person who has been in a high-risk situation or plans to be in a high-risk situation. For example, it could be a man who plans to have sex without condoms, or a woman who will not go for voluntary counselling and testing (VCT) because she is scared she may be positive.



The incident (such as rape, sex without condoms, suicide, incest, not going for VCT) that contains the risk is called the crisis. There may be one person or two people in a crisis. For example, in a decision not to go for VCT, there is only one person. However, in an incident of unprotected sex between strangers, there will be two people.

A crisis may be something that has already happened, or something that is about to happen. For example, a rape that has taken place is a crisis. Equally, an HIV positive person's plan to commit suicide is a crisis. It is possible to use Timeline to examine both situations.

A crisis such as rape can be a shattering experience. A crisis such as unprotected sex with a stranger can lead to a shattering experience, such as HIV infection. A crisis evokes strong emotional reactions, and can bring about strong attitudes and beliefs. For example, a woman who has been raped may fear all men for the rest of her life, and may believe that no man can be trusted. A man who repeatedly enjoys casual unprotected sex may develop an attitude that he is very attractive to women, and may believe that condoms are not needed between attractive, healthy-looking people.

A crisis leads people to make behaviour choices that can change their lives permanently for the better or the worse. Timeline helps us to explore these options.

There are 9 steps in a Timeline session (*about 45 minutes*)

1. **Prepare the setting.** You will need a chair for the key player. Rearrange participants to clear space for a corridor equal to the length of the meeting space or room. This is called the Time Corridor. One end of the Time Corridor represents the key player's past (childhood and adolescence). The other end represents the key player's future, including his or her death. Somewhere between these two is the present moment, in which the crisis has occurred.

2. **Set up the present moment.** Ask questions to help participants imagine and describe the key player's current situation. Sample questions:

- What is the person's name? Location?
- What is his/her age?
- What is his/her occupation?

Place the chair in the time corridor, in a spot roughly matching the key player's age. Explain to participants that this position represents the present moment, the key player's age today. Ask the key player to sit in the chair.

3. **Define the crisis.** Help participants describe the crisis that has created a risky situation in the key player's life. Example: An employer raped his employee.

- What has this person done?
- How does the person feel about what happened?
- How does the person feel about what he or she is going to do?
- Is this the first time such an incident has occurred?
- What sort of life lies ahead for this person?

4. **Explore the choices the key player has now.** After a crisis, a person has several choices of behaviour. Explore the key player's options.

- What can this person do now?
- What is the best choice for this person to make?
- Why is it the best choice?
- What choice will the person actually make?



5. **Explore the key player's childhood timeline.** Move the chair back a few feet towards the past and explain that this is the key player as a child, at around age 10. Explore the key player's quality of life and experiences at that time. Sample questions:

- What was the quality of the relationship between the key player's parents? Did they love each other? Was there violence between them? Was there trust and faithfulness between them?
- As a child, did the key player see a similar crisis?
- Was the key player loved as a child?
- What sort of child was the key player? (quiet, social, difficult, shy)
- How many brothers and sisters were there in the family? What was the relationship between them?
- Which was the most disturbing event the key player observed as a child?
- What were the key player's difficulties during childhood?
- What did the key player observe of other people's sexual behaviour (such as relatives, friends, or eachers) as a child?
- What attitude did the key player observe towards women in his/her family and community? Towards men?
- Did the key player have friends in school or near home? What were the good experiences of friendship? What were the bad experiences?
- What good behaviour did the key player learn from childhood? What bad behaviour did the key player learn?
- What attitudes did the key player form towards women? Towards men? Towards sex? Towards himself/herself?

6. **Explore the key player's adolescent timeline.** Move the chair slightly towards the future, and explain that this represents the key player at the end of his/her teenage years, at around age 18. Explore the quality of the key player's adolescence. Sample questions:

- At age 18, has the key player had sexual intercourse?
- When and how did it happen? What was the experience like for the key player?
- From whom did the key player learn about sex and sexual relationships?
- Did the key player know about risk behaviour?
- Does the key player have a regular sexual partner?
- Has the key player been a victim of sexual violence?
- Has the key player committed sexual violence?

7. **Discuss the causes of the current behaviour.** Ask participants how the key player's past experiences and attitudes seem to have led to the current crisis. Sample questions:

- What attitudes did the key player form about sex, risk, relationships, and the opposite sex, as a result of childhood and adolescent experiences?
- How have the key player's attitudes led to his or her current behaviour?

8. **Explore the Future Timeline.** Move the chair well beyond the present moment, and explain that this is the key player later in life, about 10 to 15 years in the future. Explore what life is like now for the key player. Sample questions:

- What is the key player's life like now?
- What is his/her health like?
- What kind of risk behaviour does he/she practice?
- What kind of relationship does the key player have with his/her family?



- How has the key player's behaviour choices affected his/her happiness and health?
- How is the key player's current life the result of past behaviour decisions?
- What is the best possible life situation for the key player today?
- What behaviour option should he/she have chosen in the past to enjoy the best possible life today?

9. **Discuss consequences.** Discuss how past behaviour choices, experiences, and attitudes could have led the key player to a crisis in a relationship with another person. Discuss how the crisis itself could lead the key player to new behaviour. Analyze the key player's behaviour options after the crisis. Which behaviour choice could lead to the happiest possible future for the key player and his or her loved ones?

### Group discussion

The facilitator's ability to clarify, question, explain, draw out, and sum up are important skills for group discussion to be effective. The discussion works best if the facilitator presents clear objectives and presents them in a logical sequence. The facilitator must be aware of individuals who may dominate the discussion. The facilitator should make a special effort to draw out participants who seem shy or quiet and ensure that they have a chance to speak.

### Picture Code

The Picture Code is a powerful tool to help participants draw upon their personal experiences and understand, recreate, or examine dilemmas concerning health and relationships. A Picture Code session includes role play and experience sharing, and is used to examine the personal feelings and attitudes underlying health-related interpersonal situations. It gives participants a safe way to talk about sensitive or even taboo subjects by using their imagination to create a story around a picture. The four stages in the Picture Code process are:

1. Use imagination to build a story around a picture or object
2. Use role play to explore emotions
3. Use Timeline to explore causes and consequences
4. Use experience sharing to examine real feelings

It takes a long time to go through each Picture Code step. Either use Picture Code when you have extra time or divide it over several group meetings.

#### **Step 1: Using imagination to build a story around a picture or object (30-45 minutes)**

- a. Hold up the picture or object. Any picture or an object (e.g., pen or bottle) may be used to facilitate a discussion on any subject. Using imagination, the picture or object can take on the meaning and significance of the situation. For example, a facilitator may use a picture of young people at a bar to talk about rape, by saying, "Someone in this picture was raped."
- b. Announce the subject of the discussion by saying, "Someone in this picture is connected with (topic)."
- c. Next, the key players are identified. These may be individuals in the picture, or be related to individuals in the picture. The people usually do not have equal power in their relationship. For example, a story of unprotected sex with a commercial sex worker indicates the need for two players – the sex worker and the male client. The male client usually has more power than the sex worker and can force his will upon her. The sex worker is more vulnerable because her need to earn a living makes it difficult for her to insist on safe sex.



To identify the key players, ask the following questions: Who is connected to the topic? Are they individuals in the picture or outside it? How are they connected to the topic? For example, if the topic is unprotected sex with a stranger, the question could be, how are the key players connected to unprotected sex? Allow several options to emerge and then choose the most appropriate one.

- d. Invite participants to create details about the key players, and thus build a story. Details might cover: What are their names? What are their ages? Which part of Kenya do they come from? What kind of house do they live in? Who are the members of their families? What are their names? What is the character's occupation? What is the occupation of the parents/children?
- e. Allow two or three options to emerge for each question. Choose the story that is most appropriate for your community.
- f. The next step is to outline a dramatic experience around the picture/object and key players. This dramatic experience is an experience involving at least two individuals, which will be acted out by participants using role play. The two individuals may be visible in the picture, or may be related to people visible in the picture. Some examples of dramatic experiences might be rape, unprotected sex with a stranger, first sexual encounter, learning of HIV positive status, incest, or suffering domestic violence.

What is the dramatic experience? Explore the incident or experience that was a personal crisis for the key players. Sample questions: When did the experience happen? Who did what to whom? Where did it take place? What happened in the hours before and after the experience? What were the other characters doing at the time? Why did the people involved do it? What were the key players' reactions?

### ***Step 2: Use role play to explore emotions (30-45 minutes)***

- a. Review the dramatic experience in detail.
- b. Invite participants to act out the experience using role play.
- c. Allow three or four enactments. After each enactment, encourage actors to be more realistic, use more detail, and show more feeling and emotion. When you are satisfied with the quality of the role play, choose the most appropriate enactment.
- d. Ask participants to perform the chosen role play again, but this time make them freeze (stop the performance) just before the dramatic experience takes place.
- e. While remaining in the freeze, ask each participant to share what they are thinking about what is happening, including why and the consequences.
  - Example 1 (victim of rape): "Oh my God, I think he is going to rape me! But why? I always thought he was such a kind and gentle person. I trusted him. Should I shout for help? What will happen to my reputation? My life? No one will believe me..."
  - Example 2 (rapist): "I have waited for this moment for so long. My wife will never find out, and even if she does, I will say this girl drugged me and seduced me. As for this girl, I should be able to silence her by giving her some money..."
- f. Repeat the freeze using different participants, asking them to be more realistic, showing deeper emotions, and thinking about the consequences. When you are satisfied with the quality of the role play, choose the most appropriate freeze.

### ***Step 3: Use Timeline to explore causes and consequences (30-45 minutes)***

- a. Ask participants to review the chosen enactment from the previous session. Help them summarize the main reasons why the characters behaved the way they did.
- b. Explore the past of each of the two characters, going back to childhood if necessary. Ask participants to imagine what personal experiences the characters may have gone through that led to their current behaviour.



Tell them to think about:

- Significant incidents that may have happened in childhood.
  - Quality of relationships with parents and friends.
- c. Ask what actions the two people involved could take. Sample questions could be:
- What should the key player do now?
  - Who should he/she tell?
  - What are the options left to him/her now?
  - How could this incident affect the rest of his/her life?
  - What is the best course of action for him/her?
  - What might the victim/aggressor do?
- d. Explore what each person's life will be like in the future. How will he or she be at risk?
- e. What are decisions they could make today to reduce the risk in the years to come?

#### **Step 4: Use experience sharing to examine real feelings (30-45 minutes)**

Ask participants to recall and share personal experiences similar to the ones in the role play. The experiences could be their own or of someone they know.

### **Relationship Grid**

Facilitators might want to devote a session to some subject which they feel could be of interest to the group. An overall goal of all discussions within APHIA II is to examine how the poor quality of relationships and communication within families can affect health, causing disease, suffering and death.

In order to develop new topics for discussions, role plays, picture codes and so on, the Relationship and Health Grid (R-H Grid), shown below, can be used or expanded.

| Relationship |                         | Problem/Situation |                    |
|--------------|-------------------------|-------------------|--------------------|
| A            | Husband-Wife            | 1                 | Alcoholism         |
| B            | Boy-Girl                | 2                 | Violence           |
| C            | Teacher-Student         | 3                 | Rape               |
| D            | Older man-Younger girl  | 4                 | Infidelity         |
| E            | Boss-Employee           | 5                 | Incest             |
| F            | Father-Daughter         | 6                 | Unemployment       |
| G            | Mother-Son              | 7                 | Mistrust           |
| H            | Matatu tout – Passenger | 8                 | Poor communication |

The facilitator may expand this table by adding other relationships (Doctor–Patient, Priest–Unmarried Woman, etc) and also by adding other problems or situations that exist within relationships (boredom, greed, envy, selfishness, spouse is migrant worker, in-laws pressure, etc).

The R-H Grid can be used for generating discussion topics that can help explore relationships and health. To use the grid, the facilitator will pair any relationship from the 'Relationship' column, with any problem/situation, chosen from the 'Problem/Situation' column.



Forexample, make a pair out of relationship #F (Father–Daughter) with problem #8 (poor communication). The guiding question from this pairing will be: #F#8 What health problems could be caused by poor communication between a father and daughter?

The structure of the discussion could be as follows:

|  |   |
|--|---|
| 1. What are the problems that may exist between a father and his daughter? <i>Allow participants to express their opinions.</i>  | Participants express their opinions on the various health and other problems that may arise within a father–daughter relationship with poor communication. For example, incest, unwanted pregnancy, poor communication, fear or delinquency.  |
| 2. What kind of health problems could be caused if a father and daughter do not communicate well? <i>Share stories and experiences.</i>                                  | Participants share their experiences in which a health problem arose in a father–daughter relationship because of poor communication. (For example, because the father did not communicate well with his daughter about his views on unwanted pregnancies and how to deal with them, she sought a cheap and dangerous abortion when she found herself pregnant. This led to serious health problems for her, and made her the target of her father's fury.)   |
| 3. What could be the serious health problems of poor communication between a father and his daughter? <i>Choose an experience and conduct a role play based on it.</i>   | Participants explore feelings through role play. The facilitator will choose a role play based on one of the experiences that have been shared. [See section on how to conduct a role play.] The role play should be used to explore the feelings of the characters in the role play, to understand how the father would have reacted if the girl and her mother had shared the information with him earlier. By exploring characters' behaviour, feelings and actions, role play can help participants understand causes and consequences. Why does the daughter fear sharing her health problems with her father? Is her fear justified? How is the father affected by his daughter's unwillingness to communicate with him on her health problems? |
| 4. What are the behaviour options available to the daughter and the father? <i>Use discussion and role play to explore better outcomes to those situations.</i>          | Participants list and discuss better outcomes to the same situation. They will role play the same experiences, but with new behaviour options, to examine how the characters' feelings will change when they behave in ways that enhance their relationships and health.  |
| 5. How else could the characters in the real-life experiences have behaved? <i>Use discussion and role play to list and explore better outcomes to those situations.</i> | Participants review the real-life experiences shared earlier, and discuss how there could have been better outcomes through different behaviour. If need be, the facilitator may stimulate discussion by using role play.   |



## Figureheads

A "figurehead" is a person who is seen as a leader in the community, even though he or she may not have a lot of power. A figurehead is someone people in the community turn to for advice. The Figureheads game helps participants feel comfortable sharing personal experiences. Participants begin by role-playing a fictional situation and then finish by talking about their real-life experiences, when they are ready. In Figureheads, a panel of community figureheads is used to offer different solutions to a problem. As Figureheads try to offer advice based on their role, they try to think as that person would think, allowing different solutions to be explored. The objective of the Figureheads session is to create a safe environment to talk about a real-life problem or a taboo subject using a fictional setting. The goal is for participants to share real-life experiences, problems, and solutions. The game is not meant to be used to solve problems to community problems, but is used to encourage participants to talk about their own experiences. The quality of the acting is not important and participants should be discouraged from commenting on it. Instead the focus should be on the advice the Figureheads offered.

A figureheads session has the following steps:

1. Before the session, select someone with good role-playing skills to play the role of the Dilemma Holder. Share the following story and ask him or her to memorize it. When called upon, he or she should tell the story realistically before the group, using "I" and his or her own words, but not adding any details.
2. Ask participants what they understand by the word figurehead and then explain that in this session, the term figurehead refers to a person in the community or family who has authority or influence. For example, a doctor is a figurehead who is believed to be sensitive; caring; skilled in diagnosis, prescribing, and healing; and committed to delivering health care to all in need without discrimination.
3. Ask participants to give examples of figureheads in our community.
4. Ask for volunteers to play the role of each figurehead and then to sit in a line in front of the other participants.
5. Ask the Dilemma Holder (whom was briefed earlier) to come forward and tell the story to the group. Participants then repeat what they understand the problem to be.
6. The Dilemma Holder chooses one of the figureheads (who will be the Key Figurehead) to offer advice on what he or she should do. Then the other figureheads have a chance to give advice.
7. Once all the figureheads have presented their advice to the Dilemma Holder, summarize what each figurehead said, focusing more on what was said than which figurehead said it. Then ask the participants to comment on the advice given.



## Gender and facilitation

Gender can play a significant role in group dynamics. It is important for facilitators to pay attention to the interaction between women and men, especially in mixed groups. Traditional roles may make women hesitant to participate. Certain topics may be difficult for women or men to address. Facilitators need to be aware of how gender affects group dynamics, to ensure that women and men are encouraged to participate equally and to recognize when certain topics make women or men uncomfortable. Some strategies to use include gently encouraging those who are not participating to share some thoughts, or asking them to take part in some of the role plays.



## References

AMKENI. *Field Agents Handbook*. Nairobi: PATH; 2001.

Behague S, Christenson K, Martin S, and Wysong M. *Tuko Pamoja: Adolescent Reproductive Health and Life Skills Curriculum*. Nairobi: PATH; 2006.

## This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.



# I Gender



This chapter will focus on gender roles and norms and their impact on individuals, families, and communities. Each session is meant to be used during one group meeting.



# 1. What is gender? What are gender roles?



## Session objectives

By the end of the session, participants should be able to:

- Tell the difference between gender and sex.
- Identify at least three sex characteristics and three gender characteristics and roles.



## Session guide

- 1. Ask:** What characteristics do you associate with being a woman? What makes someone a woman? [Invite five or six answers.] And what do you think of when you hear the word feminine? [Possible answers might include: She can have children. She can breastfeed. She gets emotional. She is good at taking care of children. She has menstrual periods. She is good at cooking.] List all suggestions on a flip chart if available, or note them down for discussion. Do not comment on the answers. Make sure participants give at least eight suggestions.
- 2. Ask:** What qualities do you associate with being a man? What makes someone a man? [Invite five or six answers.] And what do you think of when you hear the word masculine? [Possible answers include: He can father children. He is good at making decisions. He is good with money. He is rational. He grows a beard and mustache. He gets bald. He is strong.] List all suggestions on a flip chart if available, or note them down for discussion without commenting on them for the moment. Make sure participants give at least five suggestions.
- 3. Ask:** You've come up with a number of characteristics associated with men and women, male and female characteristics. Which of these characteristics do you think can be changed, which cannot be changed and why? [Read each characteristic and let participants determine whether they are changeable or not. Don't offer an "answer" at this point. If available, use a flip chart to divide the characteristics into three lists: "changeable," "not changeable," and "unsure." Invite discussion if participants disagree, as to why they would place a characteristic in one category.]
- 4. Explain** that certain characteristics are related to a person's biology. These characteristics cannot be changed and make up a woman and a man's sexual attributes. **Ask:** Which of the characteristics cannot be changed? Invite suggestions and discussion. **Highlight** from the list, if they have not been raised, the characteristics that cannot be changed. For example: Women can bear children, have menstrual periods, and have breasts. Men grow beards and mustaches, can father children (give sperm through sexual intercourse) and may grow bald.
- 5. Explain** that other characteristics are taught by our parents, teachers and other community members. We are told that this is the way things are, this is the way things are done. These qualities are rooted in particular cultures or traditions, but they can differ widely between cultures, and can also change over time. **Ask:** Which of the characteristics can be changed? Invite suggestions and discussion. **Highlight** from the list the characteristics that are learned and can be changed, if they have not been raised. For example: Women are emotional, are good with children, and are good at cooking. Men are rational, are good with money and at making decisions.
- 6. Emphasize** that *gender* refers to the characteristics which are taught by society and are considered acceptable, but which can be changed. Just because someone tells us that we are supposed to act in a certain way, or that a woman is supposed to do certain things because it is our tradition or our



culture, does not mean we have to follow those roles. We can choose for ourselves what roles we want to take on.

7. **Ask:** Have there been situations when you have chosen a role that was different from what your family, friends, or community expected? What was the situation? What was the response?
8. **Explain** that in today's session we will be discussing *gender*, what it means, and its impact on our lives and health.
9. **Refer** to one of the characteristics people were "unsure" about and **ask:** Can someone explain why they feel this (female or male) characteristic can be changed? After one person has explained, **ask:** Can someone explain why they feel this (female or male) characteristic cannot be changed? [Choose a characteristic that would be useful to highlight gender.]
10. **Explain** that some characteristics may be very hard to change. They may be deeply rooted in our traditions, our culture, and the social nature of the community. We may not want some of them to change. They may make some of us comfortable. But this is not the same as saying that they *cannot* be changed or *should* not be changed. We can choose to change them, and take on different roles and characteristics.
11. **Introduce** an example such as "women are good at taking care of children" and **ask:** Would most people agree that women are better at taking care of children than men? If they are better at taking care of children, is this because they are women? [Allow some discussion.]
12. **Explain** that women may be better at taking care of children, but this may be due to the fact that women are given the responsibility of raising children, are expected to take on that responsibility, and therefore have more experience than most men.
13. **Ask:** Do you think this can be changed? Can men also take care of children? [Facilitate a brief discussion of responses.] **Explain** that this is an example of *gender*, characteristics which are taught in families, and by society and the community, but which can be changed. Men and women can both take care of children. Nothing prevents men from being good at taking care of children. However, if a community expects women to take that responsibility, they may come to assume women are better than men in that role.

Some participants may disagree with the statement that nothing prevents men from being good at taking care of children. **Ask:** Can you let me know what you feel might prevent men from being good at taking care of children? Invite some suggestions as to why men might not be good at taking care of children. Then **ask:** Is that something that really prevents a man from being good at taking care of children? Could he change his lifestyle so that he is able to take care of children? **Highlight** that girls and women are taught from the time they are young about taking care of babies and children. In the same way that they learned, boys and men can also learn, and become good at it.

14. **Repeat** the above example can be repeated with other characteristics, such as "men are good with money." Men and women can both handle money and expenses. Nothing prevents women from being good with money. However, if a community expects men to take that responsibility, they may come to assume men are better than women in that role.

Some participants may disagree with the statement that nothing prevents women from being good with money. **Ask:** Can you let me know what you feel might prevent women from being good with money? Invite some suggestions as to why women might not be good at handling money. Then **ask:** Is that something that really prevents a woman from being good at handling money? If society changes their expectations about who should be responsible for handling money, and women were given the same responsibility, could they gain experience and become good in this area? **Highlight** that boys and men are taught from the time they are young about money issues. In the same way that they learned, girls and women can also learn, and become good at it.



- 15. Ask:** What other characteristics and roles do families and communities feel are more appropriate for men or women? Facilitate a brief discussion on the examples raised.



## Main messages

- Sex means the biological differences between women and men. Sexual characteristics are related to a person's biology, their physical body, and cannot be changed.
- Gender refers to characteristics, roles and relations between men and women that are taught and learned. These differences are deeply rooted in every culture and community, but they can and have changed over time. They also differ greatly within and between cultures.
- We do not have to follow the roles that the community and society thinks are acceptable for us because we are women or men. We can choose different roles for ourselves.



## Activities

### Activity: Changing gender norms

Ask participants to provide suggested endings for the following statements.

"It may not happen now, but I expect one day women will..."

"It may not happen now, but I expect one day men will..."

"In my community, men are supposed to..."

"In my community, women are supposed to..."

Write the suggestions on a flip chart if available, or make a note of them for discussion. Make sure you have at least five to ten for each statement.

Invite participants to think about the possible impact and consequences of each statement. Then invite them to change the statement around. Keep the ending but switch the words "men" and "women" and invite discussion on the resulting statements. Do they sound strange? How would men feel if they were expected by society to allow women to make decisions, for example?

### Activity: Storytelling, "We will do it together"<sup>1</sup>

Ask participants to volunteer to read the different roles. Ask all readers to sit together so they can read the story. Allow participants to change the characters names to be more appropriate in your community. After the story is read, facilitate a discussion.

Characters: Narrator, Nasimiyu, Wanjala (her husband), Undinya (their daughter), Mmbasu (their son), Mmboga (female friend of Nasimiyu), villagers.

<sup>1</sup>UNESCO-DANIDA, Special Project for Women and Girls in Africa, Adapted from radio programmes produced by media professionals in Kenya, South Africa, Tanzania, Togo, Uganda and Zambia, UNESCO-DANIDA workshops for the production of gender-sensitive radio programs (2000) Paris, France.



*Narrator:* This story is about a family: Wanjala and Nasimiyu, their daughter Undinya, and their son Mmbasu. Wanjala realizes after a time that his wife and daughter have more than their fair share of family responsibilities. How does he come to understand this? What does he do about it? Just listen on. As the story starts, let us listen to Nasimiyu at the stream. It's 6:00 o'clock in the morning and she's talking to another woman who has also come to fetch water.

*Mmboga:* It certainly is cold this morning, Nasimiyu.

*Nasimiyu:* Yes, it is, Mmboga. And I'm in a terrible hurry to get home with this jerrican of water. This morning I had no water at all, not even enough to make porridge for the children. I must rush to get it ready so they are not late for school.

*Mmboga:* I also had to come to the river early today. After I milked the cows at five, and took the milk to the collection centre, I realized I needed to fetch water straight away. Imagine! There wasn't even enough water for my husband to wash his face.

*Nasimiyu:* We'd better hurry home, my friend.

*Mmboga:* Oh yes!

*Narrator:* At home, Nasimiyu quickly made the porridge for her husband and her children. After drinking the porridge, the children ran to school. Only she and her husband were left at home. The baby slept.

*Wanjala:* Nasimiyu?

*Nasimiyu:* Yes?

*Wanjala:* Today's porridge was late. Why was that?

*Nasimiyu:* There was no water this morning. We used it up last night, remember? I had to prepare tea for the visitors who came late last night.

*Wanjala:* Don't let that happen again! Always make sure there's enough water to start the day.

*Nasimiyu:* I hope you realize it wasn't really my fault. There were so many things to do yesterday. I'm sure you would not have wanted the visitors to go away before they had tea in our house, would you?

*Wanjala:* All right, all right, let's stop there. Give me some water to wash my face, and don't forget to wash my clothes. We're attending the chief's bazaar tomorrow, and I want to look clean and smart.

*Nasimiyu:* After I wash the dishes, I'll sweep the house. Then I'll fetch more water so that I can wash your clothes.

*Wanjala:* All right.

*Nasimiyu:* (to the sounds of crying baby) Oh no, the baby has woken up. Now I have to feed her first. Then I'll carry her with the jerrican of water.

*Narrator:* Nasimiyu carries the baby and the jerrican to the river. She carries the water on her back and - using a piece of cloth tied around her neck - carries the baby on her stomach. At home she puts maize and beans on the fire to boil. After washing the clothes, she goes to the shamba. She spreads a piece of cloth under the tree and puts the baby on it. She reaps the beans but checks on the baby from time to time. At noon, she takes the baby, plucks a cabbage and goes home. She prepares lunch. The children have come home for lunch.

*Undinya:* Mother, is the lunch ready?

*Mmbasu:* Mother, please, give me lunch.

*Nasimiyu:* Here it is. I have fried maize and beans together with cabbage. Undinya, take this food to your father. He has come from the shamba now. He's sitting outside in the shade. As you eat, Undinya, please feed the baby.

*Undinya:* Okay, mother, I've eaten lunch and fed the baby. It's time for us to go back to school.

*Nasimiyu:* Thank you, Undinya, let me have the baby now.

*Mmbasu:* Let's go, Undinya.

*Undinya:* I'm coming.

*Wanjala:* Nasimiyu, let me have water so I can have a bath.

*Nasimiyu:* Please hold the baby, so that I can warm the water for you.

*Wanjala:* You can't hold the baby while you heat the bath?

*Nasimiyu:* Of course I can when I'm alone, but if you're here, it's easier if you help me.

*Wanjala:* All right. Give me the baby, but don't let her wet my lap.

*Narrator:* Nasimiyu splits firewood and prepares the bath for her husband.

*Wanjala:* Let me have a clean shirt. Did you wash my clothes?

*Nasimiyu:* Mmm, I washed the clothes. Here is your shirt. I'll wash the lunch dishes now so I can milk the cow.

*Wanjala:* Don't forget to give water to the cow.

*Nasimiyu:* I still have so much to do today. It would be better if you took the cows to the river to drink.

*Wanjala:* I think you've been lazy, but I'll take care of the cows. Later, I'll go to the shopping centre.

*Nasimiyu:* Really, it's not a question of laziness. While you are taking the cows to the river, I'll be cleaning the house. When you come back, I'll milk the cows.

*Narrator:* Wanjala took the cows to the river to drink. Later Nasimiyu milked them. Then she cut some grass for the cows to eat. Still carrying the baby, she went to a nearby bush to gather the firewood that had been lying there. She said to herself, "There's hardly any firewood in the house, and I still have to fetch more water, so I cannot make two trips to carry firewood. I think I'd better carry a very big pile of wood. That way I'll get enough firewood in one trip to last us a few days. Later, when the children came home from school, she said to them:

*Nasimiyu:* Mmbasu, take this money and go to the shop to buy some sugar. Also bring paraffin for the lamp. Undinya, take the jerrican and come with me to fetch water from the river. In fact, I think I'll carry two jerricans at one go. That way, I won't have to go to the river twice - and, of course, there will be enough water to start the day tomorrow.



**Narrator:** Undinya and her mother went to the river and brought back the water. Then Undinya helped her mother chop and cook the vegetables and prepare ugali for the evening meal. When Mmbasu returned from the store with the paraffin and sugar, he went outside to play with his home-made toy car. When it got dark, he came into the house and started doing his homework. Wanjala also came back to the house just as it was getting dark. He sat in his chair and listened to the news on the radio while waiting for his supper to be ready.

**Nasimiyu:** Come everybody, it's time to eat.

**Mmbasu:** Excellent, I just finished my homework. After supper, I'll read a storybook.

**Nasimiyu:** Undinya, you eat quickly. Then try to put the baby to sleep so that you can do your homework.

**Wanjala:** Nasimiyu, I was looking at the children's exercise books. It looks like Undinya is in trouble at school. This should be corrected.

**Nasimiyu:** Why don't we call her. Perhaps she can tell us why. Undinya?

**Undinya:** Yes, mother?

**Nasimiyu:** Come here.

**Wanjala:** Undinya, I've been looking at the comments in your exercise books. The teachers complain that you do not finish your homework.

**Undinya:** Yes. That is very true, Father, but I can explain. When I come home from school, I have so many things to do: I fetch firewood, change the baby, help my mother to cook, and wash the dishes. When I go to do my homework, I am too tired and sleepy. I can hardly do it well, and yet, I would like to do my schoolwork well. I want to be successful. When I grow up, I want to be a lawyer or an architect. I'm sure that if Mmbasu helped more with the housework, we would both have enough time to do our schoolwork.

**Narrator:** Wanjala listened silently. Undinya talked politely, but she was clear and confident. Her words and way struck him. When he went to sleep that night, Wanjala found himself reliving the day. What had he himself done? He found that he felt rather ashamed.

**Wanjala:** I woke up, washed my face with the water my wife fetched and ate breakfast that I did not help to prepare. I worked in the shamba for two hours. If my wife hadn't pointed it out, I'd have gone to the shopping centre before making sure the cows had water, I chatted with my friends, listened to the radio, and I was served supper by my wife. If you asked my wife what she had done, she might say something like this:

**Nasimiyu:** I woke up, fetched water from the river, cooked breakfast, fed my husband and children, swept the house, washed dishes, washed clothes, worked in the shamba, cooked lunch, milked the cows, cut grass, carried firewood, and cooked supper.

**Wanjala:** This is not fair; it's too much. And come to think of it, this is not just the way in this home. In almost every home I can think of in this neighborhood, the story is the same. No wonder so many women complain of backache. And girls too. They do too much housework, so much more than the boys. They don't have enough time for study. They fetch water and firewood, wash dishes, and clean the house. They could be described as their mothers' deputies.

Our boys don't do nearly as much. No! This has got to change. There should be a fair sharing of domestic duties.

*Narrator:* The next morning, Wanjala called his wife.

*Wanjala:* Nasimiyu, how is your back this morning?

*Nasimiyu:* It still hurts, Wanjala.

*Wanjala:* Today, I'd like you to rest your back. I have been thinking. I am convinced we need to share family duties more fairly in this house.

*Nasimiyu:* What? Am I hearing right? What do you have in mind?

*Wanjala:* First, as soon as we are paid for our milk, I have decided to buy a donkey. We can use it to carry water from the river, haul firewood, and transport anything else that requires carrying.

*Nasimiyu:* Oh what a wonderful idea!

*Wanjala:* As for today, I know this might surprise you, I'll try to do some work around the house. I'm not very good at it, but I want you to get some rest.

*Nasimiyu:* Oh! Thank you so much. I feel better already. I'll do some light work when I am feeling better.

*Wanjala:* Also, I'd like us to train Undinya and Mmbasu to share the housework. Let Mmbasu learn how to peel potatoes, cook, and clean the house. Who says boys should not do these things?

*Nasimiyu:* That's a very good idea, Wanjala. If they share the work, both of our dear children will have time to study and improve themselves.

*Wanjala:* As you know, I am planning to attend the chiefs meeting tomorrow. If you are feeling better, you should come with me. I am going to tell the gathering that women are overloaded. I'll challenge them to look for a solution.

*Narrator:* Wanjala is at the village meeting. It is his chance to speak.

*Wanjala:* My friends, I wish to make some observations. I have had time to think about these things during the past few days. I am going to make some suggestions that I'd like you to think about. I have an idea about how we can help to improve our families and our communities. I have noticed that our girls and women have too much work to do. We men do not do enough work in our families. Women cook, wash, clean, look after children, work in the shamba, and go to the market. Tell me, friends... Who does more work in the house? Girls, or boys?

*Everybody:* Girls!

*Wanjala:* Who has more time to study? Girls, or boys?

*Everybody:* Boys!

*Wanjala:* Do we want our girls and women to get sick because of overwork?

*Everybody:* No!



*Wanjala:* Do we want our daughters - as well as our sons - to have enough time to study and improve their education?

*Everybody:* Yes.

*Wanjala:* Then, I challenge you men to think about how we can lighten the burden of work for women. Let us train both girls and boys to help around the house. For myself, I have decided to use some money from our milk sales to buy a donkey to lessen the work of carrying heavy things.

*Narrator:* There was absolute silence as Wanjala talked. As the people went home, they discussed the matter among themselves. Many confessed that it had never occurred to them that the men and boys did so little, while the women and girls did so much. Many said they felt that something needed to be done, and soon!

*End of story*

Ask participants to talk about the story. Encourage them to think about how the story is similar to their own lives and experiences or things they have seen in their community.

## 2. Gender norms



### Session objectives

By the end of the session, participants should be able to:

- Define gender norms.
- Identify and explore at least five gender norms in their relationships, families and community.
- Understand the impact of gender norms in their lives and recognize the importance of addressing those norms.



### Session guide

**1. Explain** that you're going to discuss *gender norms*. Gender norms are what the community considers acceptable behaviour for women and men. You will start with a game to help describe gender norms.

#### 2. Gender norms game<sup>2</sup>

Ask the group to stand. Explain that you are going to read some statements. Ask participants to stand to the right if they agree with the statements, and stand to the left if they disagree.

[See list of statements below.] Read the first statement. Repeat it to make sure everyone understands. After participants have decided whether they agree or disagree, ask a participant from each side to explain why they chose the way they did. Facilitate a brief discussion, asking participants whether they agree.

Pick up to five of the following statements (or make up some of your own) to use.

- The most important thing a woman can do is have babies.
- A woman should be a virgin when she gets married.
- It is ok for a man to have sex outside of marriage, if his wife does not know about it.
- Men are naturally smarter than women.
- A man's most important role is to make money and to protect his family.
- Women should not talk openly about sex or issues related to sexual health.
- A woman's most important role is to take care of her husband and children at home.
- Men should try not to show their feelings, especially feelings of vulnerability.
- Men are the stronger sex because the Bible says that is the way it should be.
- Men are responsible, as the head of the household, for making decisions regarding money, health, education, and how his wife spends her time.
- Women need to be married, because they need men to take care of them.
- Women should listen to their husbands, and not criticize or challenge their decisions.
- Women are naturally better at taking care of babies and children.
- It is more important for boys to get an education, as they will have to provide for their families.
- Women are naturally more emotional than men.

<sup>2</sup> Adapted from: Inter-agency Gender Working Group Training Toolkit "Gender 101" available online at [www.igwg.org](http://www.igwg.org).



**Emphasize** the main message that these are all *gender norms* that have been taught by families and strengthened in the community. They are behaviours, activities, and roles that a given society or community finds acceptable and appropriate for women and men. We learn these norms by observing how others act, and listening to what our parents, friends, and community tell us we should do. *Gender norms* show how a community expects men and women to behave and what it expects them to do. They are not the same as sexual characteristics, which cannot be changed.

**Emphasize** that we do not have to follow what society expects of us, because we are women and men. We can choose the roles that we would like to take on.

3. **Ask:** What are some other socially learned gender norms? **Facilitate** a brief discussion on the examples raised.
4. **Ask:** Why is understanding gender and gender norms important? **Facilitate** a brief discussion on suggested responses. If it has not been raised during the discussion, you should introduce the idea that gender norms greatly limit people's opportunities and choices simply because they are women or men.
5. **Explain** that gender norms greatly limit a person's opportunities, choices and decisions, because they are a woman or a man. *[Some participants may say that the community needs to place limits on choices and decisions, as some of those choices and decisions may be harmful. If this is raised, you may want to acknowledge that communities have the right to limit certain decisions. We cannot choose to injure or kill someone or steal, for example. But these limitations are the same for men and women.]* Gender norms limit choices and decisions women and men can make specifically because of the different expectations and obligations placed on women and men.
6. **Explain** that these limitations have negative consequences for individuals, families and the community. They can have particularly severe consequences on a person's health, which can impact the health of their families, and the health of the entire community.
7. **Ask:** Can you think of some of the negative health consequences of gender norms? How can limiting someone's opportunities, choices, and decisions affect their health?
8. **Ask:** Let's take for example the gender norm that women should remain virgins until they are married. That "good girls" don't engage in any sexual activity, and that any girl who has engaged in sexual activity before being married must therefore be a "bad girl." What impact might this gender norm have on girls and women? What impact might it have on boys and men? **Facilitate** a discussion asking participants for any consequences they can think of.
9. **Explain** that this particular gender norm, this expectation for girls, is shared by a lot of communities and religions. **Emphasize** that it is not your intention to judge or advocate one way or another regarding a woman's free choice to remain a virgin until she is married. You would like to highlight the impact and possible consequences for girls and women who do not appear to live up to that expectation. **Highlight** some of the consequences raised by participants in the previous discussion. If they haven't been raised, make sure the following are emphasized:
  - Girls may not want to ask questions about sexual health, leading to possible reproductive health problems.
  - Girls do not learn how to negotiate and discuss safe sex, leading to possible infection with HIV or other STIs or unplanned pregnancy.
  - Girls may be pressured to marry early to ensure their virginity at the time of marriage. Early marriage, before a girl is emotionally and physically ready, can result in a range of mental and physical health problems.
  - Women who are not virgins when they get married may face abuse at the hands of an angry husband.



- Girls and women who are sexually abused or raped may not seek or receive the full range of assistance, including medical care, counseling, support and legal protection they need.
10. **Repeat** the above with two or three other gender norms, including some for men. **Ask** for example: What impact might the gender norm that “men should not discuss their feelings, especially those that may make them appear vulnerable” have? Is this a value you hold? [Discussion should include that such a norm prevents men from addressing their feelings and fears, which has consequences for emotional and physical health, and may result in using violence to express themselves. Men may also refuse to seek assistance for emotional, physical or other concerns.] What impact might the gender norm that “men are responsible, as the head of the household, for making decisions regarding money, health, education and where his wife can go” have? Is this a value you hold?
  11. **Explain** that the fear of stigma, being shunned by the community, or being subjected to violence can also limit a person’s choices and affect their decisions. Gender norms and expectations might, for example, make a woman hesitate about getting tested for sexually transmitted infections including HIV, or seeking treatment. She may fear being laughed at, abuse, or abandonment. Women who have been sexually abused may fear stigma and prejudice, and refuse to seek assistance or tell someone about the abuse.
  12. **Ask:** Have gender norms affected your choices, decisions and actions? How? And what were the consequences? What was the impact? **Facilitate** a discussion.
  13. **Explain** that gender norms change over time and differ widely among and within cultures.
  14. **Ask:** What choices did your grandmothers and grandfathers have? What choices do you, your brothers and sisters have? What choices do your children have? Are they different? What has changed? What role did your grandfather or your father play as a husband? Have a husband’s responsibilities changed in your society? Have a wife’s responsibilities changed since the time of your grandmother and mother? How do they differ in other cultures? How do they differ in your own community?
  15. **Explain** that gender norms also impact overall personal and community development and have consequences at all levels. Some examples include:
    - Laws that discriminate against women, including laws that prevent women from inheriting property, laws regarding child custody and the dividing of property upon divorce, and the absence of laws regarding violence against women.
    - Traditional practices such as bride price, dowry, widow inheritance, and early marriage.
    - Restrictions on women’s education and ability to work outside the home.
    - Restrictions on women’s involvement in community and nationwide leadership roles.
  16. **Ask:** In what other ways have gender norms impacted your community?
  17. **Ask:** Think about the harmful gender norms that we discussed earlier. [You might want to refer back to the list from the gender norms game.] How might these harmful norms in your community be changed? **Facilitate** a discussion on this issue.





## Main messages

- Gender norms are behaviours, activities and roles that a given society finds acceptable and appropriate for women and men, and are taught. They can be changed.
- Gender norms can lead to harmful attitudes and behaviours, with negative consequences for our health, development as human beings, and relationships.
- We do not have to follow the norms that the society considers acceptable for women and men. We can choose different norms for ourselves. In fact, it is critical for us to change gender norms so that we can avoid their harmful consequences.



## Activity: Gender role play

**Characters:** A middle aged couple with three children.

**Scenario:** The young daughter has been really sick. The wife would like to take her to a local clinic. She is at home during the day and watches her daughter suffer. She has discussed her symptoms with a few friends and is convinced the girl needs medical attention and some medicine. However, the husband is not convinced the daughter needs to go to the health clinic. It costs too much and there won't be enough money for the older son's school fees. The girl looks all right to him. Perhaps all she needs is some rest. He refuses to give the money for the clinic.

Facilitate a discussion after the role play.

### 3. Masculinity



#### Session objectives

By the end of the session, participants should be able to:

- Identify ideas of masculinity in their lives and communities.
- Explore where these ideas came from and their impact/consequences.
- Explore their personal feelings about masculinity, how they are shaped by and how they differ from community norms.
- Identify ways masculinity can be transformed and redefined in their lives and their communities and give themselves permission to be "ideal men."



#### Session guide

1. **Explain** that you would like to discuss masculinity; ideas about what it means to be a man and to be masculine.
2. **Ask:** What comes to mind when you think of being a man? What does it mean to 'be a man'? Probe further if necessary, what does it mean to be a man, sexually; financially; in the workplace; in your personal life; with your family?
3. **Ask:** Has anyone ever told you to "Be a Man"? Either recently or when you were growing up? Can you let us know who told you to "Be a Man" and what was going on at that time? Can you also let us know how you felt at the time? Facilitate a discussion around this issue. [With women participants: Have you ever heard someone telling a boy or a man to "Be a Man"? What was going on at the time and how did it make you feel?]
4. **Explain** that ideas of masculinity, what it means to "be a man," are part of a society's and a community's gender norms. They include attitudes and behaviours that are learned, copied and encouraged, beginning in childhood, and strengthened throughout a man's life by the community. Use some of the stories shared by participants to reflect on how masculinity is taught and learned.
5. **Ask:** Has anyone ever told you that 'you are not acting like a man'? Can you let us know who said this and what was going on at the time? How did it make you feel? What do you think the other person was feeling? Why do you think they told you were not acting like a man? Facilitate a discussion. [With women participants: Have you ever heard someone telling a boy or a man that they were not acting like a man? What was going on at the time and how did it make you feel?]
6. **Emphasize** that ideas of masculinity cannot exist and develop separate from a community's action and support. They are developed as people act and communities encourage particular behaviours and discourage others. Masculinity then becomes a part of a community's deeply rooted norms.
7. **Ask:** Do the characteristics you've listed accurately describe you? [With women participants: Do they accurately describe the men you know?] Let's take them one by one. Are you (*pick one of the characteristics*)? Are you always (*characteristic*)? Are there times you are not (*characteristic*)?
8. **Explain** that traditional, harmful notions of masculinity lead men to hide their true selves, their true feelings and ambitions. You may feel one way, but act another because you are worried about



what your family and friends may say. What they will think of you. You may hide feelings of doubt, fear, concern, caring and sadness because they are not 'masculine.'

9. **Ask:** Think of all the characteristics, feelings, behaviours that define you, including those that other people might not recognize or know about. Are they all on this list? What's missing? [If you are using a flip chart with a picture of man, write down the additional characteristics around the outline, but not in it.]
10. **Highlight** that all of these characteristics make up who you are. They are an important and very valuable part of you. If you reject them, you lose that part of you, and your family, friends, and community also lose that part of you.
11. **Ask:** What prevents men from changing the traditional norms of masculinity? What makes men continue with the traditional norms of behaviour, even when they might not want to, or when they recognize it is harmful? Facilitate a brief discussion.
12. **Ask:** Have you ever been in a situation where you wanted to act or behave in a certain way, but didn't because it was not masculine? Have you ever behaved in a manner that would not be considered masculine, because you felt it was the right thing to do? What was the response of those around you? How did you feel? Facilitate a discussion.
13. **Ask:** Do you know of any men in your community who do not take on the behaviours and actions that are typically considered masculine? Are there men who take on more of the typically feminine roles, like helping with household chores, taking care of children, or sharing decision making with their wives? Are there men who speak out against violence against women? Are they any less of a man because of these actions? Why or why not? Facilitate a discussion.
14. **Highlight** that harmful norms of masculinity are often continued because of fear, including fear of being laughed at, being called "feminine" or weak, being shunned by family and friends, fear of losing control and losing respect. But those that make fun of or avoid people who do not appear masculine are almost always doing so because of their own fear and insecurity. They don't want to appear unmasculine (or feminine), so they find ways to loudly and visibly show that they are ideal men.
15. **Explain** that men may be afraid of appearing vulnerable or of losing control. But vulnerability does not mean weakness. We have all felt vulnerable at some point in our lives, and will all feel vulnerable in our lives. It is a part of being human, and can in fact make us stronger. But we don't need to be scared of showing that vulnerability. It does not make us any less of a man. In fact, it makes us a complete man, and a complete human being. You do not need to rely on others to tell you what actions or behaviours make you a man. You are the only one who can determine whether your actions are masculine or not. If you are secure with yourself, and happy with your life, there is no reason to rely on other ideas of masculinity, or to criticize other men for how they act or don't act.
16. **Explain** that gender norms associate certain behaviours as "masculine" and others as "feminine" and characterize particular individuals as masculine or feminine. But these ideas also exist at the larger group, community level. Ideas of masculinity are defined and supported in the workplace, by armies, governments, and schools. Culture plays a large role in defining masculinity. The media, TV, radio, movies, and commercials, show stereotyped images of violent masculinity. Sports events, while they can be incredibly positive, can also encourage stereotypes of masculinity.
17. **Ask:** How have group notions of masculinity been defined and supported in your community? In schools, the workplace, the media, informal groups, sports, and by the government? Facilitate a discussion encouraging examples for each site.
18. **Explain** that norms of masculinity have been associated with a wide range of harmful consequences.



**19. Ask:** What has been the impact of some of the notions of masculinity in your lives and in the community? What happens when you feel you have to act in a certain manner in order to be a man, even if you don't want to? Facilitate a brief discussion. Make sure to reflect that harmful notions of masculinity have been associated with:

- Harmful consequences in the lives of men themselves, including high levels of injury, such as those caused by road crashes, patterns of ill health and mortality resulting from poor diet, drug and alcohol abuse, inadequate use of health services, unsafe sexual practices, high levels of victimization (men are the majority of victims of reported violence) and imprisonment, patterns of conflict among men that lead to violence, unstable relationships, depression, fear and isolation.
- Harmful effects in the lives of others, including rape and domestic violence against women, other forms of violence, racism, patterns of ill health and infection resulting from partners' unsafe sexual practices, instability in the community, armed conflict.
- Limiting opportunities for men in areas that are not considered masculine. Limiting girls' and women's opportunities in areas that are considered masculine.

**20. Explain** that there is no single pattern of masculinity that is found everywhere. Different cultures have different ideas about masculinity, and norms of masculinity change over time.

**21. Ask:** What behaviours, actions and attitudes did your fathers and grandfathers feel were masculine? Do your behaviours, actions and attitudes differ? How? Do you see any changes in how your community views being a man? What are they? How do notions of being a man differ in other cultures? Facilitate a discussion on how notions of masculinity vary in different cultures and change over time.

**22. Explain:** We know that different cultures construct masculinity differently, and norms of masculinity change over time. Ideas about masculinity can change. It is critical to transform harmful ideas about masculinity so that their harmful consequences for men, women, children and the community can be prevented. Transforming these ideas into positive ones is important if we want to stay healthy, have healthy relationships, feel fulfilled in our lives, allow family and friends to know who we really are and how we really feel, end violence against women, and make our communities secure.

**23. Ask:** How can we change harmful ideas of masculinity? What would that change look like in our lives and in our communities? Facilitate a discussion.



## Main messages

- Notions of masculinity, what it means to "be a man," are part of a community's gender norms. They include attitudes and behaviours that are learned, copied and encouraged, beginning in childhood, and strengthened throughout a man's life by the community.
- Different cultures construct masculinity differently, and norms of masculinity change over time. There is no single pattern of masculinity that is found everywhere.
- Ideas of masculinity are associated with a wide range of harmful consequences including poor health and violence against women in the community.
- Harmful norms of masculinity are often continued because of fear. The fear can be overcome and the norms transformed into alternative, positive and healthy ones. Men do not need to rely on other people's ideas of what is masculine. Men can decide for themselves what actions and behaviours make them a ideal man.





## Activities

### Activity: Be an ideal man

Take the original drawing of a man you drew on the flip chart and used to begin the discussion. Draw another outline. Let participants know that you would like them to help fill out the outline of this new man. This new man will be allowed to be an "ideal man." He will be allowed to think of being masculine in a new way that includes characteristics that he previously rejected.

Ask each participant to come up and fill in the new man with characteristics they feel make up an "ideal man." Ask them to look at and use all the characteristics that surround the old outline and use them to fill in the new outline so that he can be an "ideal man." Ask them to think carefully about the characteristics that are inside the old outline, that make up the old man and old masculinity. They may choose to give the new man some of the old characteristics, if they agree they are positive. [Characteristics like "helpful" for example can be included.] If someone disagrees with any characteristic, they should explain why they disagree and discuss it with the others. Participants should come to an agreement on all the new man's characteristics.

### Activity: Permission slips

[For male participants]

This activity is about giving yourself permission to become an ideal man and to change harmful ideas about masculinity. Think about the new man we have created. Choose three or four characteristics that you think are really important for an ideal man. Write yourself permission slips to be that new man, and to take on those new characteristics. You don't have to show them to anyone. They are for you to keep and refer to. You may want to write a slip that says, for example:

I (name) give myself permission to walk away from a fight.

I (name) give myself permission to let my wife know if I am feeling scared or sad.

I (name) give myself permission to enjoy and be proud of my wife's accomplishments.

[For female participants]

This activity is about giving yourself permission to encourage and support your husbands, partners and sons to be ideal men and to change harmful ideas about masculinity. It is about giving yourself permission to want and expect a change in the old ideas about masculinity. Write yourself permission slips to support and expect new ideas of masculinity. You don't have to show them to anyone. They are for you to keep and refer to. You may want to write a slip that says for example:

I (name) give myself permission to expect that I will share equally with my husband in decisions about household finances, health concerns, birth control and condoms, and all other matters that affect me and my family.

I (name) give myself permission to ask my husband if he is feeling scared or sad and to encourage him to share his feelings.

I (name) give myself permission to raise my son to believe that feeling vulnerable does not mean he is weak.

### Activity: Role play - The new man

Ask participants to suggest situations, or use ones from the discussion, where harmful ideas of masculinity have affected their behaviour or action. Ask for participants to role play the same situations, with the new "ideal man." Ask for examples from family life, from the workplace, or from social situations with friends who believe the old notions of masculinity. Discuss the role play with participants when it is finished. Ask them if they agree this is what a new "ideal man" would do or this is how he would respond. Why or why not?

**Characters:** A young, childless couple

**Scenario:** A wife has heard from some friends that her husband has been having affairs and is worried about getting infected with HIV. She is unable to talk with him about the affairs, but wants both of them to get tested for STIs and to use condoms. When she finally timidly raises the subject, he becomes upset. He swears he has not been unfaithful and is angry she would question his loyalty. She has no right to ask him to get tested for HIV. What would people think? And there is no way he is using a condom. He wants to have children soon.

Facilitate a discussion after the role play.



## 4. Gender equity



### Session objectives

By the end of the session, participants should be able to:

- Define gender equity
- Explore what it means to be gender equitable and why it is important
- Explore what gender equity might look like in the home, in relationships, at work and in the community
- Identify at least five actions/ situations in their lives and communities that are not gender equitable and suggest steps to make them equitable



### Session guide

1. **Ask:** What do you think the phrase “gender equity” means? What does it mean to be “gender equitable” or to have “gender equality”? Facilitate a brief discussion. List the suggestions on a flip chart, if available, or note them for discussion.
2. **Explain** that people will define gender equity and gender equality in different ways. An individual’s opinion on what it means to have gender equality is connected to existing community gender norms and expectations. These norms and expectations can be changed.
3. **Explain** that gender equity is a process of being fair to women and men. Gender equity includes all the actions, attitudes, and assumptions that provide opportunities and create expectations about individuals leading to equal treatment and equal outcomes for girls and boys, women and men. Gender equity means giving girls and boys, men and women an equal chance at opportunities, resources and support.
4. **Highlight** that gender equity is not the same as gender equality. Gender equality means that the outcomes are the same for women and men. Gender equity is how we reach those outcomes, how we move towards gender equality. For example, gender equity means that parents value education for girls and boys equally and offer similar support to both. Gender equality means girls are able to reach the same level of education as boys, and have access to similar jobs. Explain that you will be discussing gender equity and why it is important.
5. **Ask:** What would gender equity look like in the home and within families? Facilitate a brief discussion. List the suggestions on a flip chart, if available, or note them for discussion.
6. **Ask** the following questions, one by one, and allow time for brief discussion after each one: Who makes decisions about how money is going to be spent? Who controls access to resources? Who makes decisions about the children’s education? Who decides when someone in the family needs to visit a health centre for treatment? Who makes decisions about when and to whom children will get married? Who decides when a couple will have sex, and whether or not they will use family planning methods like condoms? Can wives decide independently what activities they want to do? If they want to leave the house to go see some friends?
7. **Explain** that gender equity is not just about equal resources. For example, a husband saying that his wife is allowed to ask for as much money as she needs for household expenses is not a gender equitable relationship. Gender equity is about men and women having equal control and decision



making power. In this example, gender equity would mean the woman would not have to rely on the husband to allow her to spend money on household expenses. They would decide together how money should be spent, listening to and respecting each other's ideas.

8. **Ask:** Are our families gender equitable? In what way are they equitable? In what way are they not equitable? What are ways we can make them gender equitable? What would happen if they were gender equitable?
9. **Explain** that this is also about ensuring that girls and boys are given the same opportunities and support and allowed to develop to their full potential. It is important to look at gender norms which prioritize boys over girls, giving boys more attention and placing greater value on their development, education and goals while limiting or devaluing girls' goals and ambitions.
10. **Ask:** Are boys treated differently than girls in the home? If yes, why? In what way? Facilitate a brief discussion. What impact does this have for girls?
11. **Ask:** What would gender equity look like in relationships? Facilitate a brief discussion. List the suggestions on a flip chart, if available, or note them for discussion.
12. **Explain** that gender equity in relationships is also about decision making and control. For example, if a couple decides to get married, and the man wants to move but the woman does not, who makes the decision? Who makes decisions about using birth control or condoms? Are there different expectations for men and women in relationships about who they can see, about going out alone, or with friends?
13. **Ask:** Are our relationships gender equitable? In what way are they equitable? In what way are they not equitable? What are ways we can make them gender equitable? What outcomes would this lead to?
14. **Ask:** What would gender equity look like in the workplace? Facilitate a brief discussion. List the suggestions on a flip chart, if available, or note them for discussion.
15. **Explain** that gender equity in the workplace means ensuring that women and men are treated fairly, given the same opportunities for advancement and paid the same amount of money for the same work. It means that their performance is measured by the same standards and that men are not treated better than women. It also means that sexual harassment is treated as a serious abuse of power, incidents are investigated and punished, and a culture of respect is developed with no tolerance for harassment. [See Background Notes for information on sexual harassment.]
16. **Ask:** Are our workplaces gender equitable? In what way are they equitable? In what way are they not equitable? What are ways we can make them more equitable? What outcomes would this lead to?
17. **Ask:** What would gender equity look like in the community? Facilitate a brief discussion. List the suggestions on a flip chart, if available, or note them for discussion.
18. **Explain** that gender equity in the community involves ensuring that women are allowed to participate fully and equally in the community's social, economic and political life, and not limited by the community in the choices they make because of gender norms. Practically, it means ending laws, practices and attitudes that discriminate against women in the community. It also means that sexual harassment in the community is treated as a serious abuse of power, incidents are investigated and punished, and a culture of respect is developed with no tolerance for harassment. [See Background Notes for information on sexual harassment.]
19. **Explain** if needed that gender discrimination refers to "any distinction, exclusion or restriction made on the basis of socially constructed gender norms which prevents a person from enjoying their human rights." It includes denying opportunities and privileges to someone because of their sex. What does this mean? Any barrier that a woman has to face which prevents her from doing the basic things she needs to do to carry on her life, including getting a job, buying food, fish, water



and other essentials for her family and getting health care, and which she faces because she is a woman (and men don't face the same barriers) is discrimination.

20. **Explain** that gender equity in the community also involves taking action to correct historical inequity and inequality. For example, if girls have historically been excluded from certain schools or programs, steps should be taken to actively recruit, support and keep girls in those programs. If women have historically been excluded from positions of leadership in the community, steps should be taken to actively encourage and support women's participation in leadership roles. Laws that discriminate against women should be changed or done away with. These steps need to be taken to ensure that gender equality can be reached in the community.
21. **Ask:** Are our communities gender equitable? In what way are they equitable? In what way are they not equitable? What are ways we can make them more equitable? What outcomes would this lead to?
22. **Explain** that while gender equity in the community has a lot to do with government action, such as passing laws; it also has even more to do with the actions and attitudes of community members. The community plays a large role in how women and girls are viewed and how they are treated, whether they are given the same respect and whether their goals and ambitions are valued as much as those of men and boys. A woman who finds herself in a very unequal situation, at home or in the community, may feel it is too difficult to change her situation. She may feel that there will be little support if she tries to create some change. But it is important to remember that women all over the world have been advocating for equality for a long time. Strong local women's groups exist in many communities that could serve as resource centres, and places to get assistance. By speaking out and joining together, women have brought significant change to areas many felt would never change.
23. **Ask:** Why are gender equity and gender equality important? Facilitate a brief discussion. After getting at least five to ten responses, guide the discussion to highlight the following, if they haven't already been raised.
  - Gender equitable families are more stable, are healthier overall (physical and emotional health), have less tension and violence, report fewer instances of depression and suicidal thoughts, report greater levels of satisfaction and happiness, have healthier gender role models for children, provide an environment where children are allowed to develop to their full potential, and girls develop confidence in their ability to pursue their goals.
  - Gender equitable relationships demonstrate less tension and violence, encourage and support joint communication and decisions that promote safe sex and overall health (physical and mental health), and provide good role models for the community.
  - Gender equitable workplaces benefit greatly from women's ideas, energy and experience. They report greater overall success. Gender equitable workplaces increase opportunities for women, allowing them greater financial freedom, and the ability to contribute economically to their families and their communities.
  - Gender equitable communities benefit greatly from women's full participation and contribution in social, economic and political life. They report less violence, greater stability, greater economic growth and development, more equitable distribution of resources, and fewer reported public health problems (physical and mental health).





## Main messages

- Gender equity is a process of being fair to women and men. It means giving girls and boys, men and women an equal chance at opportunities, resources and support.
- Gender equity is rooted in transforming unequal gender norms into gender equitable norms.
- Gender equity results in equal treatment for women and men in the family, in relationships, in the workplace and in the community.
- Gender equity and equality have benefits for individual, family and community physical and mental health, economic development, and family and community stability.



## Activity: Is it gender equitable or inequitable?

Invite all participants to stand. Explain that you are going to read some scenarios. You would like participants to stand to the right if they think the scenarios are gender equitable, to the left if they think the scenarios are gender inequitable, and in the middle if they are unsure. Read the following scenarios one by one. Repeat each one if necessary to make sure everyone understands. For each one, facilitate a brief discussion asking at least two participants why they chose the way they did.

1. A husband and wife are relatively well off. The husband says that he gives his wife whatever amount of money she asks for or needs. He has never said no to something she has asked for, and claims he never will.
  - Make sure to emphasize that this is not equitable, because the wife has to depend on the husband to give her money. Even though he says he gives her all the money she needs, she is not able to make any decisions or have any control. He can decide at some point that he will not give her money. Also, she may be scared to ask him for money for certain things.
2. A family of little means with five children has enough money to send three of them to school. The youngest daughter, thirteen years old, is engaged to be married to an older, well respected and relatively well off man. As she will be taken care of, she will not be sent to school.
  - Make sure to emphasize that this is not equitable, because the girl's opportunities are being limited because she is a girl. The parents have made the decision to marry her off at a young age. She will not have the opportunity to get an education and decide if and how to use that education. She may be "taken care of" by her well off husband, but will not be able to choose another path for herself.
3. Two applicants for a position, a man and a woman, have similar backgrounds and similar experience. The organization has never had a woman in the particular position before. They hire the woman for the job.
  - Make sure to emphasize that this is equitable, because the organization is taking positive steps to correct the fact that women have always been kept from having that position. Part of gender equity is to make up for situations where women and men have not been treated equally.
4. A woman comes in to a health centre. She is visibly upset and looks somewhat unsure. After some time, she lets the counselor know that she needs to leave her husband and would like some assistance with referrals or recommendations. The counselor asks her why she wants to leave the husband. The woman is unable to answer her, and remains visibly upset.



The counselor knows the woman has few resources (her husband has the money), will not be able to access other services easily, and is worried about what will happen to her. The counselor tells the woman she should go home and work out her problems with her husband. The counselor notes the discussion in the file.

- Make sure to emphasize that this is not equitable. The counselor has made a number of assumptions about the woman and is not allowing her to make her own decision about leaving her husband. The woman's unequal financial situation and the counselor's assumption that she would be better off with her husband have affected the kind of support provided. Health practitioners have an obligation to promote and protect health and to do no harm. In this case, the counselor has not taken steps to support a woman who has clearly asked for assistance in leaving a relationship. Presumably the counselor would have reacted very differently if a man walked in and asked for assistance.

## 5. Gender-based violence



### Session objectives

By the end of the session, participants should be able to:

- Define gender-based violence, discuss its prevalence in the community, with a focus on intimate-partner and sexual violence and identify sites where it occurs
- Identify at least five myths and realities surrounding gender-based violence
- Identify at least five consequences of gender-based violence



### Session guide

1. **Ask:** What comes to mind when you hear the phrase “gender-based violence?” What is gender-based violence? What does violence against women mean?
2. **Explain** that gender-based violence and violence against women are defined in many different ways, but for this discussion, we will use United Nations definitions that have been agreed upon by women’s groups and the majority of governments around the world.
3. **Read:** Gender-based violence against women is “violence that is directed against a woman because she is a woman, or violence that affects women disproportionately.” Violence against women includes “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.”
4. **Ask:** Is there anything in the definitions I have just read that surprises you? Anything that you disagree with or that confuses you? Facilitate a brief discussion.  
  
Depending on the questions or the group, you may want to **emphasise** the major points about gender-based violence:
  - It is violence that is committed against women because they are women.
  - It is violence that affects only women, or women more than men, because they are women.
  - It includes physical, psychological (emotional), or sexual harm, or the threat of harm.
  - It includes violence in the public and the private sphere – that is, violence that occurs in the house or in the bedroom, by family members, as well as violence occurring in the open, by strangers.
5. **Explain** that gender-based violence can occur in many forms and in many situations, in the home and in the community. With this session, you want to focus on two particular types of gender-based violence: intimate partner violence and sexual violence. You want to focus on these two forms because of their widespread nature in communities around the world. Other forms, which you will raise later on in the discussion, are just as harmful and important to address.
6. **Read:** Intimate partner violence has been defined as “actual or threatened physical or sexual violence or psychological or emotional abuse directed towards a spouse, ex-spouse, current or former boyfriend or girlfriend, or current or former sexual partner.” Sexual violence is defined as “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using force, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.”



7. **Ask:** Is there anything in the definitions I have just read that surprises you? Anything that you disagree with or that confuses you? Facilitate a brief discussion. Depending on the questions or the group, you may want to **emphasise** the major points:
- Actual or *threatened* violence, physical, sexual or emotional.
  - Any sexual act or *attempt* to obtain a sexual act, in *any* setting, home, community, school, work, church, regardless of the person's relationship to the victim. This includes threatening, coercing, or using blackmail to obtain a sexual act. And it includes *any* sexual act, not only penetration with a penis.
8. **Explain** that there are a lot of myths and misconceptions about gender-based violence. And it is sometimes a very difficult subject to address because of those misconceptions.
9. **Myth or reality?** Invite all participants to stand. Explain that you are going to read some statements. You would like participants to stand to the right if they agree with the statements, to the left if they disagree, and in the middle if they are unsure. Read the following statements one by one. Repeat each one if necessary to make sure everyone understands. For each one, facilitate a brief discussion asking at least two participants to talk about why they agree or disagree.
- The perpetrators of violence are usually mentally ill men.
  - Violence against women is caused by substance abuse, such as alcohol and/or drugs.
  - Violence against women is a normal part of male-female relations.
  - Violence against women is a natural expression of male feelings that cannot be avoided or changed – men can't help themselves.
  - Women's behaviour sometimes provokes men to become violent.
  - Gender-based violence is more common in some communities, and some cultures than others.
  - Violence is justified if a woman is unfaithful to her husband.
  - Hitting your wife is a way for a husband to show her he loves her.
  - Violence is justified if a woman disrespects or disobeys her husband.
  - Sometimes a woman needs to be disciplined so she remembers her place. Violence is a way of doing this.
  - A lot of women stay in violent relationships because they want to. If it was really bad, they would leave.
  - The worst consequences of gender-based violence are easily seen in bruises and other visible, physical signs of abuse.
  - Gender-based violence doesn't really happen to women in our community.
10. **Explain** that gender-based violence against women, intimate partner, or domestic violence, and sexual violence occur in great numbers in every community and every culture. Studies conducted around the world show that on average, one in three women will experience some form of violence during their lifetimes.
11. **Explain** that gender-based violence is particularly rooted in the idea of male power over women. It is used by men who are afraid they do not seem masculine enough and want to show they can control and dominate a woman. This idea is important to recognize because many people still believe that gender-based violence against women is provoked by women themselves. Women's actions are somehow responsible for making men violent. A woman who has been sexually assaulted, for example, is often questioned about the clothes she wore and whether she had been talking with the rapist or "leading him on." Her character is called into question. Men cannot control their sexual urges, and should not be punished for acting on those urges if a woman dresses in a "provocative" manner. But rape and sexual violence are not about feeling sexually attracted to someone. Many men feel sexually attracted to women and don't assault them.



Rape and sexual violence are about the need to control women. And that needs to be changed.

12. **Ask:** Is there gender-based violence occurring in the community? If yes, what forms are they aware of? Where does the violence occur? And what is the response?
13. **Explain** that gender-based violence against women is deeply rooted in traditional gender norms.
14. **Emphasise** that gender norms are society's expectations of how men and women should act. They are learned, and can be changed. Gender-based violence is also fueled by harmful traditional ideas of masculinity. These ideas of masculinity can be changed, and need to be changed. Gender-based violence is sometimes excused and accepted as "culture" or "tradition," but is not an unchangeable part of any culture.
15. **Ask:** What traditional and cultural gender-norms play a role in gender-based violence? How do these norms lead to violence, or the acceptance of violence? Facilitate a discussion.
16. **Highlight** the following norms and ask participants to discuss how they can lead to violence.
  - The gender norm that women should listen to men, and not challenge them.
  - The gender norm that women should be passive, nurturing and submissive.
  - Cultural and social norms encouraging men to be aggressive, powerful and controlling, and in particular, that they should dominate women.
  - The norm that "good girls" remain virgins until marriage, and refrain from engaging in or talking about sex or sexual desire.
  - The norm that men should not show signs of weakness or discuss their feelings.
  - The belief that husbands should control and discipline their wives.
  - The norm that men cannot control their sexual urges.
  - The norm that violence is an inevitable part of male-female relations.
17. **Explain** that gender-based violence has serious, long-lasting consequences that extend beyond the individual victim.
18. **Ask:** What are the consequences of gender-based violence? What impact does it have for physical health, mental health, for the family and for the community? Write down participants' responses on a flip chart if available, or note them for further discussion. Encourage participants to think of all the possible consequences of violence. Make sure you have at least ten responses.
19. **Highlight** the following consequences:
  - Physical health consequences include:*
    - Long-lasting pain and injury.
    - Disability (limbs and senses).
    - Deformity.
    - Reproductive and sexual health problems including infertility, gynecological disorders, pelvic inflammatory disease, sexually transmitted infections, HIV/AIDS, pregnancy complications, miscarriage, unsafe abortions and unsafe pregnancies.
    - Death.
  - Emotional and mental health consequences include:*
    - Depression.
    - Suicidal thoughts and attempts.
    - Mental trauma: serious impact on a person's emotional and mental health, including nervous breakdowns and shock.
    - Loss of memory or the ability to think clearly.



*Consequences for the family include:*

- Children who witness violence demonstrate high rates of emotional health problems.
- Children who witness violence are more likely to be violent with other people themselves or be more accepting if they experience violence later on.
- Physically incapacitated or traumatized women may be unable to take care of their children.
- Physically incapacitated or traumatized women may not be able to return to work, resulting in a loss of resources for the family.

*Consequences for the community include:*

- Violence prevents women from fully participating in their communities, socially and economically.
- Violence against women in families is closely associated with greater overall violence in the community and society.
- Greater violence in the community and society undermines overall security in the community.
- Violence against women also has tremendous economic costs for the community, including the direct costs of health, social and legal services and the indirect costs of lost resources.

**20. Ask:** Do you think anything is missing from the list? Did you miss anything when you came up with your lists? Did any of the consequences I've just talked about surprise you?

**21. Emphasise** again that gender-based violence has profound, negative consequences for women and girls' mental and physical health. The long-term impact of such violence can be seen in illness throughout their lifetime. Girls and women who experience violence continue to suffer from its consequences throughout their lives. Gender-based violence also impacts the family and the community. It is therefore a very important issue to address.

**22. Ask:** How can gender-based violence be addressed in the community? Facilitate a discussion, making sure to highlight the need for community members to speak out against violence against women, for men to join women in calling for an end to violence.

**23. Emphasise** that it is important to think about traditional, harmful gender norms and their impact on individuals and the community. **Ask:** How can we begin to transform harmful traditional gender norms? Facilitate a discussion on this, and guide it to include the importance of communication, respect, modeling positive behaviour, recognizing negative attitudes and behaviours, and actively changing and discouraging them.



## Main messages

- Gender-based violence can occur in many forms in the home and in the community.
- Gender-based violence is deeply rooted in harmful traditional gender norms and notions of masculinity. These norms can be changed.
- Gender-based violence has serious consequences for mental and physical health. It also impacts the family, community and society as a whole.



## Activity: In Her Shoes<sup>3</sup>

Ask for volunteers to role play the following scenarios. You may want to ask for men to play women's roles and women to play men's roles. After each role play, ask participants to discuss.

- 1) **Characters:** A young wife and her older husband

**Scenario:** A young wife comes home a little late. Her husband is annoyed, and suspects she is having an affair. He is also scared that she will leave him, but is unable to express his fears. He confronts her and demands to know where she was.

- 2) **Characters:** A teenage girl and her parents

**Scenario:** Community gossip has reached the parents regarding the fact that their teenage daughter is hanging out with boys. The parents are upset about this and greatly worried about their daughter's reputation, as well as their reputation in the community. The daughter comes home in the afternoon. She looks like she has been crying. She shakily tells her parents some boys assaulted her after school.

- 3) **Characters:** A middle-age woman with three children and her mother-in-law

**Scenario:** The woman's husband has been abusing her for a while. She desperately wants to leave, but she has no resources of her own and is worried about losing her three kids. Her mother-in-law tries to convince her that she should stay with her husband and do her best to keep him happy so he won't get angry all the time.

- 4) **Characters:** A young woman and a man she does not know

**Scenario:** A man approaches an attractive young woman in a bar. They strike up a conversation which both appear to be enjoying. The man suggests that they go back to his place. She responds that she is not interested and begins to get up. The man thinks that she is acting flirtatious and is clearly interested in going home with him, despite her protestations.

- 5) **Characters:** A married woman and a health worker

**Scenario:** The woman has come in for a health check-up. She knows that her husband has had several affairs. She is worried she might have contracted a sexually transmitted infection. The health worker suggests a number of tests, including one for HIV infection. The health worker also happens to be the husband's friend.

<sup>3</sup>Adapted from: Washington State Coalition against Domestic Violence "In Her Shoes" (2004), Seattle, Washington <http://www.wscadv.org/Resources>.





## Background notes

**Sex** means characteristics that are related to a person's biology. These characteristics cannot be changed and make up a woman and a man's sexual attributes. Sexual characteristics include: women can bear children, have menstrual periods and have breasts. Men grow beards and mustaches, can father children (give sperm through sexual intercourse) and may grow bald.

**Gender** refers to characteristics, roles and relations between men and women that are taught and learned. These differences are deeply rooted in every culture and community, but they can and have changed over time. They also differ greatly within and between cultures. Gender characteristics include: women are good at taking care of children and are naturally emotional. Men are good at handling money and are naturally rational.

Some characteristics and roles may be very hard to change. They may be deeply rooted in our traditions, our culture, and the social nature of the community. We may not want some of them to change. They may make some of us comfortable. But this is not the same as saying that they *cannot* be changed or *should* not be changed. We can choose to change them, and take on different roles and characteristics.

**Gender norms** means what the community considers acceptable behaviour for women and men. We learn these norms by observing how others act, and listening to what our parents, friends and community tell us we should do. Gender norms show how a community expects men and women to behave and what it expects them to do. They are not the same as sexual characteristics, which cannot be changed. But individuals do not have to follow what society expects of them, because they are women and men. They can choose the roles that they would like to take on.

**Masculine** means qualities that are traditionally male. Ideas of masculinity, or what it means to "be a man," are part of a society's and a community's gender norms. They include attitudes and behaviours that are learned, copied and encouraged, beginning in childhood, and strengthened throughout a man's life by the community. Ideas of masculinity cannot exist and develop separate from a community's actions and support. They are developed as people act and communities encourage particular behaviours and discourage others. Masculinity then becomes a part of a community's deeply rooted norms.

Traditional, harmful notions of masculinity lead men to hide their true selves, their true feelings and ambitions. Men may feel one way, but act another because they are worried about what their family and friends may say and what they will think. They may hide feelings of doubt, fear, concern, caring, and sadness because they are not masculine.

Harmful norms of masculinity are often continued because of fear, including fear of being laughed at, being called feminine or weak, being shunned by family and friends, fear of losing control and losing respect. But those that make fun of or avoid people who do not appear masculine are almost always doing so because of their own fear and insecurity. They don't want to appear unmasculine (or feminine), so they find ways to loudly and visibly show that they are ideal men. Men may be afraid of appearing vulnerable or of losing control. But vulnerability does not mean weakness. It is a part of being human, and can in fact make us stronger.

Gender norms associate certain behaviours as "masculine" and others as "feminine" and characterize particular individuals as masculine or feminine. But these ideas also exist at the larger group, community level. Ideas of masculinity are defined and supported in the workplace, by armies, governments, and schools. Culture plays a large role in defining masculinity. The media, TV, radio, movies, and commercials, show stereotyped images of violent masculinity. Sports events, while they can be incredibly positive, also encourage stereotypes of masculinity.



Norms of masculinity have been associated with a wide range of harmful consequences to men, including:

- High levels of injury, such as those caused by road accidents.
- Patterns of ill health and death resulting from poor diet, drug, and alcohol abuse.
- Poor use of health services or not using services at all.
- Unsafe sexual practices.
- High levels of victimization (men are the majority of victims of reported violence) and imprisonment.
- Patterns of conflict among men that lead to violence, unstable relationships, depression, fear and isolation.

Norms of masculinity might also encourage some harmful effects in the lives of others, including rape and domestic violence against women, other forms of violence, racism, patterns of ill health and infection resulting from partners' unsafe sexual practices, instability in the community, and armed conflict. The perception of masculinity can also limit opportunities for men in areas that are not considered masculine, as well as limit girls' and women's opportunities in areas that are considered masculine.

There is no single pattern of masculinity that is found everywhere. Different cultures have different ideas about masculinity, and norms of masculinity change over time. So we know that ideas about masculinity can change. It is critical to transform harmful ideas about masculinity so that their harmful consequences for men, women, children and the community can be prevented. Transforming these ideas into positive ones is important if we want to stay healthy, have healthy relationships, feel fulfilled in our lives, allow family and friends to know who we really are and how we really feel, end violence against women, and make our communities secure.

**Gender equity** is a process of being fair to women and men. Gender equity includes all the actions, attitudes, and assumptions that provide opportunities and create expectations about individuals leading to equal treatment and equal outcomes for girls and boys, women and men. Gender equity means giving girls and boys, men and women an equal chance at opportunities, resources and support.

Gender **equity** is not the same as gender **equality**. Gender equality means that the outcomes are the same for women and men. Gender equity is how we reach those outcomes, how we move towards gender equality. For example, gender equity means that parents value education for girls and boys equally and offer similar support to both. Gender equality means girls are able to reach the same level of education as boys, and have access to similar jobs.

Gender equity is not just about equal resources. For example, a husband saying that his wife is allowed to ask for as much money as she needs for household expenses is not a gender equitable relationship. Gender equity is about men and women having equal control and decision making power. In this example, gender equity would mean the woman would not have to rely on the husband to allow her to spend money on household expenses. They would decide together how money should be spent, listening and respecting each other's ideas.

Gender equity is also about ensuring that girls and boys are given the same opportunities and support and allowed to develop to their full potential. It is important to look at gender norms which prioritize boys over girls, giving boys more attention and placing greater value on their development, education and goals while limiting or devaluing girls' goals and ambitions.

Gender equity in relationships is also about decision making and control. For example, if a couple decides to get married, and the man wants to move but the woman does not, who makes the decision? Who makes decisions about using birth control or condoms? Are there different expectations for men and women in relationships about who they can see, about going out alone, or with friends?



Gender equity in the workplace means ensuring that women and men are treated fairly, given the same opportunities for advancement and paid the same amount of money for the same work. It means that their performance is measured by the same standards and that men are not treated better than women. It also means that sexual harassment is treated as a serious abuse of power, incidents are investigated and punished, and a culture of respect is developed with no tolerance for harassment.

**Sexual harassment** means any unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature. It usually refers to unwanted sexual advances and requests for sexual favors in the workplace, including for example, a colleague repeatedly making sexual advances when he has been told they are unwelcome, or a boss suggesting that someone will not get a promotion if she does not sleep with him. However, sexual harassment also includes similar situations in the community. For example, if a woman is told she needs to sleep with the man from whom she buys food for her family, that is sexual harassment. If a sugar cane grower is told she needs to sleep with the person who is buying the sugar cane, and that is her only means of livelihood, that is also sexual harassment.

If a person is sexually harassed they should report the event to authorities as soon as possible. Speaking out about what is happening is the only way to begin bringing attention to the matter and fight back against this harmful action. A victim may not be the only person that has suffered this abuse, there could be other people. A victim of sexual harassment could speak with the managers of the company or the boss of the employee who conducted the harassment, the police, community leaders or organizations that work in the area of gender relations, gender-based violence and sexual harassment.

Gender equity in the community involves ensuring that women are allowed to participate fully and equally in the community's social, economic and political life, and not limited by the community in the choices they make because of gender norms. Practically, it means ending laws, practices and attitudes that discriminate against women in the community.

**Gender discrimination** refers to any distinction, exclusion, or restriction made on the basis of socially constructed gender roles and norms which prevents a person from enjoying full human rights. It includes denying opportunities and privileges to someone because of their sex. What does this mean? Any barrier that a woman has to face which prevents her from doing the basic things she needs to do to carry on her life, including getting a job, buying food, fish, water and other essentials for her family and getting health care, and which she faces because she is a woman (and men don't face the same barriers) is discrimination.

While gender equity in the community has a lot to do with government action, such as passing laws, it also has even more to do with the actions and attitudes of community members. The community plays a large role in how women and girls are viewed and how they are treated, whether they are given the same respect and whether their goals and ambitions are valued as much as those of men and boys. A woman who finds herself in a very unequal situation, at home or in the community, may feel it is too difficult to change her situation. She may feel that there will be little support if she tries to create some change. But it is important to remember that women all over the world have been advocating for equality for a long time. Strong local women's groups exist in many communities that could serve as resource centres, and places to get assistance. By speaking out and joining together, women have brought significant change to areas many felt would never change.

Gender equity in the community also involves taking action to correct historical inequity and inequality. For example, if girls have historically been excluded from certain schools or programs, steps should be taken to actively recruit, support and keep girls in those programs. If women have historically been excluded from positions of leadership in the community, steps should be taken to actively encourage and support women's participation in leadership roles. Laws that discriminate against women should be changed or done away with. These steps need to be taken to ensure that gender equality can be reached in the community.



Gender equity and equality have benefits for individual, family and community physical and mental health, economic development and family and community stability.

**Gender-based violence against women** is “violence that is directed against a woman because she is a woman, or violence that affects women disproportionately.” Violence against women includes “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.”

Gender-based violence:

- Is violence that is committed against women because they are women.
- Is violence that affects only women, or women more than men, because they are women.
- Includes physical, psychological (emotional), or sexual harm, or the threat of harm.
- Includes violence in the public and the private sphere – that is, violence that occurs in the house or in the bedroom, by family members, as well as violence occurring in the open, by strangers.

Gender-based violence can occur in many forms and in many situations, in the home and in the community. While this session focuses on two particular forms of gender-based violence, intimate partner and sexual violence, other forms include trafficking of women and girls, sexual harassment, harmful traditional practices or rituals such as female genital mutilation, and early marriage and slavery of women and girls.

**Intimate partner violence**, sometimes known as domestic violence, is defined as “actual or threatened physical or sexual violence or psychological or emotional abuse directed towards a spouse, ex-spouse, current or former boyfriend or girlfriend, or current or former sexual partner.”

**Sexual violence** is defined as “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.” It includes:

- Actual or *threatened* violence, physical, sexual or emotional.
- Any sexual act or *attempt* to obtain a sexual act, in any setting, home, community, school, work, church, regardless of the person’s relationship to the victim. This includes threatening, coercing, or using blackmail to obtain a sexual act. And it includes *any* sexual act, not only penetration with a penis.

Gender-based violence against women, intimate partner or domestic violence, and sexual violence occur in great numbers in every community and every culture. Studies conducted around the world show that on average, one in three women will experience some form of violence during their lifetimes.

Gender-based violence against women is deeply rooted in traditional gender norms. It is also fueled by harmful traditional ideas of masculinity. These ideas of masculinity can be changed, and need to be changed. Gender-based violence is sometimes excused and accepted as “culture” or “tradition,” but is not an unchangeable part of any culture.

Gender-based violence is particularly rooted in the idea of male power over women. It is used by men who are afraid they do not seem masculine enough and want to show they can control and dominate a woman. This idea is important to recognise because many people still believe that gender-based violence against women is provoked by women themselves. Women’s actions are somehow responsible for making men violent. A woman who has been sexually assaulted, for example, is often questioned about the clothes she wore and whether she had been talking with the rapist or “leading him on.” Her character is called into question. Men cannot control their sexual urges, and should not be punished for acting on those urges if a woman dresses in a “provocative” manner.



But rape and sexual violence are not about feeling sexually attracted to someone. Many men feel sexually attracted to women and don't assault them. Rape and sexual violence are about the need to control women. And that must be changed.

Gender-based violence has serious, often long-lasting consequences that extend beyond the individual victim.

Physical health consequences include:

- Serious, long-lasting pain and injury.
- Disability (limbs and senses).
- Deformity.
- Reproductive and sexual health problems including infertility, gynecological disorders, pelvic inflammatory disease, sexually transmitted infections, HIV/AIDS, pregnancy complications, miscarriage, unsafe abortions and unsafe pregnancies.
- Death.

Emotional and mental health consequences include:

- Depression.
- Suicidal thoughts and attempts.
- Mental trauma: serious impact on a person's emotional and mental health, including nervous breakdowns and shock.
- Loss of memory or the ability to think clearly.

Consequences for the family include:

- Children who witness violence demonstrate high rates of emotional health problems.
- Children who witness violence are more likely to be violent with other people themselves or be more accepting if they experience violence later on.
- Physically incapacitated or traumatized women may be unable to take care of their children.
- Physically incapacitated or traumatized women may not be able to return to work, resulting in a loss of resources for the family.

Consequences for the community include:

- Violence prevents women from fully participating in their communities, socially and economically.
- Violence against women in families is closely associated with greater overall violence in the community and society.
- Greater violence in the community and society undermines overall security in the community.
- Violence against women also has tremendous economic costs for the community, including the direct costs of health, social and legal services and the indirect costs of lost resources.

Women who are victims of gender-based violence should talk to a health worker, community leader, their family members, the police, community organizations, and women's groups that work on gender-based violence or a trusted source to get help with the problem. Women should recognize that it is their right to live a life free from violence. It is important to break the silence around the issue of gender-based violence. Women can start by letting a friend or a relative know about the violence they are experiencing. Gender-based violence affects countless women in every community.

By breaking the silence, women can find the support they need from hearing about other women's stories and recognizing they are not alone. They may want to get together with other women to form a support group for discussing what options they may have. Gender-based violence is a crime in Kenya.

Survivors should never be afraid of reporting such violence to the police, even if the police do not appear helpful. If necessary and possible, women should find emergency shelter. Numerous women's groups provide legal assistance and other forms of counselling for survivors. It is also a good idea to get some assistance with the process of reporting crimes, which many groups provide.

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## This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

# Reproductive health



This chapter will focus on the male and female reproductive systems, and the processes of menstruation and fertilisation. Each session is meant to be used during one group meeting.



# 1. Male and female reproductive systems



## Session objectives

By the end of this discussion, participants will be able to:

- Identify the parts of the female reproductive system and describe how they work.
- Identify the parts of the male reproductive system and describe how they work.



## Session guide

1. **Hold up** the illustration of the male reproductive system at the end of this session. Point to different parts of the male reproductive system and ask participants to name the part and what it does. Correct any incorrect information.
2. **Hold up** the illustration of the female reproductive system at the end of this session and repeat the steps above.
3. **Ask:** Why is it important to understand our own reproductive systems and that of the opposite sex?
4. **Ask:** Which parts of the male and female anatomy are the same? [Possible responses: Both males and females have a urethra and an anus; the female clitoris and the male penis are similar because they are very sensitive to sexual pleasure.]
5. **Ask:** In what ways are men and women's systems different? [Possible responses: Women have more parts internally. Their system is more complex and there is more potential for things to go wrong. It is important for both men and women to be familiar with their bodies, so that they know when something is wrong. Women have babies and men do not.]
6. **Ask:** Why do men generally feel more comfortable than women about their genitals? [Possible responses: The penis is more visible and young boys are taught to touch and handle their penis in order to urinate. Girls are often discouraged from touching themselves and cannot easily see their own genitals. In many societies there are cultural taboos relating to the female genitals and menstrual blood.
7. **Ask:** Why is it important to feel comfortable touching your own genitals? [Possible responses: It is important to know how your genitals look and feel when they are normal, so that you can recognize if something is wrong or if you develop an infection. Boys and men need to touch their testicles to feel for lumps that might be a sign of testicular cancer; girls and women may want to use tampons, or some forms of contraception, that are put inside the vagina; for both sexes, there are methods of contraception that require touching the genitals. Genitals are sources of sexual pleasure and touching the genitals for pleasure (masturbation) is a risk free way of exploring your own sexuality. There is no shame in touching yourself for sexual pleasure. It is a natural thing that many people do. In order to receive sexual pleasure from someone else, you need to know what kind of touching makes you feel good. Sexually touching your own genitals is a good way to get to know your body.]



### Note to facilitators

If you have access to paper and pens, instead of holding up the pictures, ask participants to draw their own pictures by following the steps a to c below and then continue with step 3.

- Divide participants into pairs. Ask each pair to draw a picture of the male sexual organs (both inside and outside). Once they are finished drawing, ask them to turn their paper over and draw the female sexual organs (both inside and outside).
- Ask participants to display their pictures and encourage a discussion around these pictures, focusing on the most important parts. Correct any misunderstandings.
- Show participants the illustrations in this manual and ask them to talk about how they are similar to their drawings and how they are different. Explain the correct name of each part of the male and female reproductive systems and what they do. Be sure the group understands the information. Ask them to correct their drawings as needed.

### Female reproductive organs

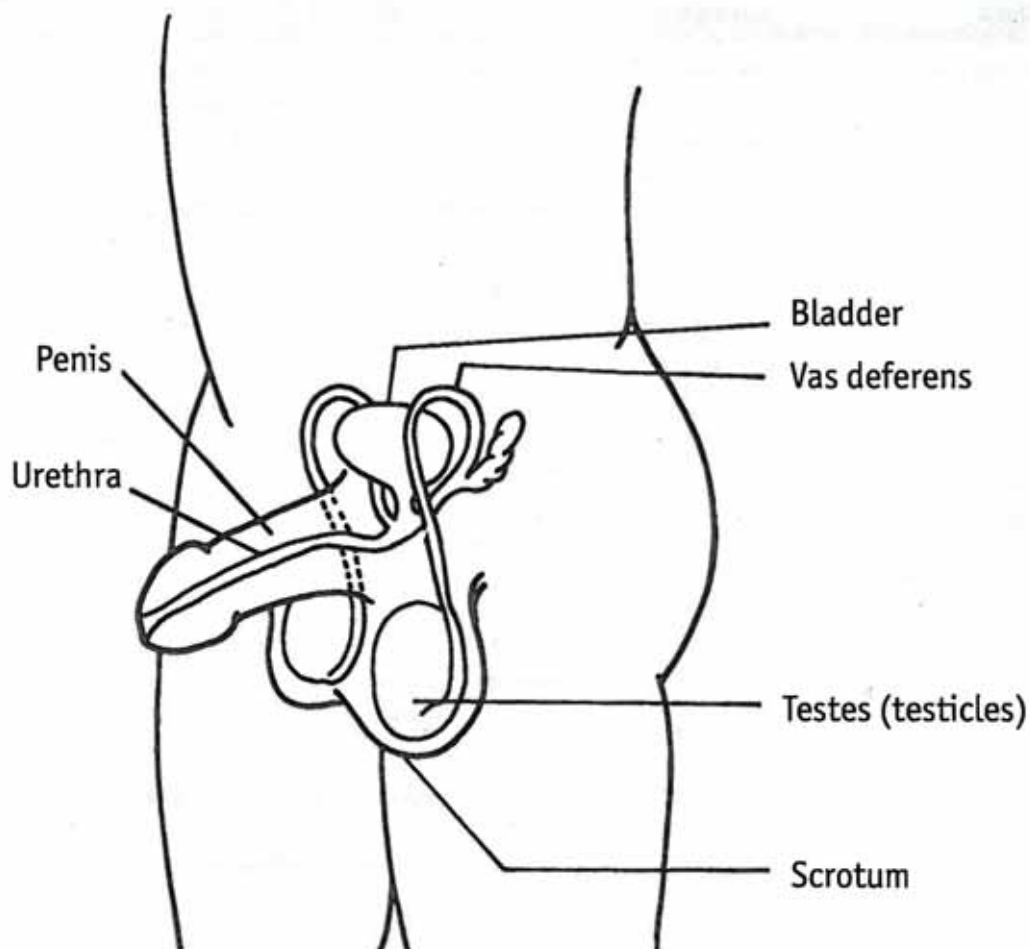
| Organ  | Description  |
|--|--|
| Vagina (uke)   | The vagina is a channel between the womb and the outside of a woman's body. It can become bigger and smaller. The vagina is where the penis is inserted during sexual intercourse. It is where a baby comes out during childbirth. It is the way for menstrual blood (the period) to leave the body. The vagina also produces fluids; the amount of fluid, and their colour and texture, change at different times of the month. |
| Cervix (mlango wa nyumba ya uzazi)                         | The cervix connects the womb to the vagina, and normally has a very small opening. During pregnancy this opening stays small, so that the baby stays inside. During labor the cervix opens up so that the baby can be born.  |
| Womb/uterus (kondo la mama, kidaka donge, mfuko wa kizazi) | The womb is where a fertilised egg attaches itself to create a pregnancy. During pregnancy, the womb holds the growing baby in a bag of fluid and the placenta (afterbirth) is connected to the baby for nourishment. The womb is normally the size of a mango, but becomes much bigger during pregnancy.  |
| Fallopian tubes  | A fallopian tube connects each ovary to the womb. When an egg is released from one of the ovaries every month, it is pulled into the fallopian tube and moves toward the womb. It is here that a man's sperm meets and fertilises the egg. The fertilised egg then goes to the uterus (womb). It takes about five days for the egg to move from the ovary to the womb.   |
| Ovaries (kifuko cha mayai)                                 | A woman has two ovaries, one on each side of the womb. Each one is the size of a small nut. The ovaries produce eggs which, if fertilised by sperm, will develop into a pregnancy.   |



### Male reproductive organs

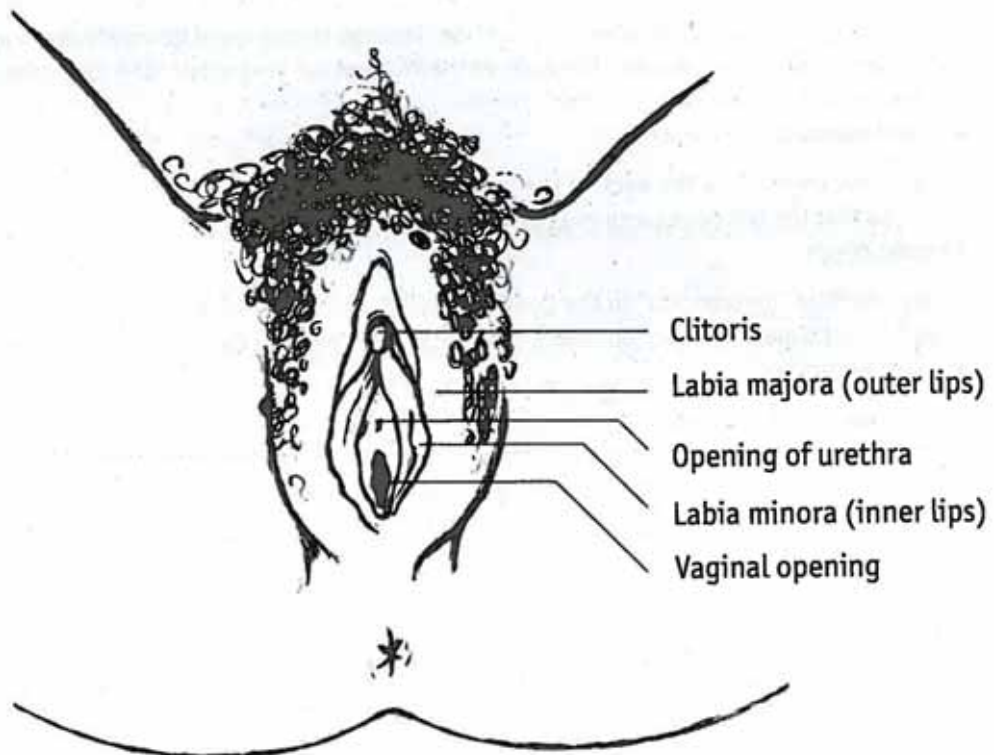
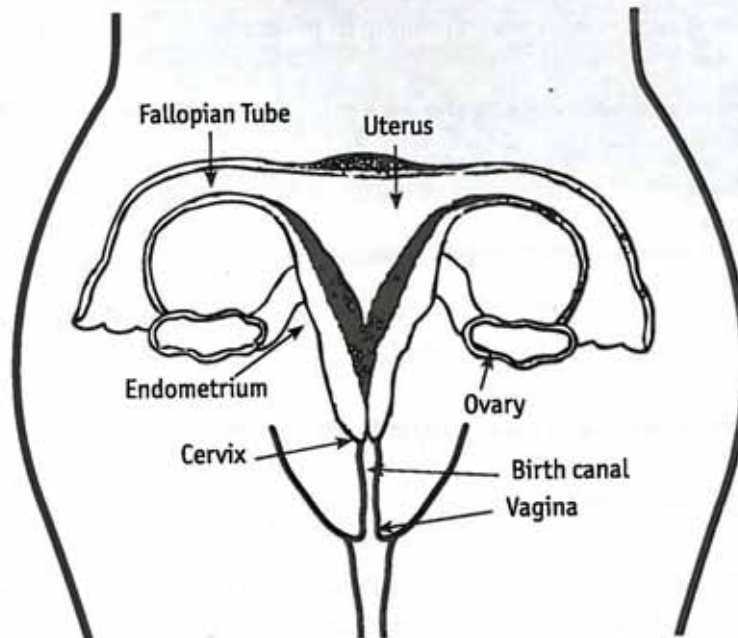
| Organ                    | Description  |
|--------------------------|--|
| Testes/testicles (pumbu) | The testes are two egg-shaped organs, in front of and between the thighs, within a sac of skin called the scrotum. Testes produce sperm that fertilises the woman's egg to start a pregnancy. From puberty until old age, men's testes produce sperm all the time. A man releases 100-300 million sperm every time he ejaculates. During ejaculation, the sperm are carried in liquid called semen. One of the millions of sperm may reach an egg and fertilise it; the rest simply die in a few days and disappear. |
| Penis (uume, mboo)       | The penis is the organ that carries the semen with sperm into the vagina. During sexual excitement, blood is pumped into the muscles of the penis. This makes the penis become hard so it can enter the vagina. After ejaculation, the blood quickly drains away into the body and the penis returns to its normal size.   |

### Male reproductive organs



## Female reproductive organs

Female reproductive organs







## Activity: Reproductive system quiz

Read aloud the following clues, and ask participants to guess the body part being described.

1. What is normally the size of a mango but has the ability to grow many times its size? It serves as a kind of house or nest and provides nourishment to its inhabitant.

**Answer:** uterus/womb

2. A woman has two of these, each the size of a small nut. Every month these "nuts" produce an egg.

**Answer:** ovaries

3. This organ also changes in size, depending on the situation. Semen can pass through this organ into the woman's vagina.

**Answer:** penis

4. This part of the woman's body is kind of like a factory. It has fat and tiny sacs that produce nourishment for babies.

**Answer:** breasts

5. This part serves as the opening to the vagina/birth canal. It consists of folds of skin and is covered with hair. The inner folds surround the most sensitive part of the women's reproductive system – the part that gives pleasure during sexual intercourse.

**Answer:** vulva

6. What are about 10-12 centimetres long, and help move an egg from the ovary to the uterus? This is the place where the man's sperm usually meets the egg.

**Answer:** fallopian tubes

7. This is factory in the man's body that is located in a sac outside his body. This factory produces millions of tiny little "swimmers" that can pass out of the penis.

**Answer:** testes

8. This is a channel between the womb and outside. Through this channel flow different body fluids, as well as the baby when it is born. The walls of the channel are very elastic and can stretch when the baby is born.

**Answer:** vagina/birth canal

9. This is sometimes called the neck of the womb. It has a very small opening that opens up during labour so that the baby can come out of the womb.

**Answer:** cervix

10. These are little "messengers" in the body that tell it when to produce an egg, when to release it, when to start a menstrual period, and when to start nourishing a baby.

**Answer:** hormones

## 2. Menstruation and fertilisation



### Session objectives

By the end of this discussion, participants will be able to:

- Describe the menstrual cycle.
- Explain how fertilisation and implantation occur.



### Session guide

1. **Ask:** When is a girl first able to become pregnant? [Answer: When a girl begins ovulating she is able to become pregnant.]
2. **Ask:** What is a menstrual cycle (kuona mwezi) and when do women get it? What are some different names for what people call a menstrual cycle?
3. After participants discuss, correct any incorrect information and **summarize** what they have said using the following information:

When a girl is born, her ovaries contain hundreds of thousands of eggs. When a girl enters puberty, she begins to release eggs as part of a monthly period called the menstrual cycle. The menstrual cycle is not the same thing as a period. A period is the time when there is menstrual bleeding. The menstrual cycle starts the first day of the menstrual period and ends the day before the next period. The length of the menstrual cycle is different for each woman and can even be different for the same woman.

Once a month, an ovary sends a tiny egg into one of the fallopian tubes. Unless the egg is fertilised by the sperm while in the tube, the egg dries up and leaves the body about 2 weeks later through the uterus. Blood and tissues from the inner lining of the uterus combine to form the menstrual flow. In most girls this lasts 3-7 days.

4. **Ask:** How does a woman become pregnant?
5. After participants discuss, correct any incorrect information and **summarize** what they have said using the following information:

Each month, in preparation for a fertilised egg, the uterus builds up a thickened lining made up of blood and body tissue to nourish the egg. After sexual intercourse sperm cells travel to the fallopian tubes. If the egg cell is met by a sperm cell, the egg cell is fertilised. The fertilised egg then travels to the uterus and attaches itself to the lining of the womb. When this happens, it is called implantation and is when pregnancy begins. If the egg is not fertilised, this lining is not needed and is shed through the vagina during menstruation.

6. **Ask:** What is most fertile time of the month for women? Allow participants to discuss, but be sure the following information is mentioned:

In the menstrual cycle there are days when the woman is at greater risk of becoming pregnant (these days are called "fertile days") and other days when she is not at risk of becoming pregnant (these days are called "infertile days"). The woman is fertile when she produces an egg in each cycle (ovulation). Although the egg only lives 24 hours, there are several days during each cycle when a woman can become pregnant.



This is possible because she doesn't know exactly when ovulation will occur and sperm can live for several days inside the woman and fertilise the egg.

Many women think that their fertile period is right in the middle of their menstrual cycle, but this is only true for women with a 28-day cycle. For women with shorter or longer cycles, the fertile period will not be in the middle of the cycle. This is because ovulation (the release of the egg) occurs about 14 days before the next menstrual bleeding begins. This means that a woman who has a 21-day cycle probably ovulates around Day 7, whereas a woman with a 35-day cycle probably ovulates around Day 21.

7. **Ask:** Can awareness of their fertile period help women avoid pregnancy (or become pregnant), if desired? Why can it be difficult to depend on this as a reliable form of family planning?

Women and couples can avoid unplanned pregnancy by knowing on which days they should avoid unprotected sex because of a woman's fertility. Depending on their goals, couples may choose to time unprotected sexual intercourse so that it falls during the fertile phase (to become pregnant) or the infertile phase (to avoid pregnancy). To prevent pregnancy, couples should avoid unprotected sex on these days. On all other days, when pregnancy is very unlikely, couples can have unprotected sex. Women must be very familiar with their menstrual cycle and also have a regular menstrual cycle. Couples should talk with a health worker to decide if this could work well for them.

8. **Explain** that John and Margaret are trying to get pregnant. They have been trying for more than one year. John thinks it's Margaret's fault and Margaret thinks it's John's fault. Who do you think is to blame? Why?
9. After participants have discussed, **explain** that fertility is a problem involving two people. On average, the cause of the problem is with the man 40% of the time and with the woman 40% of the time. In the remaining 20% of cases, both the man and the woman contribute to the problem.



### Activity: Fertilisation and implantation quiz

Read aloud the following statements and ask the participants to say true or false. Ask participants to discuss why it is true or false.

1. A woman's most fertile period is exactly half way between menstrual periods. **False**
2. The uterus remains unchanged unless a fertilised egg enters it. **False**
3. A sperm can live for up to 5 days after entering a woman's vagina. **True**
4. Generally, a sperm joins with an egg when the egg has reached the uterus. **False**
5. Unless a young woman's periods are regular, she cannot get pregnant. **False**
6. A woman's most fertile time is when the egg is passing through one of the fallopian tubes. **True**
7. Implantation is when the fertilised egg attaches itself to the lining of the uterus. **True**



## Background notes

Men, women, boys and girls all have the right to understand how their bodies work. They should feel comfortable talking about their bodies so they can ask questions, learn correct information and take care of their health. It is important for men, women, boys, and girls to understand how their bodies work. With this information, people will be able to know when something is wrong with their reproductive system and take the steps they need in order to keep their bodies healthy and functioning.

Reproductive health means more than not having an illness or infection in the reproductive system. It is the complete physical, mental, and social well-being in all matters relating to the reproductive system. Reproductive health means that people are able to have a satisfying and safe sex life and that they are able to reproduce and have the freedom to decide if, when, and how often to do so.

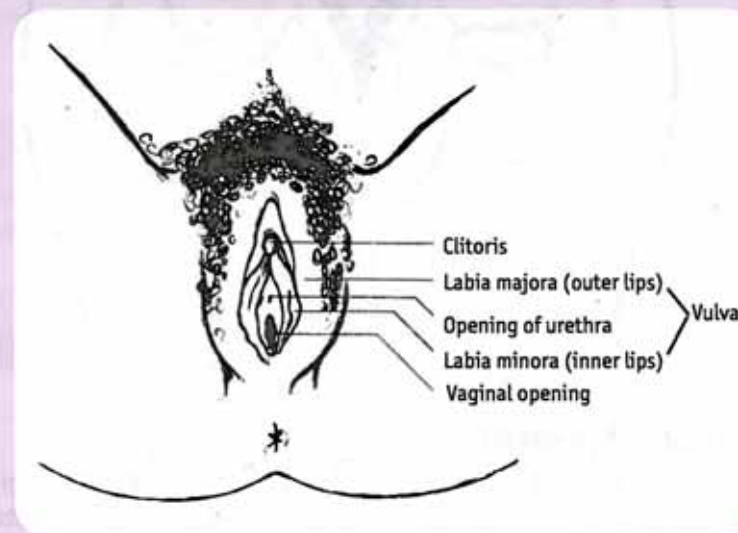
Most species have two sexes: male and female. Each sex has its own unique reproductive system. They are different in shape and structure, but both are designed to produce, nourish and transport either the egg or sperm.

## Female reproductive system

The female reproductive system enables a woman to: produce eggs, have sexual intercourse, protect and nourish a fertilised egg until it is developed, and give birth. The parts of the female body that are involved in pregnancy and childbearing are called the reproductive organs. They include the vagina (uke), uterus (kondo la mama, kidaka donge, mfuko wa kizazi), two fallopian tubes, and two ovaries (kifuko cha mayai).

These organs lie inside the lower part of the abdomen, called the pelvis. They are surrounded by bones and muscles. The breasts are also affected by pregnancy and are essential for breastfeeding a baby.

External female reproductive organs



## Vulva

The vulva is the area around the opening of the vagina that can be seen from the outside. The outer folds of the skin, called the labia majora, are thick and covered with hair. The two inner folds, called the labia minora, are much thinner. These inner folds form a hood around the clitoris, a small, sensitive organ above the vagina that responds to stimulation and makes sexual intercourse pleasurable for women. Inside the vaginal opening is a pair of glands that produce a thin fluid that moistens the vagina, especially during sexual excitement.

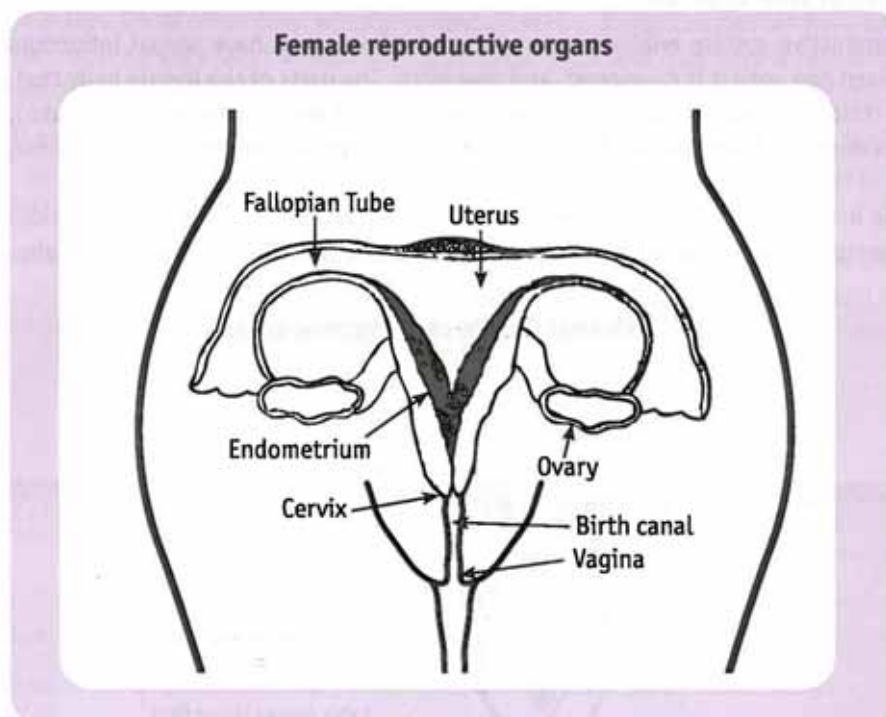


## Vagina (uke)

The vagina is a muscular hollow channel between the womb and the outside. Because it has muscular walls, it can expand and contract. This ability to become wide or narrow allows the vagina to hold something as slim as a tampon, but also something as wide as a baby. The vagina has three purposes:

1. It's where the penis is inserted during sexual intercourse. When a man ejaculates, sperm from the penis enters the vagina. It then passes through the womb and into the fallopian tube, where it may fertilise the egg.
2. It's the path a baby takes out of a woman's body during childbirth. This is why it is sometimes called the "birth canal." The walls of the vagina are elastic and can stretch to allow the passage of the baby's head and body.
3. It provides a way for menstrual blood (the period) to leave the body from the uterus.

The vagina also produces fluids; the amount of fluids, and their colour and texture, varies at different times of the month. The hymen is a thin sheet of tissue that partially covers the opening of the vagina. Hymens are different for each woman. Hymens are usually stretched or torn after a woman's first sexual experience and the hymen may bleed a little, though some women may not have any bleeding after their first sexual experience.



## Cervix (mlango wa nyumba ya uzazi)

The cervix is sometimes called the neck of the womb. It connects the womb to the vagina, and normally has a very small opening. During pregnancy this opening stays small, so that the baby stays inside the womb. During labor the cervix opens up (dilates) so that the baby can be born.

## Uterus (kondo la mama, kidaka donge, mfuko wa kizazi)

Before pregnancy, the womb is the size of a small mango. The lower end of the womb is called the cervix, and it connects with the upper part of the vagina. A fertilised egg attaches itself to the lining on the inside of the womb, and the womb gives protection and nourishment until the baby is born. Fetus is the medical word for a baby before it is born. During pregnancy, the womb holds the growing fetus in a bag of fluid, and the placenta (afterbirth) connects to the fetus by a cord and provides oxygen and nourishment. By the time the baby is born, the womb alone weighs nearly a kilo and holds an average of five kilos (the fetus, placenta, and fluid).

## Fallopian tubes

Two fallopian tubes connect the ovaries to the womb on each side. The tubes are 10–12 centimetres long. When an egg is released from one of the ovaries every month, it is pulled into the fallopian tube and moves along the tube toward the womb. It is here that a man's sperm meets and fertilises the egg. The fertilised egg then begins a slow journey to the uterus (womb). It takes about five days for the egg to move from the ovary to the womb.

## Ovaries (kifuko cha mayai)

A woman has two ovaries, one on each side of the womb. Each one is the size of a small nut. The ovaries produce eggs which, if fertilised by sperm from a man, will develop into a baby. The ovaries produce important female hormones. These hormones help with the growth, development and function of the female body, especially the reproductive organs, throughout a woman's life. Hormones cause the breasts to grow and cause menstruation every month.

## Menstrual cycle

When a baby girl is born, her ovaries contain hundreds of thousands of eggs. When a girl is becoming an adolescent, she begins to release eggs as part of a monthly period called the menstrual cycle. Once a month, an ovary sends a tiny egg into 1 of the fallopian tubes. Unless the egg is fertilised by the sperm while in the tube, the egg dries up and leaves the body about 2 weeks later through the uterus. Blood and tissues from the inner lining of the uterus combine to form the menstrual flow. In most girls this lasts 3–7 days.

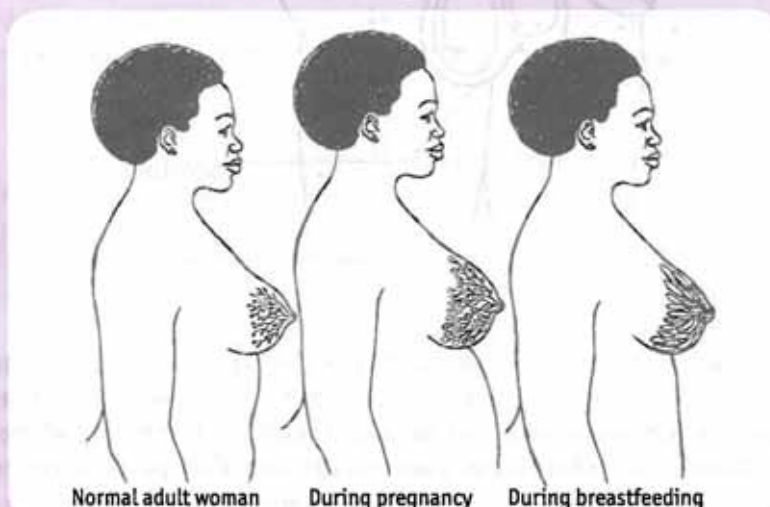
It's common for women and girls to experience some discomfort in the days leading to their periods. Physical and emotional symptoms could include abdominal cramps, acne, bloating, fatigue, backaches, sore breasts, headaches, constipation, diarrhea, food cravings, depression or difficulty concentrating or handling stress. It can take up to 2 years for a girl's body to develop a regular menstrual cycle.

As a woman grows past her reproductive age, the number of eggs available become less and soon her menstrual cycle will stop altogether. When this happens, she can no longer have a baby.

## Breasts (matiti)

The main external feature of the breast is the nipple and the dark skin around it, called the areola. Inside, the breasts consist of fat and sacs called "glands" that produce milk. In many women, one breast is larger than the other. Often, both breasts swell slightly during the menstrual period. During pregnancy, the glands grow in size as they produce milk; often some liquid comes out of the nipple even before the baby is born.

### Breasts during adulthood





## Hormones

The body constantly produces hormones, which are like special chemical messengers that tell your body how and when to change and to grow. For example, a growth spurt during adolescence is caused by a growth hormone, which is released by the brain in increasing amounts. In addition to the growth hormone, sex hormones also start to be released during puberty. For girls, the sex hormones are produced in the ovaries, and for boys, they are produced in the testicles. These sex hormones cause the difference between the shape of men's and women's bodies. Other hormones control the menstrual cycle or ensure a pregnancy is maintained and nourished.

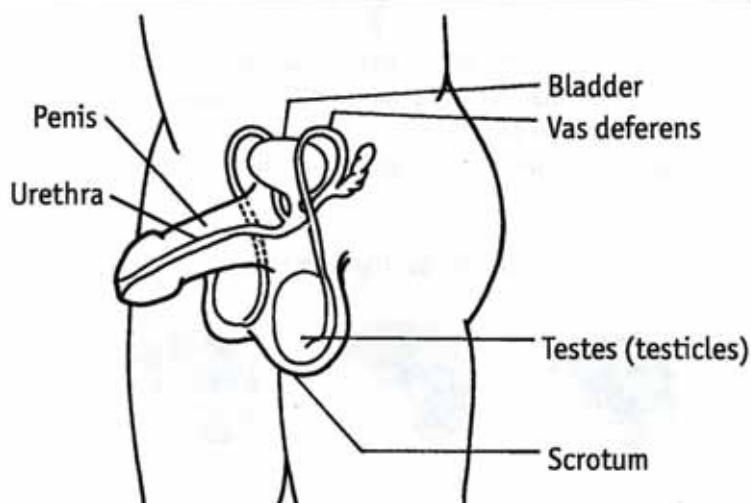
## Male reproductive system

The man produces sperm that fertilises the egg to create a pregnancy. A man's major reproductive organs are outside his body.

### Testes/testicles (pumbu)

The two testes produce sperm that fertilises the woman's egg to start making a baby. The testes are two egg-shaped organs, in front of and between the thighs, within a sac of skin called the scrotum. From puberty until old age, men's testes produce sperm all the time. While a woman releases one egg every month, a man releases 100-300 million sperm every time he ejaculates. During ejaculation, the sperm are carried in liquid called semen that is produced by the man's reproductive organs. The semen passes through a tube called the vas deferens and out of the penis. One of the millions of sperm may reach an egg and fertilise it; the rest simply die in a few days and disappear.

Male reproductive organs



### Penis (uume, mboo)

The penis is the organ that carries the semen with sperm into the vagina. During sexual excitement, blood is pumped into the muscles of the penis. This makes the penis stiffen or become erect so it can enter the vagina. Although both semen and urine pass through the tube called the urethra in the penis, at the time of ejaculation the opening from the bladder is closed so that only semen comes out of the penis. After ejaculation, the blood quickly drains away into the body and the penis returns to its normal size.

## Menstruation and fertilisation

An important event in the life of a female is the beginning of her menstrual period. This shows her body is physically able to become pregnant and bear a child. Sometimes, it can represent a change in the role she plays in her family, her community, and with her male peers. Many young women do not have the information they need to understand what is happening inside their bodies. Without the facts, women may not know when something is wrong, fail to seek health care when they should, and take unnecessary risks without knowing they are doing so. For example, without completely understanding fertility and implantation, many women might get pregnant when they thought they were protected by their "safe period." This session is designed to clarify participants' understanding of menstruation and fertilisation.

### Menstruation (kuona mwezi)

As a girl moves into adolescence, hormones cause the ovaries to grow and to start releasing an egg (or ovum) each month. Every female is born with thousands of eggs in her ovaries – and these eggs are so small you cannot see them.

As the ovaries grow, the uterus also grows and a soft lining begins to form in the uterus each month. This means the uterus is preparing itself to receive a fertilised egg. If there is no fertilised egg, the lining of the uterus will break down and will pass through the cervix and out of the vagina. This is called menstruation or a menstrual period. The lining of the uterus is made of blood, so it is called menstrual blood.

Girls who have started menstruating have "monthly cycles." For the first few years, most girls' menstrual cycles are very irregular. They do not know when they will get their periods. There is no pattern and they sometimes will go several months without getting their periods at all. This is normal. After a few years the menstrual cycle will become more regular. Some women never have a regular cycle, and this is ok.

Even when it is regular, the length of the menstrual cycle varies for different women and girls. For some, the cycle is as short as 21 or (even fewer) days. For others, it is as long as 35 days.

### The average 28-day menstrual cycle

On Day 1 a woman starts to bleed. For the next 5 to 7 days her body will be shedding the lining from the walls of her uterus. Her body has understood that there is not going to be a pregnancy that month, and it knows that it needs to start to prepare another egg. One egg starts ripening in one of her ovaries. Soon afterwards, the uterus starts to build up another lining.

Halfway through the cycle – sometime around Day 14 or 2 weeks after she started bleeding – the egg is released from the ovary, and it starts to float down the fallopian tube. This is the fertile period, when the woman's chances of becoming pregnant are the highest. The egg spends a few days inside the fallopian tube, and if it meets a male's sperm there, it can become fertilised.

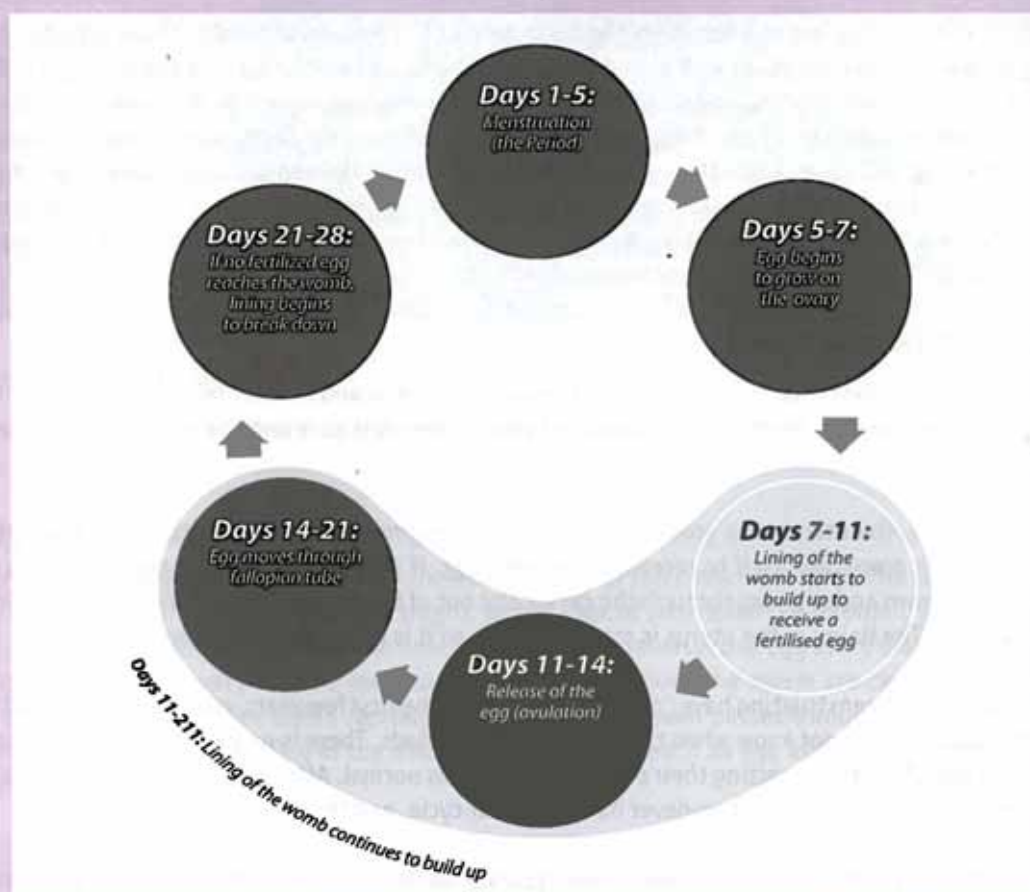
If the egg doesn't become fertilised, it goes into the uterus, down through the cervix and vagina, and passes out of her body. This will be around Day 20.

About a week later, when her body realizes that there has been no fertilised egg, the lining of the uterus will again come out as menstrual bleeding, and the cycle begins all over again.

Many women think that their fertile period is right in the middle of their cycle, but this is only true for women with a 28-day cycle. For women with shorter or longer cycles, the fertile period will not be in the middle of the cycle. This is because ovulation (the release of the egg) occurs about 14 days before the next menstrual bleeding begins. This means that a woman who has a 21-day cycle probably ovulates around Day 7, whereas a woman with a 35-day cycle probably ovulates around Day 21.



### The average 28-day menstrual cycle



The menstrual cycle can be very irregular during adolescence. It can be affected by stress, sorrow, travel, and other changes. Many girls become pregnant by mistake because they have unprotected sex during what they think should be their “safe days” – the days when they think their risks of pregnancy are low.

In addition, there are no “safe days” against HIV and other STIs. You can get those infections every day of the month.

### Fertilisation

A sperm fertilises an egg while it is in one of the female’s fallopian tubes. The egg and the sperm then travel together to the uterus (womb) where they are implanted. It is at this point that a pregnancy begins.

Each month, in preparation for a fertilised egg, the uterus builds up a thickened lining made up of blood and body tissue to nourish the egg. If the egg cell is met by a sperm cell, after sexual intercourse, the egg cell is said to be fertilised. It travels to the uterus and attaches itself to the uterine lining. This is called implantation and is when pregnancy begins. If the egg is not fertilised, this lining is not needed and is shed through the vagina during menstruation.

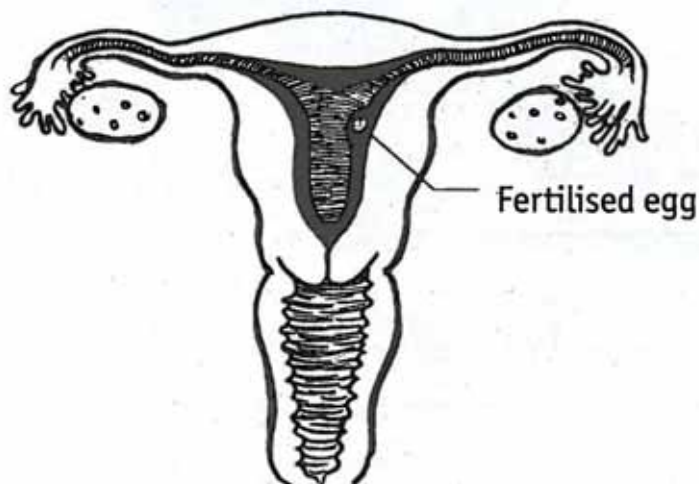
### Infertility

A couple is described as infertile if the woman has not become pregnant after having normal sexual intercourse two or three times a week without using any contraception for at least one year. Normally, 85 out of 100 young couples who want to have a child can do so within a year of trying. The chances are slightly lower if the woman is over the age of 30, and significantly lower if she is over the age of 40.

Sexually transmitted infections (STI) and other infections of the reproductive organs can cause permanent damage to the reproductive organs of both men and women. As a result of these diseases, as many as one in four couples in Africa may experience some difficulty getting pregnant.

Fertility is a problem involving two people. On average, the cause of the problem lies with the man 40% of the time and with the woman 40% of the time. In the remaining 20% of cases, both the man and the woman contribute to the problem.

### Fertilised egg implanted in the uterus



Secondary infertility refers to couples who have previously conceived but are unable to conceive again. Secondary infertility is usually a result of illness, disease or age. Except for sterilization, family planning methods do not contribute to secondary infertility.



### Gender and reproductive health

Gender is a very important factor in reproductive health. Reproduction is often viewed as a woman's concern. But girls are not provided the information they need about their reproductive system and the male reproductive system. There are a lot of myths about menstruation and girls and women are often denied control over decisions regarding their own body. Early marriage places young girls, who are not physically or emotionally ready for marriage, at high risk for reproductive health problems. Wives do not control decisions regarding if and when to have children, or the use of birth control. Many of the reproductive health concerns women experience are a result of myths, misunderstandings or lack of information regarding reproductive health. Men also need to understand and to become a partner with women in promoting and protecting their reproductive health.



## References

AMKENI. *Field Agents Handbook*. Nairobi: PATH; 2001.

Institute of Reproductive Health. *Counseling Clients in the Standard Days Method: A Training for Service Providers – Training Guide*. Washington, DC: Georgetown University; 2004.

White Ribbon Alliance website. Available at <http://www.whiteribbonalliance.org>

## Notes

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# Family planning



It is recommended that before beginning this chapter, participants have completed the sessions in the Reproductive Health chapter. It is important that they have a strong understanding of the male and female reproductive systems and pregnancy.



# 1. The importance of family planning



## Session objectives

By the end of this discussion, participants will be able to:

- Understand the importance of family planning for individuals, families and communities.
- Identify and clarify myths and misconceptions about family planning.



## Session guide

1. **Ask:** When people talk about family planning, what do they mean?

(Answer: Family planning refers to the actions couples take to have the number of children they want, when they want them. Using a method of family planning means allowing choice, not chance, to determine the number and spacing of children.)

2. **Ask:** Is planning your family a new idea? How did couples space their children in the past? Allow participants to discuss.

3. **Divide** participants into four groups and assign each group one of the following:

- Benefits of family planning to women
- Benefits of family planning to men
- Benefits of family planning to children
- Benefits of family planning to communities

4. **Allow** participants to discuss the benefits in their small group. After five minutes, **ask** a representative from each group to share the benefits they talked about. Allow other participants to add benefits and ask questions. After each group has presented be sure the following were mentioned:

| Women  | Children   | Men  | Communities  |
|--|--|--|--|
| <ul style="list-style-type: none"><li>• Prevents unplanned pregnancy</li><li>• Reduces chances of death</li><li>• Reduces pregnancy related illness</li><li>• Reduces the need for unsafe abortions</li><li>• Time to complete education</li><li>• Can spend more time with fewer children</li></ul> | <ul style="list-style-type: none"><li>• Reduces the risk of children being born early, low birth weight, and dying</li><li>• Better chance older children survive</li><li>• Older children can be breastfed longer</li><li>• More time and resources to care for older children (food, clothing, housing, and education)</li></ul> | <ul style="list-style-type: none"><li>• Reduces financial, emotional and physical responsibilities (less people to feed, more money available to health care and education of children)</li><li>• Reduces the worry of having to provide for many people</li><li>• Increases the man's time available for earning income, community involvement and other activities</li><li>• Can spend more time with fewer children</li></ul> | <ul style="list-style-type: none"><li>• Less demand for health, educational and social services</li><li>• Less competition for food, land and clean water</li><li>• Improves quality of women's lives, allowing them to participate more fully in community life</li></ul> |

5. **Ask:** Who is responsible or usually makes the decision about family planning within a family? (If people do not mention both partners, ask them why both partners are not involved? Should both partners be involved in this decision? Why or why not?)
6. **Emphasize:** Planning a family is done with two people – the man and the woman. Decisions about your family should be discussed together and are not the responsibility of one person alone. These kinds of decisions will impact both people, and each person should be comfortable with what is decided. Male involvement in family planning is also important. A man has just as much responsibility for his children as the woman does. A couple should consider how many children they would like to have, and if they can afford to support those children with food, shelter, health care and education. To have healthy, productive children requires an investment of time and money. In addition, it is important to remember that women have the right to make decisions about their body. Giving birth is not an easy task and a woman's feelings about this process and her body must be considered.



## Main messages

- Family planning has many benefits for men, women, children and the communities.
- Men and women should decide together how many children they want and can afford.
- Women should have control over their bodies and be able to make decisions about the number of children they have.



## Activity: The ideal number of children

On separate pieces of paper, write the numbers 1,2,3,4,5, and 6 (one number per piece of paper). On another piece of paper, write "more than 6." Tape these pieces of paper at difference locations around the room. (If paper is not available, use sticks or stones to represent the numbers.)

Ask the participants to think about the following question for a couple of minutes:

"If you could have your way, how many children would you choose to have?"

Then ask the participants to go stand next to the number that corresponds to the ideal number of children they chose. Once everyone has moved to their number, have them discuss their reasons with others who are standing next to the same number. After 10 minutes, ask representatives from each group to explain the reasons why their number is ideal.

Ask for volunteers to role play the following scenarios.

**Scenario 1:** A husband and wife are discussing whether or not to use family planning. They already have three children, and the parents want to ensure a good life for them. The husband wants to practice family planning and the wife does not.

**Scenario 2:** A woman is talking to her girlfriend. She is thinking about starting a family planning method, but she has some fears about it. The friend has been on family planning for many years, and talks about the benefits she has experienced.

**Scenario 3:** A chief is talking about family planning during a baraza. He tells them about the benefits of family planning for the community.



## 2. Contraceptives



### Session objectives

By the end of this discussion, participants should be able to:

- Describe the various family planning methods, how they work, their effectiveness and side effects.
- Identify the things that influence decision-making about a contraceptive method.
- Understand the role of men in choosing and using a method.
- Identify contraceptive methods that CORPS can give out and the ones that require a referral.



### Session guide

1. **Ask:** What is contraception?

2. **Explain:** Contraception means preventing pregnancy. A contraceptive is a drug, device or method that prevents pregnancy when a man and woman have sexual intercourse. There are many different contraceptive methods. Most are reversible; that means a woman can still be able to become pregnant after she has stopped using the method. Some methods, such as surgical sterilization, are permanent, meaning a woman will not be able to become pregnant in the future.

3. **Ask:** What are methods of contraception that you have heard about? Write down participants' responses on a flip chart if available, or note them for further discussion.

- Abstinence
- Condoms (male and female)
- Emergency contraception
- Female sterilization (tubal ligation)
- Implants (Norplant)
- Injections (Depo Provera)
- IUD
- Lactational amenorrhea method
- Male sterilization (vasectomy)
- Natural family planning or periodic abstinence or fertility awareness
- Oral contraceptives (pills)
- Spermicidal foams, cream and jelly
- Withdrawal

4. For each method, ask the following questions:

- How is this method used?
- How well does it work at preventing pregnancy?

- Does it have any side effects?
- What are the advantages and disadvantages of this method?
- What are your fears about this method?
- What are some of the beliefs and myths about this method?
- Where can we get this method?
- Do you have to visit a doctor or health facility to get this method?
- Are there certain women or men who should not use this method?
- What are some of the myths about family planning in your community? Are they true? What is the truth? Why do you think these myths develop?

Correct any information that may be stated incorrectly, and add additional information as appropriate. Use the table below and the background notes to help facilitate this session.

**Table. Contraceptive method overview**

| Method                          | Description  | Why it might be a good choice  | Why it might not be a good choice   | How to respond to common myths   |
|---------------------------------|--|--|---|--|
| <i>Method that always works</i> |  |  |   |  |
| Abstinence                      | Do not have sexual intercourse.  |  | It is permanent. It does not protect against HIV or other STIs.   |  |
| Male sterilization (vasectomy)  | Permanent method. Simple, minor operation so sperm produced in the testes can no longer travel to the penis.                                       | It is permanent, does not protect against HIV or other STIs.<br>Best choice to prevent pregnancy and STIs.                                 | Not recommended for women with more than one partner (or a partner with more than one partner), heavy menstrual bleeding, or disease of womb. | A vasectomy is not the same as castration. A man can still have sexual intercourse and ejaculate semen, but semen will no longer have sperm. |
| Female sterilization            | Permanent method. Fallopian tubes are cut so eggs cannot reach the uterus or join sperm. Ovaries continue producing and releasing eggs each month. | Very effective.<br>Does not affect sexual ability or pleasure. May make sex more pleasant since he no longer has to worry about pregnancy. | Do not protect against HIV and other STIs. Must be removed by trained health worker.  | Does not make women lose interest in sex. Some women enjoy sex more when they know they cannot become pregnant.                              |



| Method  | Description  | Why it might be a good choice                      | Why it might not be a good choice   | How to respond to common myths  |
|---|--|--|---|---|
| IUD<br>(intrauterine device)  | Small device put inside the womb by a trained person. Stops sperm from joining egg or stops fertilized egg from growing in the womb.<br><br>1-2 out of 100 women will become pregnant.                             | Work very well and can stay in place for 12 years. | Not recommended for women with more than one partner (or a partner with more than one partner), heavy menstrual bleeding, or disease of womb. | As long as a woman doesn't have or get an STI, the IUD doesn't put her fertility at risk. For couples who don't have STIs and are in a long-term, faithful relationship the IUD is a very safe and effective form of contraception. |
| Implants  | Tiny capsules with artificial hormones put under the skin of the arm. Capsules slowly release hormones and stop ovaries from releasing an egg each month.<br><br>Not even 1 out of 100 women will become pregnant. | Work very well and can stay in place for 5 years.  | Do not protect against HIV and other STIs. Must be removed by trained health worker.  | Do not harm or weaken the arm. Women can continue to work the same as before. They stay in place and will not move to other parts of a woman's body.  |
| <b>Methods that protect well against pregnancy when users follow the instructions carefully and use them every time they have sex</b> |  |  |   |   |
| Injectables   | Artificial hormones injected by health worker. Stops ovaries from releasing eggs.<br><br>Not even 1 out of 100 women will become pregnant.   | Can get one shot every 3 months.                   | Must remember to go for shots. May not be a good choice for girls under 18.   |   |
| LAM<br>(lactational amenorrhea method)  | A temporary method for women who are breastfeeding exclusively. It works for the first 6 months after giving birth if a woman's periods have not started again.<br><br>2 out of 100 women will become pregnant.    | Free and gives baby proper nutrition.              | Can only be used by women who have given birth.<br><br>Temporary and if menstruation begins can no longer be used.                            | LAM is not the same as breastfeeding. For LAM to work well at preventing pregnancy, it is best if women breastfeed exclusively (do not give other foods or water) for the first six months.   |

| Method  | Description   | Why it might be a good choice                                    | Why it might not be a good choice   | How to respond to common myths  |
|---|---|--|---|---|
| <i>Methods that protect well against pregnancy but depend on people to use them properly every time they have sex</i> |   |  |   |   |
| Male condom   | <p>Rubber tube that fits over penis not allowing sperm inside vagina.</p> <p>If used correctly every time: 3 out of 100 women will become pregnant; if not used correctly 15 out of 100 women will become pregnant.</p>           | <p>Easy to buy and easy to use.</p> <p>Protects against HIV.</p> | <p>Must be used correctly every time you have sex, which can be hard to do.</p> | <p>Condoms do not have HIV. HIV cannot live outside of a body for very long and could not survive in a condom.</p> <p>Many studies have shown that latex condoms do not have holes that let HIV pass through.</p> |
| Female condoms  | <p>Soft, plastic pouch put inside vagina. Does not allow sperm to go in vagina.</p> <p>If used correctly every time: 5 out of 100 women will become pregnant; if not used correctly 21 out of 100 women will become pregnant.</p> | <p>Protect against HIV.</p>                                      | <p>Must be used correctly every time you have sex. Can be expensive</p>         |   |
| <i>Methods that do not protect very well against pregnancy even when used properly</i>                                |   |  |   |   |
| Fertility awareness methods   | <p>Couples abstain (or use condoms) on days when the woman is fertile. Women track fertility using a calendar, taking her temperature or testing mucus.</p> <p>20 out of 100 women will become pregnant.</p>                      | <p>Free</p>  | <p>Must be very familiar with your body. Must have a cooperative partner.</p>   |   |



| Method      | Description   | Why it might be a good choice | Why it might not be a good choice   | How to respond to common myths  |
|-------------|---|-------------------------------|---|---|
| Spermicides | Chemicals inserted into the vagina before intercourse (available in foam, jellies, film, cream, etc). They block the entrance to the uterus and also kill sperm.<br><br>21 out of 100 women will become pregnant. | Available from chemists.      | Must be put in shortly before sex. May irritate penis and vagina.           |   |
| Withdrawal  | Man pulls his penis out of the vagina before he ejaculates.<br><br>About 27 out of 100 women will become pregnant.  | Free                          | Difficult to practice because it requires a lot of self-control by the man. | Before a man ejaculates, some fluid that contains sperm may be released, which could cause pregnancy. |

5. **Ask:** What is the difference between permanent methods like vasectomy (male sterilization) and tubal ligation (female sterilization) and other methods?
6. **Explain:** When someone makes a decision to use a permanent method, it means that they will not be able to produce children. It is a final decision and not a temporary measure. Permanent methods are not reversible.
7. **Ask:** What is the role of men in using contraceptive methods? Allow participants to discuss.
8. **Explain** that men's involvement in sexual and reproductive health is very important. This includes using male methods, making decisions about using contraception and family size, and supporting their partners in using other methods. Men can help their partner remember to take a pill every day or to return to the clinic for regular injections. Men also can help their partners by organizing transportation to the clinic, paying for family planning methods and services, and taking care of children during clinic hours.



### Main messages

- Choose the contraceptive method that is best for you, based on correct information and your lifestyle.
- If you are in a relationship, make a decision concerning contraception with your partner.
- Know the myths and misconceptions of different contraceptive methods. If you have any questions, speak with a health care worker.
- It is important that men are involved in family planning. They should help make the decision about which method to use, support their partner during clinic visits, arrange for transport, and help pay for costs.



## Activity: Contraceptive quiz

Explain the rules of the quiz. Two people will stand in front of the group and the facilitator will ask them a question. The first one to raise their hand will be called upon to provide an answer. If correct, the person gets to remain standing. If incorrect, the other person will be given a chance to respond. The person who answers the question correctly (winner) will remain in front for the next round and the loser will be asked to sit down. Ask another person to come up and compete against the winner. Ask another question. See who can remain standing the longest.

| Questions   | Answers  |
|---|--|
| 1. Name one permanent family planning method.   | Sterilization, either female (tubal ligation) or male (vasectomy).   |
| 2. What is a spermicide?  | Spermicides are chemicals inserted into the vagina shortly before intercourse to prevent pregnancy. Spermicides create a chemical barrier that blocks the entrance to the uterus and also destroys sperm. Spermicides prevent pregnancy by not allowing sperm to join the egg. |
| 3. How many times can you use a condom?   | Condoms can only be used once.   |
| 4. Can women become pregnant after they stop using birth control pills?                                 | Yes. After stopping the pill most women can become pregnant quite soon.  |
| 5. True or false: Vasectomy is castration.  | False. It is a simple and minor operation. The tube that carries the sperm from the testes to the penis is cut. Men are still able to have sex and ejaculate.  |
| 6. True or false: Vaseline is a good lubricant to use with condoms.                                     | False. Vaseline is oil-based and should never be used with condoms.  |
| 7. What is the most effective way to avoid pregnancy?   | Abstinence   |
| 8. Which contraceptive methods protect against both pregnancy and HIV?                                  | Male and female condoms.   |
| 9. Which contraceptive method is not recommended for young people?                                      | Sterilization because it is permanent.   |
| 10. True or false: Birth control pills can make women barren.   | False. Women can become pregnant after stopping the pill.  |
| 11. How often do women need to get a contraceptive injection?   | Every 2-3 months.  |
| 12. True or false: A woman cannot become pregnant if a man pulls out and does not ejaculate inside her. | False. Before a man ejaculates, some fluid that contains sperm may be released, which could cause pregnancy.   |



### 3. Consequences of early pregnancy



#### Session objectives

By the end of this discussion, participants should be able to:

- List the consequences of early pregnancy.
- Discuss the role of families, and the community in general, in preventing unplanned pregnancy.



#### Session guide

1. **Ask:** How common is it for young women under the age of 18 years (married or unmarried) to get pregnant in your community? Allow participants to discuss.
2. **Divide** participants into two groups. Ask one group to talk about the health risks associated with early pregnancy. Ask the other group to talk about the social and economic consequences of early pregnancy. Have the group list the risks and consequences, as well as what can be done at the individual, family, and community level to eliminate the risks they discussed. After 15 minutes, bring the groups together and have them share what they discussed with the entire group. The following should be mentioned

| Health risks  | Social and economic consequences  |
|---|---|
| <ul style="list-style-type: none"><li>• Young women are more likely to suffer from complications during pregnancy and childbirth because their bodies are not fully developed.</li><li>• Much more likely to die during childbirth.</li><li>• Likely to have high blood pressure, fits, low-birth weight babies, sick babies, and problems during delivery.</li><li>• Unsafe abortion can lead to immediate and long-term health problems, including death.</li></ul> | <ul style="list-style-type: none"><li>• Young girls who become pregnant have fewer opportunities for education, training, and employment.</li><li>• Pregnant girls are often expelled from school or do not return to school after giving birth.</li><li>• Young women have less access to jobs and income-earning opportunities.</li><li>• Young unmarried pregnant women may be rejected by the father of the child, or even by their own families.</li></ul> |

3. **Ask:** What can you do as members of a community in terms of preventing early pregnancy? Participants should mention:
  - Parents should talk with their children (both boys and girls) about reproductive health issues, including how to prevent pregnancy.
  - Adolescents should have access to information, support, services, and contraceptive methods.
  - Teachers, social workers, and religious leaders can help young people get the information and services they need to avoid early pregnancy.

4. Ask for volunteers to role play the follow scenarios in front of the group.

- A mother talking to her daughter about preventing pregnancy
- A father talking to his son about preventing pregnancy
- Young people talking to each other about preventing pregnancy

After each role play, ask participants to talk about the role play.

- Do they agree with what the characters did?
- Would they have done anything differently?
- Is what happened similar to what would happen in real life?

Ask for another set of volunteers to act out the next scenario.



## Main messages

- Pregnancy for women under the age of 18 years can be dangerous, not only to the health of the woman, but also her baby.
- It is important for parents to talk with their children about sex and how to prevent early pregnancies.



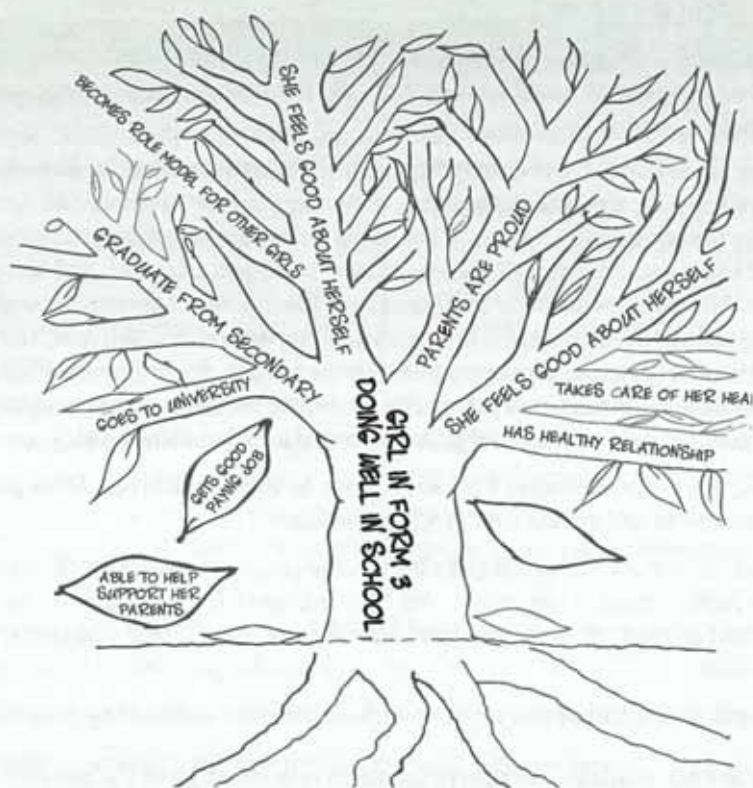
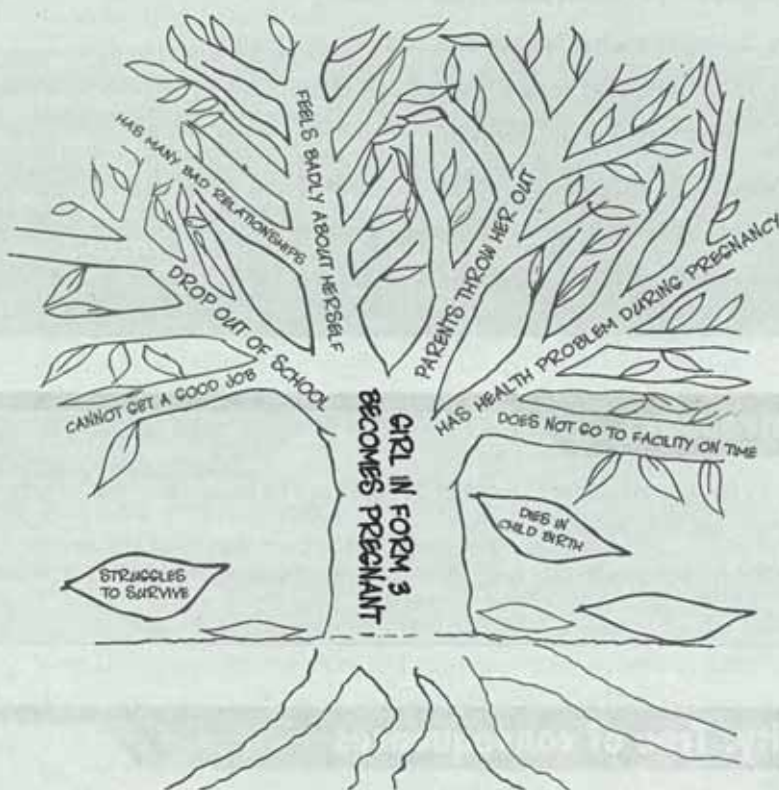
## Activity: Tree of consequences

1. Divide participants into two groups. Explain that each group will think about the future of a very bright girl in form 3.
2. Ask one group to talk about what would happen to the girl if she becomes pregnant. Ask the other group to talk about what would happen if she did not become pregnant and continued to do very well in school.
3. If pens and paper are available\*, ask each group to draw a tree with a trunk, branches, and leaves. Explain that the trunk will represent the girl now, either pregnant or not pregnant. The branches are the consequences (or what could happen) to her based on her current situation. The leaves are the consequences of those consequences. They should label the trunk, branches, and leaves as they talk about her future. Ask group members to explore each of the different branches. Encourage them to think about all the possible outcomes for the girl depending on her situation now, and to draw them as branches and leaves. [Possible answers: parents throw her out, she drops out of school, does not finish her education, and cannot find a job; or she has health problems during pregnancy, has no family support, does not deliver in a facility, bleeds to death during delivery, etc]
4. After 15 minutes, ask a representative from each group to share their trees. Allow participants from the other groups to add additional branches and leaves.
5. Ask everyone to look at the tree for the girl who became pregnant, draw several roots on that tree. Explain that the roots represent the causes. Ask both groups to think about what led to the girl becoming pregnant or what led to the girl not becoming pregnant. Allow several participants to share their opinions.
6. Facilitate a discussion about what we can do to address the roots before they grow into a tree.

**\*If pens and paper are not available, ask participants to talk about all of the possible consequences and causes or use available materials to create a tree on the ground and discuss.**



## Tree of Consequences





## Background notes

### Family planning

Family planning is the action couples take to have the number of children they want, when they want. Using a method of family planning means allowing choice, not chance, to determine the number and spacing of children. Decisions about family planning should be made by a woman and man together, since most family planning methods require cooperation to make them work.

Family planning is not a new idea. For generations, couples have found ways to avoid getting pregnant until they are ready to have a child or to limit the number of children they have. Traditions such as breastfeeding for a long time and avoiding sexual relations for months, even years after the birth of a child (for example, until the child can walk) ensured that a woman could recover fully from one pregnancy before becoming pregnant again. These traditions also meant that each child could have the mother's full attention during the important early years.

### Benefits of family planning

Family planning benefits the health and well-being of women, men, children, families, and communities and is a key component of sexual and reproductive health services. It is essential that women and men have access to family planning information and services that enable them to choose freely the number and spacing of their children.

Contraception means preventing pregnancy while continuing to have sexual intercourse. A contraceptive is a drug, device, or method used to prevent pregnancy or reduce the chances of getting pregnant while still having sexual intercourse. Contraceptive use saves women's lives and improves their health by allowing women to avoid unwanted and poorly timed pregnancies. Contraceptive use saves children's lives by allowing parents to delay and space births – when births come too early or less than two years apart, the health of infants and their siblings is in danger. Contraception allows women to decide the number and spacing of children, which gives them more opportunities to participate in educational, economic and social activities.

In addition to saving lives, family planning reduces fertility and can help to relieve the pressure that rapidly growing populations place on economic growth and makes it difficult to achieve improvements in education, health and environmental quality.

#### **Benefits to women**

Family planning saves women's lives and improves their health by preventing pregnancies, many of which put women at risk of illness or death. Many women suffer illnesses and complications related to pregnancy and childbirth. These conditions include anaemia, ante- and postpartum haemorrhage, hypertension, infertility, prolapsed uterus, reproductive tract infections and sepsis, among others.

Family planning is especially beneficial to certain groups of women: young women under 18 or women over 35 years of age, who have more than four children, or who have health problems. Women under 18 years of age who become pregnant face serious health risks because their bodies may not be physically mature enough to handle the stress of pregnancy and childbirth. Risks of childbirth also are greater in women over age 35 as their bodies may be less able to deal with the physical stresses of pregnancy and childbirth. The risk of giving birth to low birth weight babies or babies with disabilities also increase in older women.

Using contraception can help women avoid unwanted pregnancies, many of which end in unsafe abortion. Unsafe abortion can cause severe illness and death.

Because women provide emotional, physical and economic support for their families, the death of a mother is one of the most traumatic events that can befall a family. In addition to the emotional trauma of losing one's mother, motherless children may not receive adequate emotional support as they grow into adults.



In addition, women produce much of their family's food, obtain water and fuel, prepare meals, clean the house and care for the sick. When they die, there often is no one who can assume these responsibilities and meet the nutritional and other health needs of infants and children in the family.

#### ***Benefits to children***

Using contraception to delay first births and space births at least two years apart saves children's lives and improves the health of children under five. One reason for this is that children born very soon after a previous delivery are more likely to be premature and have a low birth weight, which increases their risk of dying. Little time between births also decreases the survival chances of older children. The arrival of a new baby means that breastfeeding stops suddenly and the mother has less time to devote to caring for the older child.

#### ***Benefits to men***

Men with smaller families have fewer financial, emotional and physical responsibilities (less people to feed, more money available for health care and education of children). They also feel less stress and worry for having to provide for many people. Waiting to have their first child can allow men time and freedom to finish their education or vocational training, which can lead to more opportunities in the future and more time for earning income, community involvement and other activities. Smaller families also allow fathers to spend more quality time with fewer children.

#### ***Benefits to the community***

Communities benefit from smaller families because they reduce the demand for health, educational and social services. It also results in decreased competition for scarce resources such as food, land and clean water. Having fewer births improves the quality of women's lives, allowing them to participate more fully in community life. This allows them to contribute more fully in the social and economic progress of the community.

### **Contraceptive methods**

Contraception prevents pregnancy when a man and woman have sexual intercourse. A contraceptive is a drug, device, or method used to prevent pregnancy. There are many different contraceptive methods. Most are reversible; that means a woman can still be able to become pregnant after she has stopped using the method. Some methods, such as surgical sterilization, are permanent, meaning a woman will not be able to become pregnant in the future. All methods are designed to work in one of two ways: either they prevent the man's sperm and the woman's egg from coming together, or they prevent the fertilized egg from implanting in the womb.

Women and men should be able to determine the number and spacing of their children freely and responsibly. To do so, they should have a wide choice of contraceptive methods appropriate to their needs. There are many contraceptive methods to meet all the different needs of users. The variety of methods benefits the users because they are able to select the method that best meets their needs and can change to a different method as their needs change or if they experience difficulties.

There are many different family planning methods, including condoms, implants, injectables, IUDs, oral contraceptives, spermicides, natural family planning, voluntary surgical sterilization, and withdrawal. Each of these has their advantages and disadvantages. Some provide temporary protection against pregnancy while others are permanent. Some, such as condoms, protect the user against sexually transmitted infections (STI), while others do not. Some are for women and some for men. Some must be used at the time of sexual intercourse, while others are used independently of intercourse.

Some contraceptive methods are more effective at preventing pregnancy than others. How well a method protects against pregnancy can depend on how well and how often a user uses some methods, such as condoms, injectables, natural family planning, oral contraceptives, spermicides, vaginal barrier methods, and withdrawal.



Having a choice of contraceptive methods is important because each person's decision is influenced by personal concerns, health considerations, cost, and convenience. These factors are different for each person. Remember, individuals and couples have the right to decide whether to use family planning and which method to use. Personal factors that influence contraceptive choice include age, marital status, number of children, reproductive intentions (spacing or limiting childbearing), frequency of intercourse, relationship with partner, influence of others in the decision-making process, importance of method convenience, and the user's familiarity and level of comfort with her or his body.

A client's general health, reproductive history (including history of contraceptive use), and history of STIs may influence which methods are appropriate. Certain conditions –including anaemia, presence of infection or STI, cervical and uterine abnormalities and circulatory disorders – can affect the suitability of some methods of contraception.

When choosing a contraceptive method, a woman/couple should ask herself/themselves the following questions:

- Is it easy to use?
- Does it work well?
- Is it safe for me/us?
- Is it affordable?
- Is it permanent?
- Does it protect against STIs and HIV?

The costs to clients of using contraception include not only the actual cost of the methods, if any, but also costs associated with obtaining the method, including time, transportation, and psychological costs such as feelings of embarrassment or not being respected.

Cultural traditions, such as the status of women, female authority in decision-making, women's freedom of movement and the role and influence of men in contraceptive decision-making affect a user's ability to seek or use contraceptives. Other cultural factors, such as myths or misconceptions about various methods, religious beliefs and availability of female family planning providers also can influence a person's willingness or ability to use a method. The decision about which contraceptive method to use should be made by the individual or couple, with information and support from family planning providers. The decision to stop using a method also should be made by the individual or couple and should be respected by the health care provider. This is particularly important for methods that require provider assistance to discontinue, such as IUD's and implants.

### **Choosing a contraceptive method**

The best contraceptive method is the one that the user can and will use correctly all the time. How well a contraceptive method works does not only depend on the method itself, but also how well the user follows the instructions. It is important for family planning users to find a method that protects against pregnancy and is easy for them to use the right way all the time. For most people, the most important thing to think about when deciding to use a contraceptive method is how well it protects against pregnancy. Most unplanned pregnancies among contraceptive users happen because they are not using the method correctly, not because the method did not work.

Some contraceptive methods are more difficult than others to use correctly all the time. Methods that require the user to do something every day, like oral contraceptives, or that interrupt sexual activity, like condoms, can be difficult for users to use correctly all the time. Not using a method correctly or not using a method all the time can increase users' risk of pregnancy.



### Effectiveness

Contraceptive effectiveness means how well a contraceptive method works at preventing pregnancy. Effectiveness is measured in two different ways: how effective it is when used perfectly (this is called perfect use) and how effective it is when used normally (this is called typical use). Each individual user can have a much higher or much lower risk of pregnancy, depending on how well and how often they follow the method's instructions. How well a method works depends on how well users follow instructions.

Methods are grouped into four categories:

- **Very effective:** methods that have high protection against pregnancy and are very easy to use perfectly.
- **Effective:** methods that have high protection against pregnancy when users follow instructions carefully and use them all the time.
- **Somewhat effective:** methods that have high protection against pregnancy but can also have low protection against pregnancy because how they are used determines how effective they are at preventing pregnancy. This is different between users because some users will always follow the instructions carefully and others do not follow directions carefully or do not use the method all of the time.
- **Least effective:** Methods that do not provide very high protection against pregnancy, even when they are used properly.

## Very effective methods

### Implants

**Description:** Implants are very small plastic tubes that slowly release hormones over a period of time. They are placed under the skin of a woman's upper arm through a small cut, during a minor operation. Once implanted the tubes cannot be seen easily, although they may be felt if the skin in that area is squeezed. There are different kinds of implants, some use one tube; others use more than one. Implants prevent pregnancy by slowly releasing a small amount of hormones into the body every day. When the implant is removed, a woman is able to become pregnant. Implants must be inserted and removed by a trained health worker. Implants are also known as Norplant.

**Side effects:** Implants contain smaller amounts of hormones than pills or injectables. They have some of the same side effects as other hormonal methods, especially the effects on menstruation, but these side effects are usually minimal. During the first several months, menstruation may be irregular. There may be spotting in between periods or the periods may be longer or more frequent. Usually menstrual periods will resume their normal pattern within 9-12 months.



**Effectiveness:** Implants are very effective, not even 1 out of 100 women who use this method will become pregnant. It remains effective for up to five years. It is slightly less effective in women who weigh more than 70 kilos.

### Intrauterine devices (IUD)

**Description:** IUD's are plastic devices inserted into the womb through the vagina by a trained person. They are left in place for up to 12 years to prevent pregnancy. Some devices are coated with copper, and some have small amounts of the female hormone progestin. Most IUDs have a short "tail" or string that the woman can feel by putting her fingers into her vagina. Generally the string is not felt during sexual intercourse by either partner. Although IUDs need to be put in by a trained person, very little follow-up is needed after. A visit to a doctor or nurse once a year is required to check the position of the device.

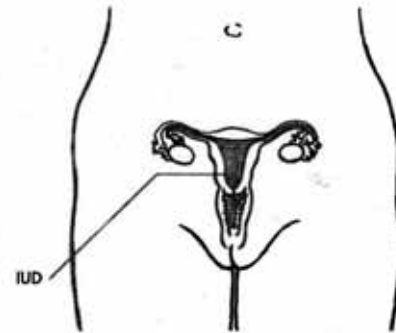


IUDs are not good for all women. They increase the risk of infection in the reproductive organs. A woman should not use an IUD if she has recently had an STI or had a serious infection of the reproductive organs in the past. She should also not use the IUD if she has many sexual partners, her partner has other sexual partners, if she bleeds very heavily during menstruation, or has a disease of the womb such as fibroids.

**Side effects:** Side effects from IUDs include heavier and longer menstrual periods and increased cramping and spotting in first three months. Serious complications (although rare) require immediate attention and reliable, high quality back-up services. Infection of the fallopian tubes happens more often in IUD users than non-users, but the risk of infection is greater only for women who have more than one sexual partner, or whose partner has other partners. Women with IUDs must use condoms to protect against HIV and other STIs, if:

- They have more than one partner.
- They take a new partner.
- They change partners.
- Their partner has more than one partner.

**Effectiveness:** Once correctly inserted, an IUD can be left for several years. IUDs are very effective; 1-2 out of 100 women will become pregnant, depending on the kind of IUD.



## Male and female sterilization

Sterilization is the most effective and safest form of contraception available. It is permanent. A couple should be very sure they do not want any more children before choosing this method. Sterilization may also be a good choice if pregnancy would seriously endanger a woman's health. Although it has been possible in a few cases to reverse the operation, success is very rare. Both men and women sometimes fear that sterilization will make them "cold" or change their sex life, self image, or energy level. The operation does not affect a person's ability to have or enjoy sex.

### Male sterilization (vasectomy)

**Description:** Vasectomy, or male sterilization, is a simple and minor operation. It can be performed by a trained person who does not have to be a doctor. First, an injection is made to temporarily numb the skin of the scrotum so that the man will feel no pain. A small cut is then made in the skin, and the vas deferens tube, which carries the sperm from the testes to the penis, is cut. The two ends are tied separately. The same procedure is carried out on the tube on the other side.

If performed properly by a trained person, the cut heals quickly, leaving only a tiny scar. There may be a slight infection or a small swelling at the cut, which will soon disappear. A new "no scalpel" method is becoming widely available. With this method a special instrument is used to make a small puncture in the skin instead of a scalpel incision. Because there is no cut, this method appears to have an even lower rate of problems.

After the man has the operation, he can still have sexual intercourse and ejaculate semen. However, the semen will not contain any sperm to fertilize the egg. Immediately after the operation is performed, sperm may still be in the semen, so another form of contraception should be used for the first 15 ejaculations until all the sperm has been cleared.



**Side effects:** None

**Effectiveness:** Male sterilization is very effective. Not even 1 woman out of 100 whose partners have had a vasectomy will become pregnant.



## Female sterilization

**Description:** Female sterilization (or tubal ligation) involves cutting each fallopian tube in two and tying or burning the two ends separately. Although the ovaries will continue producing and releasing eggs each month, the cut in the fallopian tubes will prevent the eggs from travelling to the uterus and from meeting a sperm.

The woman will continue to have her periods as usual. To reach the fallopian tubes, the doctor gives the woman a pain-killing injection so that she will not feel anything, then cuts the skin of the abdomen. The most common procedure currently used is called the mini-laparotomy. With this procedure, the cut is made just above the pubic hair. The procedure is relatively simple, and the risk of complications is low if performed by a trained person in a good clinical setting. The risks of female sterilization are higher, however, than for male sterilization. This is because the operation is more serious. The most common complication is infection at the site of the cut. Other possible complications, which occur very rarely, are injury to the womb, bladder, or intestine. After this operation, a woman will continue to have periods as she did before.



**Side effects:** None

**Effectiveness:** Female sterilization is very effective; not even 1 of 100 women will become pregnant.

## Effective methods

### Injectables

**Description:** Injectable contraceptives contain the female hormone progesterin. An injection is given every two or three months, depending on the type, either in the woman's arm or buttocks. The hormones in injectables prevent pregnancy by causing changes in a woman's body similar to those caused by progesterin-only pills. Injectables can be used while breastfeeding the baby, since they do not decrease breastmilk production.



**Side effects:** Most women adjust to injections with few or no problems. However, as with all medicines, there may be some side effects for some women. These include:

- Menstrual periods may become irregular or infrequent, or even stop altogether. This side effect may be inconvenient, but is not dangerous.
- Once a woman stops using the injectable, she may not begin ovulating and become fertile again for some time, sometimes for as long as 12-14 months.



**Effectiveness:** When women get the repeat injections on time, injectables are extremely effective; not even 1 out of 100 women will become pregnant.

### Oral contraceptives

**Description:** These tablets, often referred to as "the pill," contain artificial forms of hormones (chemicals) produced by the body. To use one of these pills, a woman swallows one tablet at the same time every day, whether or not she and her partner have sexual intercourse. Pills should not be shared with anyone else.

If a woman misses taking the pill for even a couple of days, it is possible for her to get pregnant. If a woman misses a pill for three or more days in a row, she should use a condom to protect against pregnancy.

Most women do remember to take the pill regularly. Others may have difficulty remembering to take their pills every day. If a woman has problems remembering to take the pills, she should seek advice from a family planning clinic about other contraceptive options or how to restart the pills.

Women on oral contraceptives should have a health exam at least once a year to check for certain conditions, such as high blood pressure, that can mean another method would be better. Some women believe they should use the pill for a year or two, and then stop. This is not necessary; the pill can be used for many years, if the woman has regular check ups.

The pill contains hormones that prevent pregnancy by preventing or reducing ovulation, making the mucus (liquid) produced by the cervix too thick for the sperm to go through, or changing the lining of the womb so that it is difficult for a fertilized egg to attach itself. There are different kinds of oral contraceptives and women should talk with a health worker to decide which kind is best for them.

Usually oral contraceptives reduce the amount of blood lost during menstruation. Although some women are concerned by this, they can be reassured that it is not because the blood is staying inside. It happens because the lining of the womb builds up less when a woman is taking oral contraceptives. When a woman stops taking the pill she is usually able to get pregnant again quite soon.

**Side effects:** Oral contraceptives may cause side effects in some women. Usually these side effects go away after the first three months. They may include: feeling sick in the stomach, weight gain, headaches, depression, breast tenderness, and irregular menstrual bleeding. If these side effects do not go away, the woman should seek advice from a health provider. Spotting or bleeding between periods or menstruation stopping (this is called amenorrhea) are possible side effects.



**Effectiveness:** Oral contraceptives are effective; 3 out of 100 women will become pregnant.

## Lactational amenorrhea method (LAM)

**Description:** LAM is a family planning method that uses the natural infertility that comes from exclusive breastfeeding. This natural protection against pregnancy for up to six months is because the infant's sucking at the breast sends a signal to the body that decreases the woman's ability to become pregnant. In order for LAM to prevent pregnancy in breastfeeding women, the following three conditions must be in place:

1. Their period must not have returned since they delivered their baby.
2. They must be exclusively breastfeeding (this means giving breastmilk only - no other food, drinks, or water).
3. Their baby must be less than 6 months old.

If at any time one of the three conditions above changes, the woman will need to begin using another contraceptive method — one that does not interfere with breastfeeding — if she chooses not to become pregnant. Women using LAM as a contraceptive method must be certain that all three conditions are met. When any one of these criteria is no longer met, a woman should begin using another contraceptive method if she wants to postpone her next pregnancy.

**Side effects:** No side effects.

**Effectiveness:** LAM is effective when women meet all three LAM criteria. When followed correctly, 2 out of 100 women using LAM will become pregnant.



## Somewhat effective methods

### Condoms

Condoms prevent the sperm and the egg from coming together, which prevents fertilization and pregnancy. Male and female condoms are the only contraceptive methods that have been proven to protect against HIV infection and other STIs. Women and men who are at risk of STI or HIV infection should be encouraged to use condoms. Even if they are using another family planning method, they should use condoms as well.



Condoms may not be as effective as other methods because some people find them difficult to use correctly every time they have sex. In order to be most effective, they must be used every time a couple has sex, so a couple must plan ahead and be motivated to use them. They also require partner participation and communication. Proper storage is important to maintain the quality of the products.

### Male condom (see STI Chapter for more information)

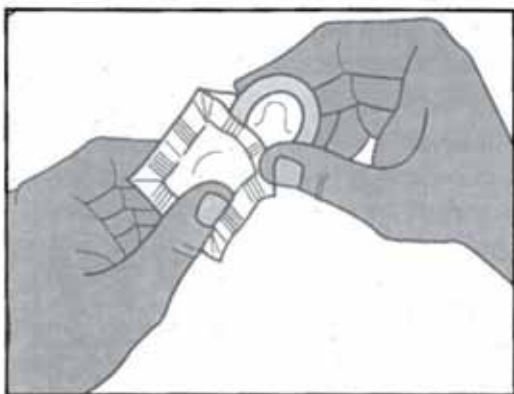
**Description:** The male condom is a soft tube made of latex rubber and closed at one end. Condoms come in different sizes, shapes, colours, and thickness; they may come with or without lubrication or spermicide. It is put over the man's erect penis before sexual intercourse and forms a physical barrier between the vagina and the penis. The condom catches semen so that sperm and germs cannot enter a woman's reproductive tract. It also prevents fluid and germs from the female partner from coming into contact with the penis. When the man ejaculates, the semen containing the sperm is collected in the tip of the condom. In order for condoms to protect against HIV and other STIs, it is important that they are stored and used properly every time a couple has sexual intercourse. It is also important that the man be careful to withdraw his erect penis from the vagina, with the condom still on, so the semen does not spill into the vagina. Condoms should only be used once and then thrown away.

The male condom can be used with other contraceptive methods. However, the male condom should never be used with the female condom because if used at the same time they can break when they are rubbing together.

It is very rare for condoms to break or come off when they are used by people who are experienced using condoms. When male condoms do break or slip, it is usually because people were not using them properly. It is important to practice putting a condom on properly. The following tips can help make condoms most effective:

- Never open the condom package with sharp objects like teeth, scissors, or knives.
- Never unroll a condom before putting it on. Condoms should always be unrolled onto the penis. They should not be pulled on like a sock.
- Having intercourse for more than 20 minutes or having very intense intercourse can increase the risk that a condom may slip off.

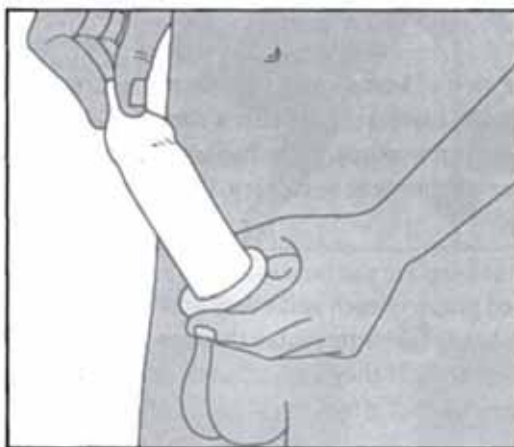
## How to use a male condom



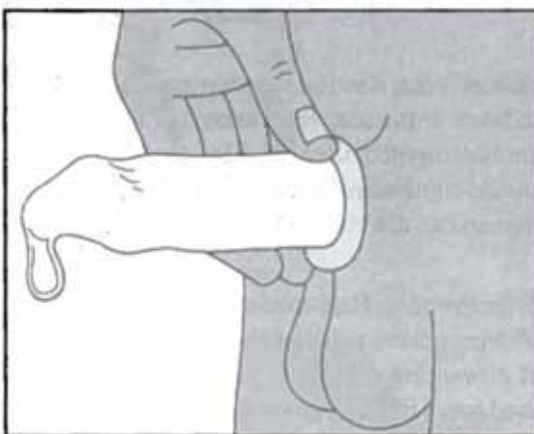
1. Open the packet carefully. Do not use anything sharp like a knife or nails. Ensure that the part to be unrolled is on the outside.



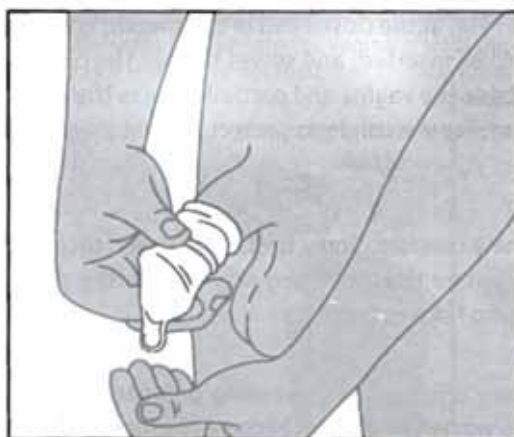
2. Pinch the tip of the condom. Place it on the hard penis.



3. Unroll the condom all the way to the base of the penis.



4. After ejaculation, hold the condom at the base of the penis so it does not slip off.



5. While still holding the base, pull off the condom gently so as not to spill the contents.



6. Wrap condom in tissue paper and throw it away in a latrine or somewhere out of reach of children. Never flush a condom down the toilet.



In addition to the behaviours described above, below are other behaviours that can lead to condom breakage, contamination, or slippage that should also be avoided.

- Carefully check the condom package to be sure that it is not torn or damaged. Check the expiry date on the package to be sure it is not expired. Do not use a condom that is brittle or dry or if it has changed colour.
- Use only water-based solutions such as K-Y jelly, spermicidal gels or creams, or saliva for lubrication. Oil-based products such as petroleum jelly, hand lotion, or mineral or vegetable oils should never be used because they can weaken latex in just a few minutes, making the condom more likely to break.
- Use a new condom for each act of intercourse. A male condom should never be washed and reused as this also can substantially weaken the latex.
- Starting to unroll the condom wrong side out on the penis and then flipping it over to put it on correctly may contaminate the outside of the condom with pre-ejaculatory fluid containing STIs. If this happens and it is suspected that contamination has occurred, the condom should be thrown away and replaced with a new one.
- Many condoms have a space on the end for semen. If the condom does not have one, some recommend holding the end of the condom while unrolling it onto the penis. This creates a space for the semen. Some feel this could prevent condom breakage or slippage although clear research on this issue has not been done.

**Side effects:** Most men and women have no side effects. Some men or women may have an allergic reaction to latex. If the user feels itching or burning or notices swelling, the user(s) should visit a clinic to talk about another method. Occasionally a condom may break or slip off during intercourse. If this happens, both partners should think about their risk of infection and seek counselling or treatment as necessary. If a condom breaks, women can use emergency contraception to prevent pregnancy.

**Effectiveness:** Male condoms are more effective if they are used properly each and every time you have sex. When condoms are used correctly each and every time a couple has sexual intercourse they are very effective at preventing pregnancy (3 out of 100 women will become pregnant). If they are not used correctly or not used every time they have sexual intercourse, condoms are only somewhat effective (14 out of 100 women will become pregnant).

## Female condom

**Description:** The female condom is a pouch made of a soft plastic that is inserted into the vagina. Female condoms have two flexible rings, one attached to each end. One ring, at the closed end of the sheath, is placed inside the woman's vagina similar to the way a diaphragm would be inserted, and serves to keep the condom in place. The other ring at the open end of the sheath stays outside the vagina and partially covers the lips of the vagina. Female condoms are used once and then thrown away. Female condoms protect against pregnancy and infection with HIV and some other STIs.

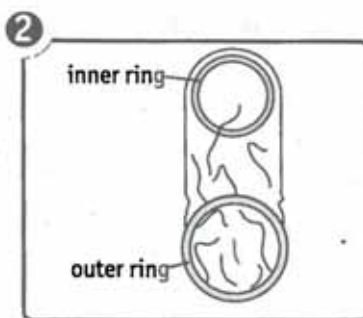
**Side effects:** Side effects are not common with use of the female condom. Some users may experience skin irritation or discomfort; the outer ring may irritate the vulva, while the inner ring may irritate the penis. People who are allergic to polyurethane (a type of plastic) can also have irritation.

**Effectiveness:** Like male condoms, female condoms can be very effective at preventing pregnancy if used correctly each and every time a couple has sexual intercourse (5 women in 100 will become pregnant). If they are not used correctly or not used for every act of sexual intercourse, they are only somewhat effective (21 out of 100 women will become pregnant).

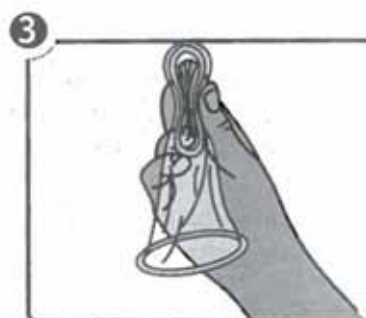
## How to use a female condom



1 Check expiry date then open packet. Do not use sharp objects or teeth.



2 Remove the female condom from the packet. Rub the condom to spread the jelly.



3 Hold the female condom as shown above, making the inner ring long and narrow.



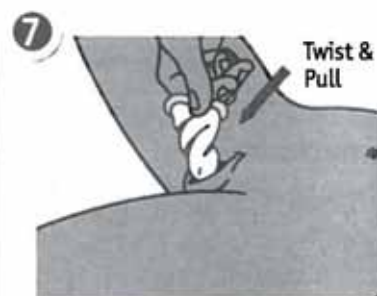
4 Choose a comfortable position and insert the closed end of the female condom into the vagina.



5 Push the inner ring up into the vagina as far as it will go. Do not twist it.



6 Hold the outer ring outside the vagina and guide penis into female condom.



7 Immediately after intercourse, twist the outer ring to avoid spillage and gently pull condom.



8 Do not re-use the female condom. Wrap it in tissue and throw it in a Dust bin or pit latrine. Never throw it in a flush toilet.



## Less effective methods

### Fertility awareness or natural family planning

**Description:** Fertility awareness methods of family planning depend on a woman knowing the days in her menstrual cycle when she is most likely to become pregnant. These methods do not involve taking any drugs or using a device to prevent pregnancy. When a woman knows which days she is fertile, she can use this information to avoid pregnancy. The woman then needs a cooperative partner to avoid sexual relations during the days when she is likely to get pregnant. Sometimes couples combine fertility awareness with the use of condoms. This means they determine when the woman is likely to get pregnant, and use condoms during those days.

Menstruation and ovulation are described in detail in the Reproductive Health Chapter. That chapter describes how a woman's body releases a mature egg, ready to be fertilized by the man's sperm. A woman can become pregnant if she has sexual intercourse one, two, or three days before ovulating, the day of ovulation, or one day after. This period is known as the fertile phase. The rest of the menstrual cycle, when there is no egg to be fertilized, is the infertile phase or the "safe period." To use fertility awareness for family planning, couples have to avoid sexual intercourse during the fertile phase. Since it can be difficult to tell exactly when ovulation takes place, the best way is to avoid intercourse for about ten days out of every month around the time of the fertile phase.

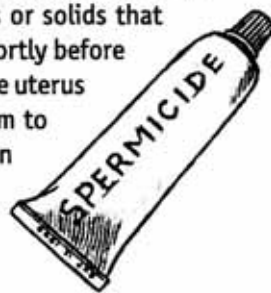
There are several ways to find out when ovulation occurs. A woman can keep track of her cycle using a calendar, taking her temperature or testing cervical mucus. If a couple is interested in using one of these methods, they should ask a trained health care provider who can explain how to use a fertility awareness method in detail.

**Side effects:** None

**Effectiveness:** The effectiveness of fertility awareness methods are very different depending on the motivation and willingness of the couple, and if they use other methods at the same time. Normally, 20 out of 100 women who use fertility awareness methods will become pregnant.

### Spermicides

**Description:** Spermicides are chemical contraceptives available in chemist's shops that come in many different forms: creams, films, foams, jellies, and suppositories (liquids or solids that melt after they are inserted). Spermicides are inserted deep into the vagina shortly before intercourse. Spermicides create a chemical barrier that blocks the entrance to the uterus and also destroys sperm. Spermicides prevent pregnancy by not allowing sperm to join the egg. Spermicides can be used with condoms to provide greater protection against pregnancy.



**Side effects:** Occasionally, spermicides may irritate the penis or vagina. Switching brands may solve this problem. Using the spermicide nonoxynol-9 many times a day, by people at risk for HIV, or by people having anal sex, may irritate tissue and increase the risk of HIV and other STIs. Those at risk should talk with a health worker.

**Effectiveness:** Spermicides alone are somewhat effective at preventing pregnancy (21 out of 100 women will become pregnant). When used with a condom they are much more effective.

## Withdrawal

**Description:** Withdrawal is method of avoiding pregnancy that requires a man to remove his penis from the woman's vagina before he ejaculates. This requires a high level of motivation and awareness during intercourse. A man must pull out as sexual excitement is nearing its peak and move his penis away from contact with the woman's vagina or external genitalia where cervical secretions can carry the sperm up the genital tract. It works best if the couple has agreed to use this method in advance of having sexual intercourse. It requires great self-control on the part of the man, and is not very reliable.

**Side effects:** None

**Effectiveness:** As it is typically practiced, about 27 out of 100 women will become pregnant using withdrawal.

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## Emergency contraception

Emergency contraception (EC) is a way to prevent pregnancy immediately after sex. If a woman did not use contraception during sexual intercourse or thinks her contraception did not work (if the condom broke, for example) she can use EC. EC is available from a chemist and does not require seeing a health worker. EC is oral contraceptive tablets taken in special doses within 120 hours after sex to prevent pregnancy. Usually, EC pills require two doses: one within 120 hours of sex and the second dose 12 hours after the first dose. It is best to take EC as soon as possible after unprotected intercourse.

A woman does not become pregnant immediately after having sex, becoming pregnant can take as long as a week. The beginning of pregnancy is when a fertilized egg is implanted in the lining of the uterus. EC can prevent pregnancy at several points after a woman has sex but before implantation occurs. EC pills will not work after a woman has already become pregnant. Therefore they do not and cannot cause an abortion.

EC pills can cause nausea, vomiting, headaches, dizziness, fatigue, and breast tenderness. These side effects can be unpleasant but typically do not last more than 24 hours after the second dose is taken. Medicine can be taken if the nausea is very bad.

Emergency contraception can significantly reduce the chance of becoming pregnant, but it must be used very soon after sex to be effective. If it is not used within 120 hours (five days) it is less likely to work. The sooner EC is used, the more effective it is. Emergency contraceptive pills do not protect against STIs, however. For safe and regular protection, condoms used with other contraceptive methods are more effective.

## Sexually transmitted infections

All family planning clients at risk of STIs and HIV must be advised to use male or female condoms every time they have sex, in addition to or instead of other methods. (For more information refer to the STI Chapter.)

## Men's responsibility in family planning

The involvement of men in sexual and reproductive health is very important, both in their willingness to use "male methods" of contraception and their role in contraceptive decision making. Special efforts must be made to strengthen family planning services to include men and build positive male attitudes toward reproductive health, reproductive rights, and communication about sexuality and family planning.

Men can participate in family planning by sharing in decision-making about family size and contraceptive use. In many families, men are the primary decision-makers regarding family planning. Yet couples make decisions about family planning without talking about it.



Efforts to improve couples' communication can help lead to decisions about family planning that reflect the needs of both women and men. Men need information to participate responsibly in family planning decision-making. Men can learn more during clinic visits and by taking advantage of special clinic hours for men, where available.

Men can take responsibility for using some methods of contraception and can support their partners in using other methods. Although the overwhelming majority of contraceptive methods are designed for use by women, a few require the active cooperation of men. Methods that require active participation by men include condom, vasectomy, natural family planning, and withdrawal. Men also can participate in women's use of other methods. For instance, men can help their partner remember to take a pill every day or to return to the clinic for regular injections. Men also can help their partners by organizing transportation to the clinic, paying for family planning methods and services and taking care of children during clinic hours.

### Consequences of early pregnancy

**Health consequences:** Young women, especially young adolescents, are more likely to have problems during pregnancy and childbirth. Birth may be more difficult because the pelvis is still growing until a young woman is about 18 years old. Before age 18, the birth canal may not be big enough to let the baby through. This may result in a tear in the bladder or rectum, causing urine and faeces to leak into the vagina. Adolescents are also more likely to experience fits or a coma and to suffer from anaemia (weak blood) during pregnancy.

**Economic and socio-cultural consequences:** Studies have shown that adolescent pregnancy is associated with fewer opportunities for education, training and employment. Pregnant girls are often expelled from school, and few ever return to school. The responsibility of caring for a child and limited education reduce a young woman's access to jobs and income-earning opportunities. Some unmarried pregnant women find themselves rejected by the father of the child, or even by their own families.

**Unsafe abortion:** Faced with the serious consequences of an early, unwanted pregnancy, some girls try to end the pregnancy. However, according to laws in most African countries (except South Africa and Zambia), it is illegal to terminate a pregnancy for any reason other than medical necessity or circumstances of rape or incest. As a result, many girls have this procedure done illegally, often under unclean conditions by someone who is not properly trained. Various complications can follow an unsafe abortion, both immediate and long term. Immediate complications include severe bleeding or infection, which can lead to death. Damage done to the internal organs or infection can also cause long-term problems that mean that the woman may never get pregnant again, or may live in constant pain. Having an abortion is a serious decision that requires careful thinking about one's values, beliefs, and life situation. A woman faced with an unwanted pregnancy should seek counselling to learn about all the safe, legal options that are open to her.



### Gender and family planning

Perhaps nothing is more linked with gender than having babies. Child bearing is considered a woman's obligation and her ultimate role in life. While reproducing is considered a woman's issue, women traditionally do not have control over if and when they will have children. They typically do not have any decision making power about using birth control and feel unable to insist that their partners or husbands use condoms. Women should learn about the birth control options available for planning their family. They should know that they have the right to decide, if and when to have children, and how many children to have. They should learn communication and negotiation techniques for protecting those rights. A man should recognize the benefits of family planning for his wife and his family, talk with his wife about if and how many children they want to have, and respect his wife's decision.

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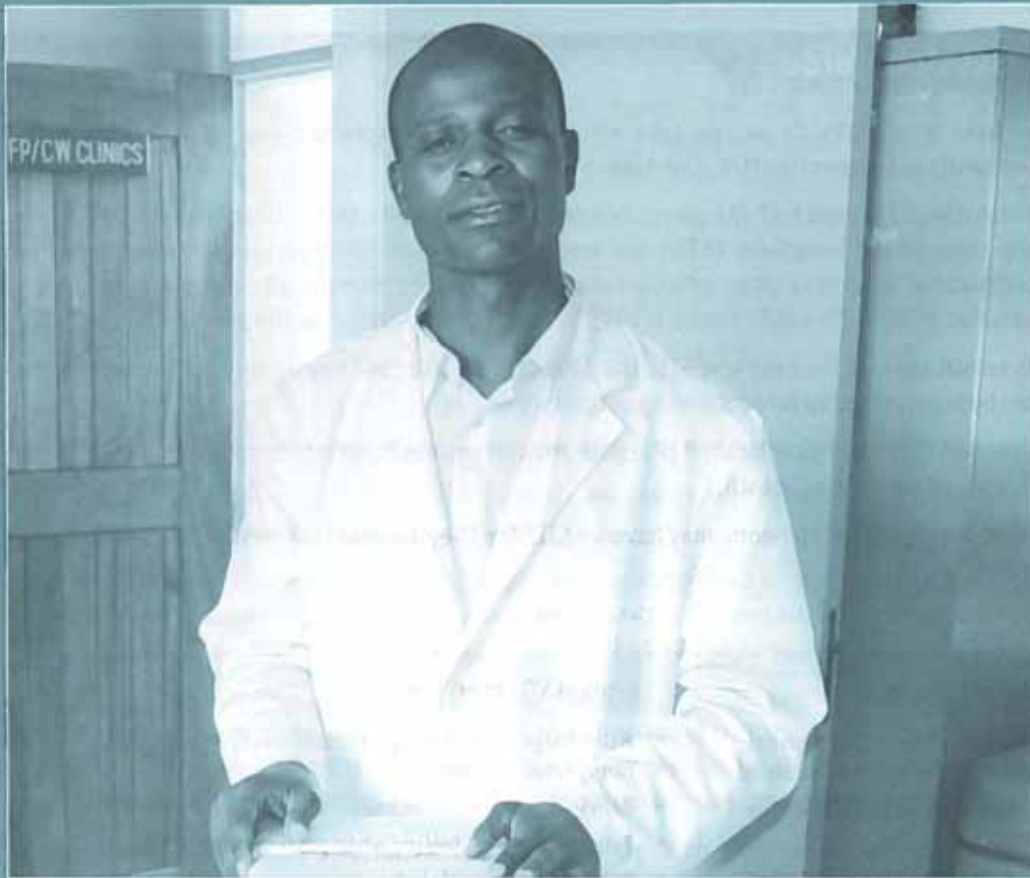
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## This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or printed text on the page.

# Sexually transmitted infections



This chapter will focus on preventing STIs, recognizing symptoms of STIs, and the importance of going for prompt treatment at a health centre.



# 1. What are STIs?



## Session objectives

By the end of this discussion, participants should be able to:

- Know the most common STIs and how they impact health.
- Explain how STIs are transmitted.
- Know what people should do if they think they have an STI.
- Describe how to prevent STIs.
- Explain what happens if STIs are not treated.



## Session guide

1. **Ask:** What risks do people take when they have unprotected sex? [Possible answers: pregnancy, infections like HIV, and other STIs.]
2. **Ask:** What does STI stand for? [Answer: sexually transmitted infection.] What is an STI? [Answer: Sexually transmitted infections (STIs) are mainly transmitted through sexual contact with an infected partner. STIs occur when infection-causing germs pass from one person to another.] What are examples of STIs? [Possible answers: HIV, Chlamydia, gonorrhoea, or herpes.]
3. **Ask:** Is sexual contact the only way STIs are spread? How else can they be spread? [Answer: some STIs can be transmitted to infants during pregnancy or birth]
4. **Ask:** How do STIs impact your health? [Possible answers: diseases, infertility, chronic pain, cervical cancer, and, in some cases, death.]
5. **Ask:** What are signs that someone may have an STI? Are they different for men and women?

| Signs of STIs in men   | Signs of STIs in women   |
|--|--|
| <ul style="list-style-type: none"><li>• A wound, sores, ulcer, rash or blisters on or around the penis.</li><li>• A discharge, like pus, from the penis.</li><li>• Pain or a burning feeling when passing urine.</li><li>• Pain during sexual intercourse.</li><li>• Pain and swelling of the testicles.</li><li>• Abnormal swelling or growths on the genitals.</li></ul> | <ul style="list-style-type: none"><li>• A discharge from the vagina that is thick, itchy or has a funny smell or colour.</li><li>• Pain in the lower abdomen.</li><li>• Pain or a burning feeling when passing urine.</li><li>• Pain during sexual intercourse.</li><li>• Abnormal bleeding from the vagina.</li><li>• Itching in the genital area.</li><li>• Abnormal swelling or growths in the genitals.</li><li>• Vaginal secretions that change colour, have a bad smell, become much thicker or much more watery, or cause irritation.</li></ul> |



6. **Explain** that most men can tell when they have an STI because there are clear signs. Women can have an STI without knowing it, because there are often no signs. Sometimes only a trained health worker can find signs of an STI in a woman. Sometimes it is necessary to examine samples of a woman's blood or vaginal discharge to find out if she has an STI, and which type of STI she has.
7. **Ask:** What should people do if they think they have an STI? (Answers: They should consult a health worker for advice, tests, and treatment. Since most people have few or no symptoms of an STI, it is important to go for treatment even if you think you are at risk for STIs.) **Ask:** Why do some people wait to be tested and treated for STIs? Allow participants to discuss.
8. **Ask:** How can STIs be prevented? [Answers: abstaining from sexual activity, being in a mutually faithful relationship with a partner who is not infected, and using condoms can prevent some STIs.]
9. **Ask:** Why is it easier for women to be infected with an STI? Allow participants to discuss.
10. **Explain** that the differences between men and women's bodies, as well as social and economic status, cause women to be infected with STIs more than men.
  - During sex, the man's penis goes inside the female and his sexual fluids, which may carry infection, stay inside her body.
  - It can be very difficult for a woman to refuse sex with her husband or to insist that he use a condom.
  - Women and girls are more likely to have experienced unwanted sex.
11. **Divide** the group into male-only and female-only groups. Ask each group to have two volunteers role play what they would do or say if they noticed that their sexual partner had sores or an unusual discharge or smell in the genital area. After each role play, participants should discuss the following questions:
  - Do you agree with what the character decided to do?
  - Would you have done anything differently? If so, what?
  - Was this role play similar to what would happen in real life? Why or why not?
  - How will the decisions made in the role play influence the lives of the characters?Allow several pairs of volunteers to role play the situation and participants to discuss each one.
12. **Ask** participants to come back together in the larger group. Ask the male and female groups to share their role-plays and discuss.
13. **Ask:** What should you do if you think that you have been infected with an STI? [Answers: seek proper medical treatment right away; inform your sexual partner(s); and abstain from sexual contact until there is no evidence of infection and you have finished all the prescribed medicine.]
14. **Divide** the group into pairs of males and females (where not possible use groups of 3). Ask the pair to role play a situation where they are husband and wife. One of them has an STI (they can choose which person). The person with the STI needs to inform his or her partner about the infection and encourage their partner to go for testing. Then ask them to switch roles so the other person now has the STI.

At the end of the role play, ask the large group to come back together and ask the following questions:

  - What did you find difficult about this situation (i.e., telling your partner about the STI)?
  - Was there anything that made it easier to talk with your partner about the STI? If so, what?
  - What are some good ways to start a discussion with your partner about STIs?
  - What can someone do if their partner reacts badly to the information about an STI?
  - How did you encourage your partners to go for testing? Did your strategy work (i.e., did your partner agree to go for testing?)





## Main messages

- STIs can be prevented. Use condoms, abstain from sex or be sure you are in a mutually exclusive faithful relationship in order to protect yourself from STIs.
- STIs can have a negative impact on your health including causing disease, infertility, cancer and even death.
- STIs can be treated. If you have any STI symptoms, go to a health centre immediately for treatment by a trained health care provider.
- If you have an STI, it is important to notify your partner and encourage your partner to go for treatment as well.



## Activity: STI true or false

Introduce this activity by telling the group that we are going to talk about myths and common beliefs about STIs.

Divide the group into four teams (or fewer depending upon number of participants being trained) and ask each team to stand in one corner of the room. Explain that you are going to play a game and the team with the most points wins. Taking turns for each team, read out one of the statements listed below. The team must decide if the statement is true or false. If the team answers correctly, they score two points. If they can explain why the answer is correct, they get an extra point.

If the team cannot explain their answer, another team can try for the extra point. When all statements have been answered, announce first, second, third and fourth places.

### Questions

1. A person can always tell if she or he has an STI.

**False.** People can and do have STIs without having any symptoms. Women often have STIs without symptoms because their reproductive organs are internal, but men infected with some infections like Chlamydia also may have no symptoms. People infected with HIV generally have no symptoms for some time, even years, after infection.

2. With proper medical treatment, all STIs except HIV can be cured.

**False.** Herpes, an STI caused by a virus, cannot be cured at the present time.

3. Condoms are the most effective safeguard against the spread of STIs.

**False.** Abstaining from sexual intercourse is the best way to prevent the spread of STIs. Condoms are the next best thing; only abstinence is 100% effective.

4. Using condoms will help prevent the spread of STIs.

**True.** Condoms can help prevent the spread of STIs but they must be used correctly. Condoms are not 100% effective because people do not use them properly. Improper use can cause them to occasionally break or come off during intercourse. Abstinence is the safest method to avoid STIs.

5. The organisms that cause STIs can only enter the body through either the woman's vagina or the man's penis.



**False.** STI bacteria and viruses can enter the body through any mucous membrane, including the vagina, penis, anus, mouth, and in some cases, the eyes. HIV can also enter the body when injected into the bloodstream from shared needles or a blood transfusion. Babies can also get STIs from mothers during pregnancy and childbirth.

6. You cannot contract an STI by masturbating, or by holding hands, talking, walking or dancing with a partner.

**True.** STIs are only spread by close sexual contact with an infected person. Anyone can be infected by having oral, anal or vaginal sexual contact with a partner who is infected. In the case of HIV, sharing needles with an infected partner can infect a person.

7. Practicing good personal cleanliness after having intercourse should be encouraged.

**True.** While personal cleanliness alone cannot prevent STIs, washing away your partner's body fluids right after intercourse is good practice. Washing does not, however, prevent pregnancy or stop HIV from entering the body through the mucous membranes in the mouth, anus, penis or vagina.

8. It is possible to contract some STIs from kissing.

**True.** It is rare, but possible to be infected by syphilis through kissing, if the infected person has small sores in or around the mouth. Kissing can also spread the herpes virus, if active sores are present. HIV is not spread by kissing.

9. The following are examples of STIs: syphilis, dysentery, gonorrhoea, jaundice, and diabetes.

**False.** Syphilis and gonorrhoea are the only STIs in this list. All require medical treatment right away, but none is treated with the same medicines used to treat STIs.

10. The most important thing to do if you suspect you have been infected by an STI is to inform your sexual partner(s).

**False.** The most important thing is to get medical treatment for yourself immediately. Once you have started medical treatment, the health worker can inform your sexual partners, or you can if you prefer. In the meantime, it is also important for the infected person/s to abstain from any sexual contact until their treatment has been completed. You or your partner can suffer serious physical damage, and can continue to infect each other, or others, if the infection is not properly treated.

11. Only people who participate in sexual activity can contract an STI.

**False.** Infants can get STIs such as herpes, gonorrhoea, and HIV infection before and/or during birth, or during breastfeeding.

12. A young woman using oral contraceptives (the pill) should still insist that her sexual partner use a condom, to protect against STIs.

**True.** Oral contraceptives do not prevent STIs, so a condom is necessary for protection unless both partners know they are faithful to one another and are currently infection-free.



## 2. Condom use



### Session objectives

By the end of this discussion, participants should be able to:

- Understand how condoms prevent STIs and pregnancy.
- Describe how to use a condom correctly.
- Respond to condom myths with factual information.



### Session guide

1. **Ask:** What is meant by unprotected sex? [Answer: having penetrative sex without a condom.]
2. **Ask:** What are the risks of unprotected sex? [Answers: pregnancy, infection.]
3. **Ask:** Do you think condoms work well at preventing STIs (including HIV)? Why? Allow participants to discuss.
5. **Ask:** Do you think condoms work well at preventing pregnancy? Why? Allow participants to discuss.
6. **Explain** that when used properly every time you have sex, condoms work very well to prevent HIV transmission and pregnancy. Condoms also help to prevent the transmission of any other infection that is spread through semen or vaginal fluids. Reasons why condoms may not protect against pregnancy or HIV transmission are that people do not use them properly and people do not use them each and every time they have sex.
7. **Ask:** What can cause condoms to break or tear?
8. **Explain** that when condoms break or tear, it is usually because people are not using them properly. Manufacturers and regulatory agencies test condoms to make sure that they are safe and strong enough to use during sex. It is very rare for a condom to break or come off when they are used by people who are experienced using condoms. It is important to practice putting a condom on properly. The following tips can help make male condoms work best:
  - Never open the condom package with sharp objects like teeth, scissors, knives, and pencils.
  - Never unroll a condom before putting it on. Condoms should always be unrolled onto the penis, rather than pulled on like a sock.
  - Having intercourse for more than 20 minutes or having very intense intercourse can increase the risk that a condom may slip off.
  - Carefully check the condom package to be sure that it is not damaged.
  - Check the expiry date on the package. Do not use a condom that is hard or dry or if it has changed colour.
  - Use only water-based lubrication such as K-Y jelly, or creams, or saliva. Oil-based products such as petroleum jelly, hand lotion, or mineral or vegetable oils should never be used because they can weaken latex, making the condom more likely to break.
  - Use a new condom for each act of intercourse. A male condom should never be washed and reused.



- Starting to unroll the condom wrong side out on the penis and then flipping it over to put it on correctly may contaminate the outside of the condom. If this happens the condom should be thrown away and replaced with a new one.
  - Many condoms have a space on the end for semen. If the condom does not have one, you can hold the end of the condom while unrolling it onto the penis. This creates a space for the semen.
  - Condoms should be stored in a cool place. Condoms should not be stored in pockets, wallets, or any place that gets warm. Be sure to regularly check expiry dates on condoms, and throw them out when they are expired. If the packaging is damaged in any way, the condom should not be used.
9. **Explain** that there are many myths about condoms in our community. Read each one of the statements below and ask participants to talk about whether or not they think it is true and why.

**Condoms have HIV inside of them.**

Condoms do not contain HIV. Condoms are tested in the factory like other medical devices. HIV is a virus that must be in body fluids to survive. HIV cannot live outside of a body for very long and could not survive in a condom.

**Condoms have holes.**

Condoms do not have holes that let HIV pass through. Many studies have shown that latex condoms do not have holes big enough for HIV to travel through. Laboratory studies show that latex condoms (that are not broken) act as a barrier to microorganisms, including HIV, as well as sperm. Research studies have been done all over the world to test how well condoms work and have found that latex condoms work very well to protect against HIV infection when used properly for every act of intercourse.

**Wearing two condoms is better than wearing one.**

Using two condoms at the same time - either two male condoms or a male and female condom - is not a good idea. The friction of the two rubbing together may cause one or both of the condoms to tear. To take extra precautions, it is better to make sure that condoms are stored properly and used correctly for every sexual act.

**Condoms decrease a man's pleasure during sex.**

Although some men feel that condoms decrease the stimulation and friction of sexual intercourse, condoms do not completely rob men of pleasure during the sexual act. Sex between two people can involve many different ways to pleasure the other person beyond penetration. Couples should tell each other what makes them feel good.

10. **Ask:** Are there any other myths about condoms in our community? Allow participants to share other myths and ask them whether or not they think it is true and why. Refer to the background notes as needed.
11. **Ask:** What are some of the reasons people give for not using a condom? Write down participants' responses on a flip chart, if available, or note them to yourself. Allow several participants to give possible reasons. Encourage them to make a long list.
12. **Explain** that you will read one of the reasons listed and you would like for a volunteer to say how he or she would respond to someone who gave that reason for not using condoms.
13. **Read** one reason off the list at a time. After each reason, ask for someone to respond and then ask if the group thinks that was a good response or if they could suggest other responses. Do this for each reason on the list.
14. **Ask:** What are a woman's options for protecting herself when a male partner refuses to use a male condom? Allow participants to share their views. [If the idea of using a female condom does not come from the participants, introduce it.]



15. **Facilitate** a discussion with participants about female condoms. Use the following questions as a guide:

- How are female condoms different from male condoms? [Answer: The female condom is put inside the vagina instead of being put on the penis.]
- Are female condoms available in Kenya? Where can you get them? How much do they cost? [Answer: Female condoms are available in Kenya, but they are not as available as male condoms and are more expensive.]
- How are female condoms supposed to be used? [Answer: The female condom is a pouch made of a soft plastic that is inserted into the vagina. Female condoms have two flexible rings, one attached to each end. One ring, at the closed end of the pouch, is placed inside the woman's vagina similar to the way a diaphragm would be inserted, and serves to keep the condom in place. The other ring at the open end of the pouch stays outside the vagina and partially covers the lips of the vagina.]
- When might people use a female condom instead of a male condom? [Possible answers: Female condoms are made of plastic so they are good for people with latex allergies, also men who do not like male condoms may like using female condoms.]
- Is a female condom preferable to a male condom as protection? [Answer: Both male condoms and female condoms are very effective at preventing HIV infection and pregnancy if they are used correctly every time a couple has sexual intercourse.]
- What are the disadvantages of a female condom? [Answer: Female condoms are more expensive and it usually takes a little practice for couples to get used to using them.]
- Can male and female condoms be used together for added protection? [Answer: The male and the female condom should never be used at the same time; it will increase the risk of tearing.]
- Can female condoms be used more than once? [Answer: Female condoms are used once and then thrown away.]

16. **Share** the female condom illustrations and instructions on the following pages with the group.



## Main messages

- Abstaining from sexual activity is the most effective HIV prevention strategy. However, for individuals who choose to be sexually active, condoms are effective in preventing pregnancy, HIV transmission and some STIs.
- Condoms – male or female – must be used correctly and each and every time you have sex to prevent pregnancy, HIV, and some STIs.
- There are proper ways to use male and female condoms.
- There are some myths about condoms which are not true. If you have the correct information, you can speak to your friends and families about the facts on condoms.



## Activities

### Activity: Male condom demonstration

Ask for 15 volunteers to come forward and give each one a piece of cardboard or paper onto which you have written the following points (mix up the order first).



- Check expiry date
- Discuss condom use with partner
- Have condoms with you
- Have an erection
- Open the condom wrapper carefully
- Squeeze out air from tip of condom
- Roll condom on erect penis all the way down to the base of the penis
- Have sexual intercourse
- Ejaculate
- Withdraw penis from partner, holding on to condom at base of penis so it stays on
- Be careful not to spill semen
- Remove condom from penis
- Penis gets soft
- Throw condom away in a place where children won't find it or touch it, like a pit latrine or dust bin. Used condoms can also be burned.
- Open another condom (if you have sex again).

Ask each participant holding a card to read and display it to the group. Ask the volunteers to form a line so that their cardboard words or phrases describe the step-by-step use of a condom. Let them discuss and move about. Ask the rest of the group to comment on the finally agreed order. Make any changes necessary. Be sure the final line up is correct.

Demonstrate proper condom use with a penis model (such as a banana). Follow these steps, explaining what you are doing as you go along:

- Open the package carefully. Be careful of long fingernails tearing the latex.
- Hold tip of condom as you roll it down over penis model.
- Roll the condom down to the base of the penis on the model. Be sure you leave a space at the tip, so that the ejaculated semen can be captured there (otherwise it can break from the extra fluid forced into the tight end of the condom).
- After ejaculation, withdraw the penis from your partner. Be sure to hold the base of the penis model (explain that to prevent spilling the semen, the condom must be held at the base while withdrawing from the partner's body). The condom should be removed before the penis gets soft.
- Never try to wash or re-use a condom. You must use a new condom each time you re-enter your partner (if you come out for a while), or have sex once again.

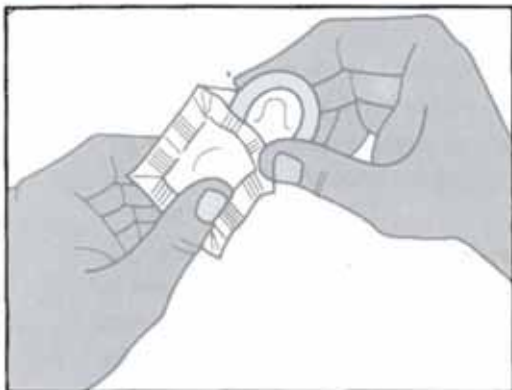
Divide the group into pairs and give each pair a condom and a penis model. If you do not have a penis model, use a banana, plantain, cucumber or an ear of maize. Ask the pairs to take turns demonstrating—and explaining as they go along—how to use the condom correctly.

Facilitate a discussion with the following questions:

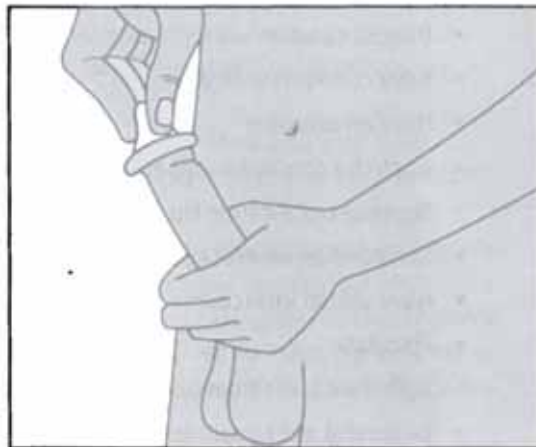
- How easy or difficult was it to demonstrate condom use?
- How do men feel when they get or buy condoms? What about women?
- What would you say to a friend who said condoms have holes and do not even protect against HIV?



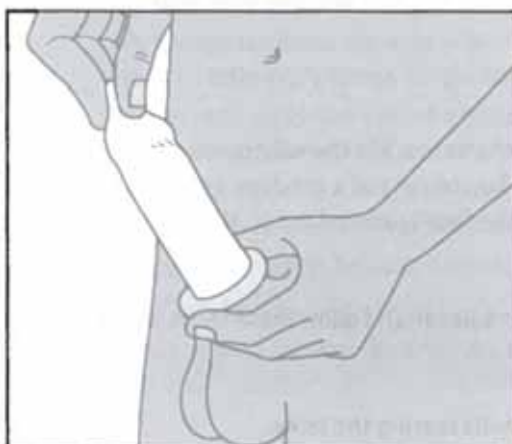
## How to use a male condom



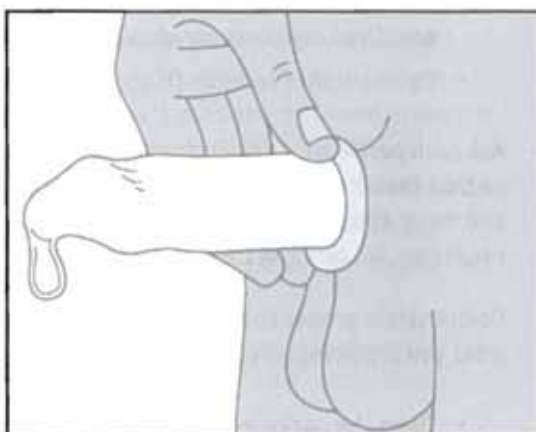
1. Open the packet carefully. Do not use anything sharp like a knife or nails. Ensure that the part to be unrolled is on the outside.



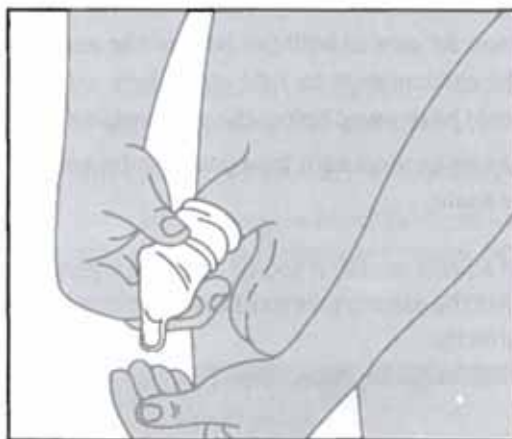
2. Pinch the tip of the condom. Place it on the hard penis.



3. Unroll the condom all the way to the base of the penis.



4. After ejaculation, hold the condom at the base of the penis so it does not slip off.



5. While still holding the base, pull off the condom gently so as not to spill the contents.



6. Wrap condom in tissue paper and throw it away in a latrine or somewhere out of reach of children. Never flush a condom down the toilet.

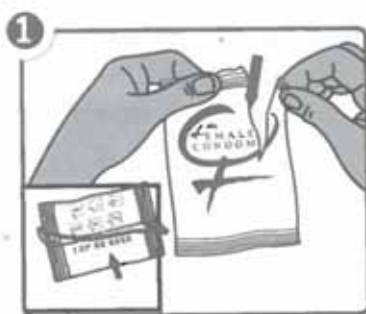
### Activity: Using a female condom

Explain how to use a female condom properly by showing participants the illustrations on the following page. Read each of the steps as you show the illustrations:

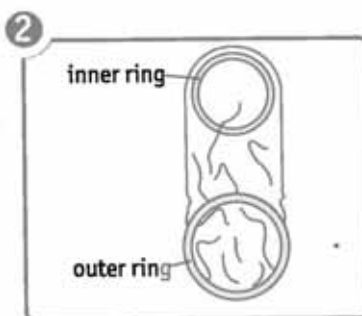
- First check the expiry date then open the package carefully. Do not use sharp objects like fingernails, scissors, or teeth.
- Remove the female condom from the package. Rub the female condom to spread the jelly.
- Squeeze the inner ring so it is long and narrow.
- Choose a comfortable position and insert the closed end of the female condom into the vagina.
- Put your index finger inside the female condom and push the inner ring up into your vagina as far as it will go. Take care not to twist the female condom.
- Hold the outer ring outside the vagina and guide the penis into the female condom. Let go of the outer ring after penetration.
- Immediately after intercourse, twist the outer ring to avoid spillage, and gently pull out the condom.
- Do not re-use the female condom. Wrap it in tissue and throw it in a dustbin or pit latrine. Do not throw it in a flush toilet.



## How to use a female condom



1 Check expiry date then open packet. Do not use sharp objects or teeth.



2 Remove the female condom from the packet. Rub the condom to spread the jelly.



3 Hold the female condom as shown above, making the inner ring long and narrow.



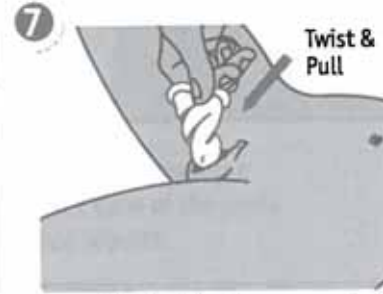
4 Choose a comfortable position and insert the closed end of the female condom into the vagina.



5 Push the inner ring up into the vagina as far as it will go. Do not twist it.



6 Hold the outer ring outside the vagina and guide penis into female condom.



7 Immediately after intercourse, twist the outer ring to avoid spillage and gently pull condom.



8 Do not re-use the female condom. Wrap it in tissue and throw it in a Dust bin or pit latrine. Never throw it in a flush toilet.



## Background notes

### Sexually transmitted infections

#### What are STIs and how are they transmitted?

Sexually transmitted infections (STIs) are mainly transmitted through sexual contact with an infected partner. STIs are one of the most common diseases in Kenya and particularly affect young people aged 15–29 years. STIs occur when infection-causing germs pass from one person to another. STIs can cause serious health problems, including pelvic inflammatory disease, infertility, chronic abdominal pain, cervical cancer, and, in some cases, death. Some STIs can be transmitted to infants during pregnancy or birth.

In addition to HIV, which is transmitted sexually (see the Chapter on HIV and AIDS for more information), there are more than 20 other infections that can be transmitted sexually, including chancroid, Chlamydia, gonorrhoea, genital herpes, the human papilloma virus (HPV), syphilis, and trichomoniasis, among others. It is possible to catch an STI even during one act of sexual intercourse with an infected person.

#### STI and gender

The differences between men and women's bodies, as well as social and economic status, cause women to suffer more from STIs than men. Although both men and women can get infected with STIs, women and girls can get infected more easily. Differences in their bodies make detection harder in women, and infection has much more serious results for women than for men. The risk of transmission is also greater from man to woman, and many women have little power to protect themselves in sexual situations.

1. In a sexual act, the man's penis goes inside the female and his sexual fluids, which may carry infection, stay inside her body. This increases her chances of getting an infection in the uterus, fallopian tubes or ovaries.
2. Girls are especially at risk of STIs because the cervix and the vagina of an adolescent girl are more delicate than those of an older woman. The vagina can tear during sexual penetration, which can increase the risk of getting HIV infection.
3. Many girls and women are socialized to be submissive to men making it very difficult for a woman to refuse sex with her husband or to insist that he use a condom, even when she thinks he may have other partners or an STI.
4. Women and girls are at more risk for unwanted sex (pressured sex and rape) than men and boys. In these difficult circumstances, it can be very hard to negotiate to not have sex or to have protected sex.

#### Signs and symptoms of STIs

Most men can tell when they have an STI because there are usually clear signs. Women, however, often have an STI without knowing it, because there are often no signs that they have the disease. Sometimes only a trained health worker can find signs of an STI in a woman. This is especially true during pregnancy, when many STI symptoms (for example, an increase in the amount of fluid produced by the vagina) are mistaken for side-effects of pregnancy itself. Sometimes it is necessary to examine samples of a woman's blood or vaginal discharge to find out if she has an STI, and which type of STI she has.

Signs of STIs in men include:

- A wound, sores, ulcer, rash or blisters on or around the penis.
- A discharge, like pus, from the penis.
- Pain or a burning feeling when passing urine.
- Pain during sexual intercourse.
- Pain and swelling of the testicles.
- Abnormal swelling or growths on the genitals.



Signs of STIs in women include:

- A discharge from the vagina that is thick, itchy or has a funny smell or colour.
- Pain in the lower abdomen.
- Pain or a burning feeling when passing urine.
- Pain during sexual intercourse.
- Abnormal, irregular bleeding from the vagina.
- Itching in the genital area.
- Abnormal swelling or growths in the genitals.

It is normal for women to have some wetness or a milky, colourless secretion from the vagina; this keeps the genitals clean and healthy. Do not worry unless these secretions:

- change colour
- begin to have a different or unpleasant smell
- become a lot thicker, or more watery
- cause irritation

Most STIs are relatively easy to contract. It is important to know what they are, what they look like, and what to do to get them treated. If a person experiences any one of the above symptoms, he or she should see a doctor or go to a health centre as soon as possible.

It is important to recognize and treat STIs quickly. This reduces the chances of complications for the individual but also prevents new infections in the community. The sooner an STI is treated, the less chance it will be transmitted to other people.

However, most people have few or no symptoms of an STI, so if someone thinks they are at risk for STIs, they should consult a health worker for advice, tests and treatment. You are at high risk for an STI when you have:

- Unprotected penetrative sex.
- Anal intercourse.
- Dry or rough sex.
- A partner with an STI.
- A partner who has other partners.
- More than one partner – the more partners someone has, the higher their risk.
- A new partner whose health status is unknown to you during the last three months.

## Managing STIs

### Treatment

If an STI is not treated early, the treatment cost may become very high. Other indirect costs from STIs can be lack of productivity and income and funeral expenses. Someone with an STI must finish all the medicines that the health worker gives and not have unprotected sex until the health worker says they are cured. People should never treat themselves with medicines for an STI. They need to get the right medicine or medicines from a trained health worker. Using the wrong medicine will make the STI-causing germ become resistant to medicines. A person should never share medicines with friends. The complete and correct dose must be taken. If someone only takes part of the dose, this will also make the STI resistant to medicines and harder to treat.

When people find out that they have an STI, they should make sure that their partner (or partners) goes for treatment as well. An untreated person will infect his or her partner again. Even if someone is no longer having sex with a particular partner, that person should still tell the partner to go for an exam and treatment. If people are not told and do not have any symptoms at all, they might not know that they have an STI until it has

already done permanent damage to their reproductive organs. It might be very hard to talk to an ex-girlfriend or ex-boyfriend, but an infected person needs to find courage to talk to that person and to tell her or him to go for an exam.

## STI prevention

The only completely effective way to prevent STIs is to abstain from oral, anal and vaginal sexual intercourse. Contact with another person's body fluids can result in STI infection. To reduce the risk of STIs, people can: delay sexual activity (for adolescents), abstain from sexual activity, be in a mutually faithful relationship with an uninfected partner, use condoms correctly for each and every sexual act, or reduce the number of sexual partners

For minimal protection, inspect partners' genitals, wash genitals after sex, talk with your partners about their health and sexual habits, and have yourself and partner tested for STIs if you have worries or think something is wrong.

## Information on the most common STIs

| STIs              | Symptoms   | Consequences  |
|-------------------|--|---|
| <b>HIV</b>        | <p>Symptoms begin several months to years after infection and may include:</p> <ul style="list-style-type: none"> <li>• Feeling tired a lot</li> <li>• Loss of over 10% of body weight</li> <li>• Having diarrhoea often</li> <li>• Having a fever often</li> </ul>  | <ul style="list-style-type: none"> <li>• HIV becomes AIDS and people become very ill. When people have AIDS, they may become less productive and they can die.</li> <li>• Can infect sexual partners.</li> <li>• Can be passed from a pregnant woman to her child during pregnancy, birth, or breastfeeding.</li> </ul> |
| <b>Gonorrhoea</b> | <p>Symptoms begin 2-21 days after infection:</p> <ul style="list-style-type: none"> <li>• Discharge from penis or vagina</li> <li>• Pain/burning sensation during urination or bowel movement</li> <li>• Difficulty urinating</li> <li>• Lower abdominal pain (pelvic area)</li> <li>• Most women and some men have no symptoms</li> </ul>   | <ul style="list-style-type: none"> <li>• Damage to reproductive organs</li> <li>• Sterility</li> <li>• Blindness in babies of infected mothers</li> <li>• You can give gonorrhoea to your sexual partner</li> <li>• Heart trouble, blindness, skin disease, arthritis</li> </ul>  |
| <b>Syphilis</b>   | <p><b>1st Stage</b></p> <p>Symptoms begin 1-12 weeks after infection:</p> <ul style="list-style-type: none"> <li>• Painless, open sore on the mouth or sex organ</li> <li>• Sore goes away after 1-5 weeks</li> </ul> <p><b>2nd Stage</b></p> <p>Symptoms begin 1-6 months after sore appears:</p> <ul style="list-style-type: none"> <li>• Non-itchy rash on the body</li> <li>• Flu-like symptoms</li> </ul> | <ul style="list-style-type: none"> <li>• Increased risk of ectopic pregnancy</li> <li>• You can give syphilis to your sexual partner</li> <li>• Heart disease, brain damage, blindness, death</li> <li>• Can be passed from pregnant woman to her unborn child</li> </ul>   |



| STIs                 | Symptoms  | Consequences  |
|----------------------|---|---|
| <b>Herpes</b>        | <p>Symptoms begin 2-30 days after infection:</p> <ul style="list-style-type: none"> <li>• Painful blister-like lesions on or around the genitals or in anus or mouth</li> <li>• Flu-like feelings</li> <li>• Itching and burning around the sex organs before the blisters appear</li> <li>• Blisters last 1-3 weeks</li> <li>• Blisters disappear but the individual still has herpes</li> <li>• Blisters may recur</li> </ul> | <ul style="list-style-type: none"> <li>• There is no cure for herpes</li> <li>• Recurring outbreaks of painful blisters occur in 50% of those who contract herpes</li> <li>• May be transmitted to sexual partner</li> <li>• May be transmitted to a baby during childbirth</li> <li>• May increase the risk of cervical cancer</li> </ul>  |
| <b>Chlamydia</b>     | <p>Symptoms begin 7-21 days after infection:</p> <ul style="list-style-type: none"> <li>• Discharge from the sex organs</li> <li>• Burning or pain while urinating</li> <li>• Unusual bleeding from the vagina</li> <li>• Pain in the pelvic area</li> <li>• Most women and some men have no symptoms</li> </ul>  | <ul style="list-style-type: none"> <li>• Damage to reproductive organs</li> <li>• Sterility</li> <li>• Passed from mother to child during childbirth</li> </ul>   |
| <b>Genital Warts</b> | <p>Caused by the human papilloma virus (HPV)</p> <ul style="list-style-type: none"> <li>• Small, painless, fleshy bumps on and inside the genitals and throat</li> <li>• Often no visible symptoms</li> </ul>   | <ul style="list-style-type: none"> <li>• Some strains are associated with cervical cancer and some other genital cancers; these strains may not produce visible warts</li> <li>• Can be detected by Pap smear during gynaecologic exam</li> <li>• Can be removed by physical or chemical means but virus cannot be cured and warts often reappear</li> <li>• Can develop chronic liver disease</li> </ul> |
| <b>Hepatitis B</b>   | <p>Spread by sex, exposure to infected blood, and to child during pregnancy or delivery.</p> <ul style="list-style-type: none"> <li>• <b>Mild initial symptoms:</b> headache and fatigue</li> <li>• <b>Later symptoms:</b> dark urine, abdominal pain, jaundice</li> </ul> <p>Often no visible symptoms</p>   | <p>Causes inflammation of liver and sometimes leads to liver failure and death</p> <p>No cure</p>   |

### Male involvement

Men can play a particularly important role in preventing STIs by maintaining a monogamous relationship or using condoms to protect their partner and themselves. Maintaining a mutually monogamous relationship – one way of preventing STIs – requires the commitment of both partners. Men can show respect for their partners' health by limiting their sexual relations to one partner.

## Condoms

The male condom is a soft tube made out of rubber (latex) that is put on a man's penis before sexual intercourse. When the man ejaculates, the sperm is caught in the tip of the condom. Because the sperm is collected in the condom, there is no contact between the man's and the woman's body fluids, which reduces the risk of HIV, other STIs, and unwanted pregnancy.

Condoms protect men by preventing direct contact between the penis and cervical, vaginal, or rectal secretions or sores. Condoms protect women from exposure to infected semen, urethral discharge, or penile sores. To be effective, condoms must be stored properly and used correctly for every act of sexual intercourse. Condoms are most effective in preventing STIs that are transmitted through body fluids (like HIV, gonorrhoea, and Chlamydia). They do not work as well against STIs that are transmitted through skin-to-skin contact (like genital herpes and warts), because the condom may not cover the entire affected areas.

Most condoms in the market are latex. Condoms made of natural products such as sheep skin can prevent pregnancy but they do not protect against HIV or other STIs. Other than abstinence, condoms provide the best protection against HIV and other STIs.

A female condom is a plastic pouch that covers the cervix, the vagina, and part of the external genitals. A woman uses the female condom during intercourse to prevent HIV, STIs, and unwanted pregnancy. The female condom is a relatively new form of contraception, which is still not available in many areas. It is a thin polyurethane (a kind of plastic) pouch with two flexible rings, one attached to each end. One ring, at the closed end of the pouch, is placed inside the woman's vagina and serves as an anchor. The other ring at the open end stays outside the vagina and partially covers the lips of the vagina. It is used once and then thrown away. The condom catches the man's sperm so that it does not enter the vagina.

### Condom facts

- No penis is too big or too small for a condom. Condoms can be stretched to fit over a forearm. (Note to facilitator: You can do an experiment, by having one person hold the condom and you pour a bottle of water into it. Tie it up and put it aside. Tell the participants to check it later and see that it has the same amount.)
- Asking a partner to use a condom does not mean you do not trust the partner. You are making a responsible statement about both of your futures by using condoms.
- HIV cannot pass through LATEX OR RUBBER condoms.
- Most condoms are lubricated. However, if extra lubrication is desired, use a water-based lubricant such as K-Y Jelly. Water and saliva are good substitutes. Never use any lubricant that is an oil or petroleum based product like Vaseline or other petroleum jellies. This will immediately start to rot the rubber, and the condom will weaken and break.
- Condoms are tested in the factory. They work very well when stored properly and used correctly. Keep them away from heat or sunlight. Never leave condoms on a windowsill or in a wallet in your back pocket that you sit on continuously. All these places will cause the condom to rot.
- There is a correct way to use condoms. Emphasize that even when condoms are used, they can be used incorrectly, allowing a pregnancy or an infection to occur.



### Gender and STIs

Women and girls are more susceptible to infection, because of biology, the belief that women must be submissive, their inability to negotiate for condom use during sex, and their vulnerability to forced, unsafe sex. Women and girls have less access to information and to treatment for STIs because of gender norms. They may also delay getting treatment because many of the symptoms are difficult to detect in women.



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Available from: [http://www.who.int/reproductive-health/stis/docs/reuse\\_FC2.pdf](http://www.who.int/reproductive-health/stis/docs/reuse_FC2.pdf)

## This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.



## Notes

# I HIV and AIDS



This chapter will focus on HIV transmission, preventing HIV infection, understanding risk of infection, knowing about treatment, addressing stigma, and living positively with HIV and AIDS.



# 1. HIV and AIDS



## Session objectives

By the end of this session, participants will be able to:

- Explain the difference between HIV and AIDS.
- List the ways that HIV is transmitted.
- List ways to protect against HIV infection.
- Identify services in the community for people infected and affected by HIV.



## Session guide

1. **Ask:** Is HIV a problem in our community? Why or why not? How are we affected? Allow participants to discuss.
2. **Ask:** What is HIV? [Answer: HIV is a virus that is passed between people through blood and other body fluids. HIV weakens the immune system, making it easier for people to become sick. A virus is the smallest type of germ. Viruses live inside of living things. Some of the diseases caused by viruses include measles, polio, hepatitis, chicken pox, and colds (homa).]
3. **Ask:** What is the difference between HIV and AIDS? [Answer: HIV is a virus, AIDS is a disease. HIV causes AIDS. It takes several years for someone with HIV to develop AIDS. When a person becomes sick with many illnesses that do not go away, then he or she is said to have AIDS. AIDS is a word used to describe the most serious stage of a person's infection with HIV. It means that they have a collection of symptoms and diseases defined medically as AIDS.]
4. **Ask:** How do people become infected with HIV?
5. **Explain** that HIV is passed between people in three ways:
  - a. **Sex.** Penetrative sex with an HIV-infected person where the penis enters the vagina, anus, or mouth of another person.
  - b. **Blood to blood.** From an HIV-infected person's blood to another person's blood through an opening in the body such as a cut, from a transfusion or by sharing something that cuts or pierces the skin (knife, razor, or needle). This includes sharing circumcision knives, needles, tattooing, or ear piercing, with someone who has HIV. If you or your child is getting a jab, be sure the health worker uses a new needle each time.
  - c. **Mother to child.** HIV can be passed from a mother who is HIV infected to her baby during pregnancy, at the time of birth, or through breastfeeding.
6. **Ask:** How can you protect yourself against HIV? Allow participants to discuss. [Answer: The only certain way to protect against HIV transmission is to abstain from sexual intercourse, but being in a mutually faithful relationship with an uninfected partner and using a latex condom correctly for every act of sexual intercourse can significantly reduce the risk of HIV infection.]
7. **Ask:** Can you tell by looking at someone if he or she is infected with HIV? [Answer: No, many people who are infected show no signs of HIV infection.]



8. **Ask:** How can someone know if they are infected with HIV? [Answer: the only way to tell if a person is infected with HIV is by testing.]
9. **Ask:** Why is it sometimes difficult to ask questions about HIV and AIDS?
10. **Ask:** Where else in the community can you go to get information about HIV and AIDS?
11. **Ask:** How can you bring up the topic of HIV and AIDS in your home with your partner? With your children?
12. **Ask:** What is the difference between **exposure to HIV** and **infection with HIV**? Let participants express their opinions.
13. **Ask:** When one member of a household has a cold (homa), does it mean that everyone in the house will get infected with the cold? Use this discussion to make the point that when a family member has a cold, everyone is exposed, but not everyone will get infected.
14. **Explain** that if a soldier steps out of his trench on to the battlefield, then he is exposed. However, he may not be shot unless there are enemy soldiers who can see him, and decide to shoot at him.
15. **Ask:** What are other examples of the difference between exposure and infection?
16. **Ask:** When is a person exposed to HIV? Allow participants to discuss. [Answer: A person is exposed to HIV when he or she has unprotected sexual intercourse with a person who is HIV-infected, is given blood that has been infected with HIV, or when she or he is a baby in an HIV-infected mother's womb.]
17. **Ask:** How can you tell whether a person has been exposed to HIV? Allow participants to discuss. [Answer: It is not possible to tell by looking at someone whether he or she has been exposed to HIV.]
18. **Ask:** How long does it take to go from being exposed to HIV to being infected with HIV? Do you have to be exposed a certain number of times before you are infected? Allow participants to discuss views. [Answer: There is no time period between exposure and infection. When a person is exposed, he or she is either infected at that time or not infected at all. You can be exposed to HIV one time and then get infected with HIV. Repeated exposure increases the chance that you will get infected with HIV.]
19. **Ask:** Why is it important to know the difference between exposure and infection? [Answer: The surviving partner of someone who has died of AIDS has been exposed, but may not be infected. Many people who have been exposed, also assume they are infected, but this is not necessarily true. Knowing the difference between exposure and infection can help prevent stigma. The only way to know for sure that you have HIV is to be tested. Knowing your status is important.]



## Main messages

- HIV is a virus that is transmitted through blood, bodily fluids, and breastmilk.
- HIV and AIDS are not the same.
- HIV weakens the immune system, making it easier for people to become sick. When a person with HIV becomes sick with many illnesses that do not get better with medicine, he or she is said to have AIDS.
- People with HIV may not know they are infected and may look, act, and feel healthy for a long time. The only way to know if someone is HIV infected is through testing.





### Activity: HIV and AIDS role plays

Ask participants to role play community members who are talking about HIV and AIDS. Secretly, assign four participants to each of the rumours below. Ask them to talk about these rumours during the role play:

- A. You can't get HIV if you only have sex one time.
- B. You can get AIDS from kissing someone.
- C. You can tell if someone is HIV positive by looking at them.
- D. Once you have become HIV positive, you can feel it in your body.

Ask participants to correct any incorrect information presented during the discussion.

## 2. Understanding risk



### Session objectives

By the end of this session, participants will be able to:

- Define risk.
- Identify behaviours that put people at risk for HIV infection and those that do not.



### Session guide

1. **Ask:** What are some of the naughty and forbidden activities that you did when you were a small boy or girl under 10 years? What were some activities that were specifically not allowed by parents or teachers or that were judged to be dangerous in some way? Write the activities on a flip chart as they are shared or note them to yourself if there are no flip charts.
2. Choose one or two of the activities on the list that can be dangerous and **ask:** Why was this activity forbidden? Was there any danger in it for you? Why did you still choose to do it? What made it enjoyable for you even though it was forbidden or dangerous?
3. **Ask:** What were some of the forbidden or dangerous activities that you did when you were a young man or woman in your teens? Write all of their activities on a flip chart. [Possible examples: Smoking, going to a bar, kissing, having sex, trying drugs or alcohol]
4. For each activity listed, **ask:** Why was this activity dangerous? Then, **ask:** Why did you do it if it was dangerous? Did you do anything to make it less dangerous?
5. **Ask:** Is there any activity in your daily life that is completely safe? Use the following questions to facilitate a discussion:
  - Is there any danger in eating sweets? Travelling by matatu? Crossing a road? Riding a boda boda?
  - Is there any danger in drinking water? In eating food? What do people do to make drinking water or eating food safer?
6. **Ask:** What is meant by the word risk? After a few have shared their definitions, **explain** that risk refers to the possibility of harm or danger in an action. For example, when someone drinks unclean water, there is a risk of falling ill.
7. **Explain** that there is no activity that can be called completely free of risk. Breathing air puts you at risk of airborne infections. Crossing a road puts you at risk of a road accident. People decide how much risk is acceptable for them. When a person chooses to do a risky activity and understands the risks, it is because he or she thinks there is a benefit in doing it. When the benefit is seen to be greater than the risk, then the person will usually choose to take the risk.
8. **Ask:** What are some of the risks that you have knowingly taken in your lives? Why did you decide to do them? Did you do anything to make it less risky?
9. **Explain** that now participants will have a chance to think about the risk of being infected with HIV for different activities. You will read out loud the following questions, one by one. For each statement, participants should stand, if they think the activity is a risk for HIV infection, and stay seated if they think it is not a risk of HIV infection.



For each statement, ask representatives from those standing to explain why they are standing and then ask for someone to explain why he or she is seated.

- Hugging, kissing, or massaging someone. (no risk)
- Handling blood without protection. (risk)
- Having a sexual partner who has sex with other people. (risk)
- Drinking beer or other kinds of alcohol. (could lead to poor decision making - risk)
- Masturbating (touching your own genitals). (no risk)
- Touching your partner's genitals. (no risk)
- Being bitten by mosquitoes. (no risk)
- Allow semen or vaginal fluid to touch normal skin (not around the penis, vulva, anus or the mouth). (no risk)
- Having sex with more than one person. (risk if not using condoms)
- Having a sexual partner who has had an STI in the past. (risk)
- Eating meals and sharing plates and utensils with a person with AIDS. (no risk)
- Having sex with only one partner who is also faithful. (no risk if you both are HIV negative when you start your relationship)
- Living, working, and playing with a person with HIV. (no risk)
- Not always using a condom for sex. (risk)
- Having unprotected sex with a partner and not knowing if he or she is infected with HIV or an STI. (risk)

10. After the activity, ask participants the following questions:

- Does knowing that some things can be a risk worry you?
- Did you learn any new information? Do you have any questions about any behaviours that we did not talk about?

11. **Explain** that not all activities are equally risky. Some activities are riskier than others. Some activities that are risky at some times may be risk-free at other times. For example, sexual intercourse may be risky when the HIV status of the partner is unknown, but may carry hardly any risk if both people know their HIV status or use condoms.

12. **Ask:** When you think about your own risk for HIV infection, what do you think about? When do you think about your risk of HIV infection: long before having sex, right before sex, during sex, or after sex? Allow participants to discuss.



### Main messages

- Sharing a home with or touching a person who is HIV infected does not put someone at risk of HIV infection.
- Having unprotected sex with a partner and not knowing if he or she is infected with HIV or an STI does put someone at risk for HIV infection. However, using condoms can significantly reduce the risk of HIV infection. Being in a mutually faithful relationship with a person who has tested negative for HIV is another way to protect against HIV infection.



### 3. HIV testing



#### Session objectives

By the end of this discussion, participants should be able to:

- Explain that the only way to know your HIV status is to get tested.
- Describe what happens during HIV testing.
- State the risk factors for HIV infection to know who should go for HIV testing.



#### Session guide

1. **Ask:** How can a person know if he or she is infected with HIV? Allow participants to discuss.
2. **Explain** that a person cannot tell by looking at his or her body if they have HIV. A person cannot tell whether other people are infected with HIV by looking at them. This is because most of the illnesses that come with AIDS can also come by themselves to people who do not have HIV. For example, someone can get TB whether or not they have HIV. There is only one way for people to know if they have HIV, and that is to test for HIV. In Kenya, HIV testing is accompanied by counselling.
3. **Ask:** Is there a place where we can be tested for HIV in our community? Where? If not, where could we go?
4. **Ask:** What happens when someone goes for HIV testing?
5. **Explain** that a health worker takes a small amount of blood from a person's finger. The test is reliable, accurate, safe and painless. The person tested cannot get weak from blood loss because so little blood is taken. Depending on the type of test used, the result may be available in 30 minutes, or after one or two weeks. In order for an individual to know whether they are truly free from HIV, they will be asked to come back in another 3 to 6 months for another test when the window period is over. (see below for description)
6. **Ask:** If a person gets infected with HIV today, and goes for an HIV test tomorrow, will the test be negative or positive? If anyone answers, "negative," ask why they think it will be negative.
7. **Explain:** Most tests for HIV do not test for HIV directly but rather test for the antibodies that are produced by the immune system after HIV infection. The body makes antibodies to fight infections. It is assumed that if a person has HIV antibodies, then the person must be infected. However, it can take up to 3 months before the immune system produces enough HIV antibodies to be noticed on an HIV test. This period of time, when a person is HIV positive but does not yet have enough HIV antibodies, is called the Window Period.
8. **Ask:** If a person gets infected with HIV today, can he or she infect other people immediately? Allow participants to express their views.
9. **Explain:** A person can infect others as soon as he or she is infected, even though the HIV test will only give a positive result after the Window Period.
10. **Ask:** What could happen if a person goes for an HIV test too early and gets a false negative result, but does not go for a second test? Allow participants to discuss. (Answer: A person may infect others because he or she does not know that they are infected.)
11. **Ask:** When should a person consider going for voluntary counselling and testing?



12. **Explain** that health workers currently recommend HIV testing for people with high-risk behaviour such as:

- Anal sexual activity (male or female)
- Frequent heterosexual activity with more than one partner
- Sexual activity with prostitutes
- Previous treatment for STIs
- Blood transfusions (especially before 1985)
- Injection drug use
- Sex with partners having any of the above
- Infants born to women with any of the above or who were HIV positive
- Pregnant women

13. **Ask:** What are the advantages of knowing your HIV status? Possible answers include:

- The sooner people know their status the sooner they are able to make healthy choices to live longer if they are positive.
- If people are positive they protect their partners (and children) from infection.
- If they are negative, they can continue to protect themselves from infection.

14. **Explain** that it is normal to feel afraid about going for an HIV test. All of us are afraid of what the result may be. We fear we might be positive because being HIV positive will change our life and that of our family and friends. If we go for HIV testing, there are counsellors who will help us cope with the test and the results. They will give us information about HIV and AIDS and methods of prevention.

15. **Divide** participants into five groups. **Explain** that they will role play a situation where a group of friends are talking. In each group there is one person who is worried that he or she may be infected with HIV, but is afraid to be tested. The other participants should role play what they would say to this person to help convince him or her to go for testing:

- A pregnant woman is worried her husband is having sex with other women.
- A young man has had unprotected sex with three different partners, and he did not always use condoms.
- A young woman is planning to get married, but has had sex with her previous boyfriend in university. She is worried that her fiancé will call off the wedding plans if she tests positive.
- A woman went to see a traditional healer who gave her a jab with a non-sterile needle.
- An older man used to be a drunkard and had sex with many women. He has stopped drinking and wants to start a relationship with a woman from his church. He is afraid she will not want to be with him if he tests positive.

16. After 10 minutes, ask participants to come back in a large group. **Ask** a representative from each group to share what they talked about during their role plays.



### Main messages

- If you are at risk of HIV infection, go for testing to determine your status.
- There are advantages to knowing your HIV status.
- We all fear learning about our HIV status, but it is important to know. Talk to your friends and family for support.
- An HIV test is a simple process where the health care provider will take a small amount of your blood and talk to you about your sexual activity and risk for HIV.
- Encourage your partner to go for testing with you.



## 4. Staying healthy with HIV



### Session objectives

By the end of this discussion, participants should be able to:

- Describe what anti-retroviral therapy (ART) is and how it works.
- List what an HIV-infected person can do to stay healthy and productive for as long as possible.



### Session guide

1. **Ask:** Does a person with HIV also have AIDS? After participants discuss, remind them that testing positive for HIV does not mean that someone has AIDS. It can be many years before their infection turns into AIDS and there are ways to stay healthy for a long time. HIV is the virus and AIDS is a condition that develops after a person has had HIV for a long time and the body can no longer fight off other infections.
2. **Ask:** Is there a cure for HIV? Allow participants to discuss. [Answer: A cure means that the germ that causes a disease has been completely killed or eliminated from the body and will not return unless a person is re-infected. There is no cure for AIDS; however, there are ways to treat the symptoms. Treatment is using a drug or doing something that can cause symptoms to become less painful or pronounced or cause them to disappear altogether. But a treatment is not the same as a cure.]
3. **Ask:** What are opportunistic infections? Allow participants to discuss. [Answer: When a person's immune system begins to weaken because of HIV infection, that person begins to get infections that a person with a healthy immune system would be able to fight off. These infections are called opportunistic infections. Examples include tuberculosis, pneumonia, etc.]
4. **Ask:** What is ART? Allow participants to discuss. [Answer: ART, which stands for anti-retroviral therapy, is a combination of medicines that slow down HIV from spreading in the body. ART helps the immune system get strong so it can fight infections and illness. When someone starts ART, they will be given information on eating healthy, exercising, avoiding stress, alcohol and drugs and generally living positively. ART is not a cure for HIV. ART reduces the amount of HIV in the blood, but cannot eliminate it. ART does not prevent re-infection with HIV.]
5. **Ask:** Who should be on ART? [Answer: If someone's immune system is very weak, his or her doctor may recommend starting ART. If someone's immune system is still strong, there are other ways to protect against opportunistic infections and stay healthy. However, it is important for a person not to wait until they are very sick and almost dying before visiting a doctor. In this case, the medicines (ART) might not be able to help the person. Talk with a health worker often to make the best decision for your health.]
6. **Ask:** What are some of the ways for people with HIV to stay healthy without medicine? Allow participants to discuss. Be sure they mention the following:
  - Eat a healthy diet.
  - Do physical activity.
  - Get enough sleep.
  - Practice good hygiene.



- Avoid smoking and drinking alcohol.
- Have protected sex.
- Go to the doctor immediately for treatment of illness and infection.
- Only take medications given by a doctor and follow the directions carefully.

7. **Ask:** What is a healthy diet? Are there foods that people with HIV and AIDS should eat? Are there foods they should avoid? Allow participants to discuss.
8. **Ask:** What are some healthy foods that are available and commonly eaten in our community? What does it mean to eat a variety of foods? What are some examples of meals with a variety of foods?
9. **Explain** that it is important for people with HIV and AIDS to eat a variety of foods to be sure their body gets the energy, protein, vitamins, and minerals it needs. The main food groups people need to eat to stay healthy are body-building foods, protective foods, and energy foods. Share the information in the table below.

| Body-building foods   | Protective foods  | Energy foods  | Foods to avoid  |
|---|---|---|---|
| <p>Beans, lentils, peas, nuts, milk, yogurt, cheese, fish, eggs, chicken, meat, wheat, maize, and rice.</p> <p><i>These foods have protein for cell repair and growth, help build strong bones and cells, and help fight infection and repair the body.</i></p> | <p>Greens, spinach, cabbage, mango, paw paw, sweet potato, carrots, tomato, avocado, oranges, lemons, and bananas.</p> <p><i>These foods help the body absorb and use protein and carbohydrates and help fight infections and digest nutrients.</i></p> | <p>Maize, ugali, rice, matoke, millet, cassava, taro root, potato, and sweet potato.</p> <p><i>These foods give the body energy so it will work and people can stay active.</i></p> | <p>Raw eggs, unpasteurized milk, undercooked meat or chicken, sweets, alcohol, coffee, expired food, oily foods, fatty meats, junk food, and acidic foods should all be avoided.</p> <p>Smoking should also be avoided.</p> |

10. **Explain** that people who are HIV positive need to eat more in order to maintain a healthy immune system. Their bodies need more vitamins and minerals because they are constantly fighting HIV. It is important for people to eat when they are sick, because illnesses can cause the body to not use food properly and lose weight. When recovering from illness, people, especially those with HIV, need to eat more to make up for the lost nutrients and weight.
11. **Ask:** Can what you eat and drink make you fall ill? Why? Have you ever fallen ill after eating something? Why did it make you sick? Allow participants to discuss.
12. **Ask:** What are things that you can do to food and water so that they are safer for you to eat and drink? Allow participants to give examples. Be sure participants mention the following:
  - Only take water that is from a clean source.
  - Boil water for at least 5-10 minutes to kill germs.
  - Store water in a container with a lid.
  - Always wash hands with soap before and after touching food.
  - Cook animal products at high temperatures until cooked through. Avoid soft-boiled eggs or meats that still have red juice.



- Thoroughly wash utensils and surfaces.
  - Cover meat, poultry, or fish with a clear cover or cloth and keep it separate from other foods.
  - Use clean water to wash all fruits and vegetables that will be eaten raw or remove the skin.
  - Remove the bruised parts of fruits and vegetables to avoid any mold or bacteria.
  - Cover food that is not eaten.
  - Keep hot foods hot and cold foods cold.
  - Do not eat food after the expiry date.
  - Store cooked food at most for one day and re-heat before eating.
  - Use bowls, plates, glasses, and utensils that have been cleaned and well dried.
13. **Ask:** Why is it especially important for people with HIV and AIDS to avoid food and water that may cause them to fall ill? [Answer: They already have weakened immune systems and it is important for them to avoid infections and illness.]
14. **Ask:** What are other things we can do every day to avoid infections and illness? Allow participants to give examples. Be sure participants mention the following:
- Take baths to keep the body clean.
  - Wear shoes to avoid small injuries that could cause infection.
  - Brush teeth after meals.
  - Wash hands with soap and water after going to the toilet.
  - Keep animals and pets outdoors.
  - Wash hands after handling pets and animals.
  - Avoid contact with young animals and animals with diarrhoea.
15. **Ask:** Do you think that people with HIV and AIDS should do physical activity or avoid it? Why? Allow participants to discuss.
16. **Explain** that for people with HIV and AIDS, being active plays an important role in maintaining good health. **Ask:** What are some of the benefits of physical activity? Allow participants to discuss. Participants should mention the following:
- Improves appetite.
  - Develops muscle.
  - Reduces stress.
  - Increases energy.
  - Maintains overall physical and emotional health.
17. **Ask:** What are some everyday activities that people with HIV and AIDS can do to stay active? [Examples include walking, cleaning, collecting firewood and water, and taking care of children.]
18. **Ask:** Should people with HIV and AIDS have sexual relations? Why or why not? Allow participants to discuss.
19. **Explain** that it is important for people with HIV and AIDS to use condoms and avoid unprotected sexual intercourse. People with HIV and AIDS can protect against HIV re-infection by abstaining from sexual intercourse or using condoms for every sexual act. Having protected sex can lead to healthier and more productive lives by:
- Reducing further spread of the virus.
  - Reducing the risk of repeated exposure to HIV infection.
  - Preventing exposure to other sexually transmitted infections.



- Avoiding pregnancy, which puts a greater strain on woman's health and risks possible HIV infection of the baby.
- Avoiding infection in women and therefore the possibility of transmitting HIV to their babies.



### Main messages

- People with HIV can stay healthy for a long time by eating well, keeping their home, food, and bodies clean, and getting prompt treatment when they are ill.
- AIDS develops after a person has had HIV for a long time and the body can no longer fight off other infections.
- People with HIV should continue to use condoms to protect their partners and protect themselves with re-infection.

## 5. Living positively



### Session objectives

By the end of this session, participants will be able to:

- List ways to support people with HIV.
- Describe what living positively means.



### Session guide

1. **Ask:** How do you think people feel when they learn they are HIV positive? How do they react to this news? Allow participants to discuss.
2. **Explain** that it is normal for people to have many different emotions when they learn they are HIV positive, including shock, worry, denial, anger, fear, shame, loneliness, guilt, depression, or wanting to attempt suicide. Each person who tests positive for HIV will react differently.
3. **Ask:** How can you support someone who is HIV positive? The following should be mentioned:
  - Sincerely showing your compassion, warmth, and caring.
  - Listen and show them that you want to understand what they are feeling.
  - Let them know that their feelings are normal.
  - Do not blame, judge, or condemn them.
  - Only give advice if you are asked.
  - Help them to think about their options when they are making decisions.
4. **Explain** that positive thinking, exercise, laughter, and general good feelings release helpful hormones and other chemicals in the body. Stress can cause the release of hormones that may decrease immunity. If people with HIV or AIDS can reduce their feelings of stress, their immune system may function better, helping to stay healthy.
5. **Ask:** Who can share an example of how someone provided them with emotional support in the past (it does not have to be related to HIV and AIDS, it could be the death of a loved one, a difficult decision, etc). What was helpful? What was not helpful?
6. **Divide** participants into pairs for a role play. Have each pair take turns acting out what they would say or do if their sister or brother came to them and said the following:

I just found out that I am HIV positive. I am afraid to tell my spouse. I am scared that I am going to die. Who will take care of my young children? What should I do?
7. After each pair has had a chance to give advice and support, ask participants to come back to the larger group. **Ask:** What advice did you give? Did anyone have a partner who gave especially good advice or was very supportive? Allow participants to discuss.
8. **Explain** that as we talked about, our physical health is only one part of being healthy. Our overall health has many different parts: the physical, psychological, social, and spiritual. When we talk about treatment, it can mean anything that helps improve any part of our health.
9. **Divide** participants into four groups and assign each group one of the topics: physical, psychological, social, and spiritual. Ask each group to think about all of the things people with HIV and AIDS need to be healthy for their topic.



| Physical   | Psychological              | Social  | Spiritual                       |
|--|----------------------------|---|---------------------------------|
| Eating healthy foods                             | Having a positive attitude | Supportive family and friends                         | Having faith or a belief system |
| Rest   | Building self-esteem       | A social system that protects one from discrimination | Prayer                          |
| Exercise   | Counselling                | Continuing productive work                            | Meditation                      |
| Preventing and treating infections and illnesses | Reducing stress            | Being involved in advocacy                            |                                 |
| Avoiding drugs and alcohol                       |                            |   |                                 |
| Proper hygiene                                   |                            |   |                                 |
| ART  |                            |   |                                 |

10. **Bring** the group back together and have a representative from each group share what they talked about. Allow other participants to add other ways to provide support.
11. **Ask:** What does it mean to live positively? [Answer: Living positively means people who are HIV positive and choose to have a positive or optimistic outlook and approach to life. People who have decided to "live positively" know that they can live for a long time with HIV without getting sick if they take care of their physical and mental health.]
12. **Ask:** What are examples of things people who are living positively might do?
  - Knowing that they can live with HIV for a long time without getting sick.
  - Eating a variety of healthy foods.
  - Talking about their feelings with someone.
  - Doing exercises to help reduce stress.
  - Taking care of their immune system by avoiding alcohol, smoking, stress, and people who have flu, colds, or other infections, including sexually transmitted infections.
  - Going for regular check-ups and treating any illness immediately.
  - Practicing safe sex to avoid STIs and reinfection with HIV.
  - Focusing on things that make them feel happy and peaceful.
13. **Explain** that most people experience many different emotions before they are able to accept that they are HIV positive and what that means for their life and their future. It takes time and a supportive family and friends to help someone accept their status and decide to live positively.



### Main messages

- It is normal for people to have many different emotions when they learn they are HIV positive. Each person who tests positive for HIV will react differently.
- We can support people who are HIV positive by showing that we care about them, listening to them, letting them know that their feelings are normal, and not blaming or judging them.
- Living positively means people who are HIV positive choose to have a positive outlook and approach to life. They know that they can live for a long time with HIV if they take care of their physical and mental health.



## 6. Stigma<sup>1</sup>



### Session objectives

By the end of this session, participants will be able to:

- Define stigma.
- List examples of how we stigmatize people with HIV.
- Describe ways to address stigma as individuals, families, and community members.



### Session guide

1. **Ask** participants to sit on their own at a distance from other participants. Then **say**: "Close your eyes and think about a time in your life when you felt alone or rejected for being seen to be different from others or when you saw other people treated this way." Explain that this can be any form of "isolation or rejection for being seen to be different." Ask them to think about: "What happened? How did it feel? What impact did it have on you?"
2. **Ask** participants to sit on their own. Then **say**: "Close your eyes and think about a time in your life when you isolated or rejected other people because they were different. Think about what happened? How did you feel? What was your attitude? How did you behave?"
3. **Bring participants back** to the larger group and ask participants to share examples of when they felt alone or rejected for being different. Allow several participants to share. Then, ask for volunteers to share when they rejected someone for being different. Allow several more participants to share.
4. **Ask**: What is stigma? Allow participants to discuss. [Answer: To stigmatize is to see people as bad because of a condition they have. Stigma has many forms: thoughts, comments, gossip, name-calling, actions, and exclusion. It causes people to feel rejected, isolated, alone, guilty, or ashamed.]
5. **Ask**: Do people in our community experience stigma for being HIV positive? How?
6. **Ask**: Why do people stigmatize? Allow participants to discuss. [Participants should mention that stigma is caused by fears about their own death and disease, not having correct information, and moral judgments about people.]
7. **Ask**: Can anyone share examples of stigma around HIV that you have seen or experienced? For each example that is shared, **ask** what could we do to fight stigma in this case?
8. **Divide** participants into three groups. Assign each group one of the following: individual, family, and communities. Ask each group to talk about specific things we can do to fight stigma at their level.
9. After each group has had time to talk about their topic, **bring** participants back together and ask each group to have a representative talk about specific things that can be done at their level to fight HIV stigma. After each group has presented, **ask** the other participants: Are these ideas possible? Are there any other things we can do to fight stigma at this level? Allow each group to report on their discussion.

<sup>1</sup>This section is adapted from: Kidd R, Clay S. Understanding and challenging HIV stigma: A toolkit for action. Washington: Academy for Educational Development; 2003. Available at: <http://www.changeproject.org/technical/hivaids/stigma.html>.





## Main messages

- Stigma means seeing people as bad or treating people badly or differently because of a condition they have.
- Stigma has many forms. It can be in thoughts, comments, gossip, name-calling, actions, and exclusion.
- Stigma causes people to feel rejected, isolated, alone, guilty, or ashamed.
- The fear of being stigmatized can keep people from accessing health services



## Activity: Exploring attitudes about HIV and AIDS

Explain that this activity will help us to think about our feelings about HIV and AIDS and our attitudes towards people who are HIV positive. Our feelings and attitudes affect how we treat people. Ask participants to stand in the middle of the meeting space. Explain that you will read several opinion statements. After a statement is read, participants should move to the left, if they agree with the statement, and to the right, if they disagree. All participants must choose a side, even if they do not have strong feelings. There are no right or wrong answers. After each statement is read, ask participants from each side to share why they agree or disagree. Then ask participants how our feelings or attitudes about the statement affect how we treat people who are HIV infected. Let participants know that if they hear something that makes them change their opinion during the discussion, they can move to the other side. After participants have finished discussing the statement, ask everyone to move to the middle of the room and read the next statement. Repeat these steps until you have read and discussed each of the statements below. Feel free to add additional opinion statements of your own.

- It is understandable when people want to keep their distance from people with HIV.
- Teachers who are HIV positive should be allowed to teach our children.
- People who get HIV through sex deserve it more than babies who are infected from their mothers.
- Pregnant women who are HIV positive should be encouraged to end the pregnancy.
- People who are HIV positive should be treated at a different health facility than people who are not infected.
- Doctors who are HIV positive should not be allowed to treat patients.
- It is important to know who in our community is HIV positive.
- An unmarried woman is much more likely to be HIV infected than a married woman.

After this activity, ask participants the following questions:

- Were there any opinions expressed that surprised you? Which ones and why?
- How did you feel when other people shared attitudes that were different from yours?
- How do our thoughts and feelings affect how we treat people with HIV and AIDS?





## Background notes

HIV stands for human immunodeficiency virus. HIV is a virus that is too small to see and it is passed between people through blood and other body fluids. HIV weakens the immune system, making it easier for people to become sick. When a person becomes sick with many illnesses that do not go away, then he or she is said to have AIDS. AIDS stands for acquired immunodeficiency syndrome. Acquired refers to the fact that you get the disease from somewhere else; it does not develop on its own. Immunodeficiency means the immune system is weak and unable to fight off infections and illnesses. Syndrome means a specific collection of symptoms and diseases, such as weight loss combined with skin cancer and pneumonia. AIDS is a term used to indicate the most serious stage of a person's infection with HIV. It means that they have a particular collection of symptoms and diseases defined medically as AIDS.

After years of living normally with HIV, a person will start developing AIDS, as the immune system begins to weaken. At this time, the person will be vulnerable to different opportunistic infections, which can attack any part of the body. Opportunistic infections are infections that attack the body when the immune system is weak. These infections could range from simple medical conditions like skin infections and colds to more serious diseases like tuberculosis (TB), pneumonia, or cancer. Though the person is HIV positive, these conditions can be treated and often cured. There is no cure for HIV or AIDS.

### Immune system

All human beings are born with an immune system, made up of white blood cells, to protect the body from disease. Some people have stronger immune systems than others. During a lifetime, a person's immune system may be stronger or weaker at different times. The immune system is sometimes referred to as a defence system. In the way that a country's defence system protects it from enemies, the immune system protects the body from infections and diseases. The immune system works like an army by first detecting the enemy, then by sounding the alarm, and lastly by attacking the enemy. A healthy body has its own way to attack invading germs and viruses that make the body sick. HIV weakens the body's ability to attack other germs and viruses. Eventually the body becomes unable to fight off other diseases, which overwhelm the body and over time cause the HIV-infected person to die.

### How is HIV transmitted?

HIV is passed between people in three ways:

- Sex. Penetrative sex with an HIV-infected person where the penis enters the vagina, anus, or mouth of another person.
- Blood to blood. From an HIV infected person's blood to another person's blood through an opening in the body such as a cut, from a transfusion or by sharing something that cuts or pierces the skin (knife, razor, or needle). This includes sharing circumcision knives, needles, tattooing, or ear piercing, with someone who has HIV.
- Mother to child. HIV can be passed from a mother who is HIV infected to her baby during pregnancy, at the time of birth, or through breastfeeding.

Most people in Kenya are infected with HIV by having sex with someone who is HIV infected. It is important to note that a person who has another STI is much more likely to become infected with HIV. HIV cannot survive in air, water, or on things people touch. You cannot get HIV infection from:

- Touching, hugging, talking to, or sharing a home with a person who is HIV infected or has AIDS.
- Sharing plates, utensils, glasses, or towels used by someone with HIV or AIDS.
- Using swimming pools, toilet seats, doorknobs, gym equipment, or telephones used by people with HIV or AIDS.



- Having someone with HIV or AIDS spit, sweat, or cry on you.
- Being bitten by mosquitoes.
- Donating blood.
- Being sneezed at or coughed on by a person with HIV or AIDS.

### **Protecting yourself against HIV**

The only completely certain way to protect against HIV transmission is to abstain from sexual intercourse.

### **HIV prevention**

Using a latex condom correctly for every act of sexual intercourse is called protected sex because when used correctly for each sexual act, condoms can significantly reduce the risk of HIV infection. Unprotected sexual intercourse (without a condom) exposes people to the bodily fluids in which HIV lives.

### **What does HIV-positive mean?**

When the body's defence system (immune system) comes into contact with a disease, it produces germ fighters, called antibodies, which fight off and destroy various viruses and germs that invade the body. An antibody is found in the blood and it tells us that the person has been infected with a particular germ or virus.

HIV tests look for HIV antibodies. If your body is making antibodies to fight HIV, then you are considered HIV positive. However, there is a 'window period' between when a person is infected with HIV and when a blood test will show that a person is HIV-positive, because it takes the body a little while to start producing antibodies to fight the virus. It is possible for someone to test HIV-negative during this window period but be infected with HIV and be able to transmit the virus to someone else. Scientists are unsure about the length of the window period: it is generally between six and eighteen weeks but in rare cases may be longer.

People who take an HIV test who have had unprotected sex during the past three months are advised to have another test in three months if they have a negative result. While waiting through this time, known as the window period, they must avoid being exposed to HIV.

### **When are people with HIV infectious to others?**

People with HIV can infect others as soon as they are infected with the virus. People with HIV may not know they are infected and may look, act and feel healthy for a long time, possibly longer than 10 years. It is impossible to tell from looking at someone if he or she is infected. Knowing a person well does not tell you anything about his or her HIV status.

### **From HIV to AIDS**

As with other infections, when HIV enters the body, the immune system produces a response to try to fight off the infection by producing antibodies. However, these are insufficient to battle against the growth and multiplication of the virus, which slowly destroys key cells in the immune system. HIV slowly weakens the immune system and eventually the body cannot fight off even mild infections and people become very sick from a range of different illnesses, including the common cold, fungal infections, cancer, or tuberculosis.

Most people who have HIV do not become sick right away. In some cases, it can take as many as 10 years or more for a person to develop AIDS. People can stay healthy longer by eating well and getting prompt treatment of illnesses and infections.

Someone with AIDS might show the following signs:

- Sudden, unexplained weight loss
- Fever for more than one month
- Diarrhoea for more than one month

- Genital or anal ulcers for more than one month
- Cough for more than one month
- Nerve complaints
- Enlarged lymph nodes
- Skin infections that are severe or recurring

People with AIDS are also more likely to fall sick with opportunistic infections like tuberculosis and pneumonia. Opportunistic infections are infections that attack the body when the immune system is weak. A person with a healthy immune system would be able to fight it off, but people with HIV have a weaker immune system and are not able to. Most opportunistic infections are curable, so it is important to visit the doctor early. However, just because someone has these illnesses does NOT guarantee that a person has HIV. Although the above are all symptoms of AIDS, the only way to tell if a person is infected with HIV is by testing.

### **Testing for HIV**

A person cannot tell by looking at their body if they have HIV. A person cannot judge whether other people are infected by looking at them. Even when people have AIDS (which means they have been infected for a long time and have become ill) you may not be able to know by looking at them unless you are a trained health worker. This is because most of the illnesses that come with AIDS can also come by themselves to people who do not have HIV. For example, someone can get TB whether or not they have HIV.

There is only one way for people to know if they have HIV, and that is to test for HIV. In Kenya, HIV testing is accompanied by counselling – in-depth discussions with a trained and sympathetic person who can help individuals understand their HIV status and learn how to take care of themselves. Or if they are not infected, the counsellor can help them take steps to keep themselves free from HIV.

The test is reliable, accurate, safe and painless. The health worker takes a small amount of blood from a person's finger. The person tested cannot get weak from blood loss because so little blood is taken. Depending on the type of test used, the result may be available in 30 minutes, or after one or two weeks. In order for an individual to know whether they are truly free from HIV, they will be asked to come back in another 3 to 6 months for another test when the "window period" is over.

The window period is the time between the moment when HIV enters the body and the moment when the test can detect HIV antibodies. Usually the test can detect antibodies within 6 to 18 weeks of infection; sometimes, it can take up to six months. This means that for anywhere from 6 weeks to several months after infection, the test may not be able to tell if someone is infected. These months are known as the window period. During this window period, if someone is infected with HIV, they can infect others.

There are many reasons to test for HIV. If someone is worrying constantly about HIV infection and is anxious about every skin problem or cough that they get, probably the only way to put their mind at ease is to have an HIV test. If a person has had sex with someone who has fallen sick and has heard that he or she has AIDS, then that person will also worry greatly. The only way for that person to put their mind at ease is to test and to find out whether or not he or she is okay. People should never assume that they are infected. They should always test to find out.

Health workers currently recommend voluntary counselling and testing to persons with risk behaviour such as:

- Anal sexual activity (male or female)
- Frequent heterosexual activity with more than one partner
- Encounters with prostitutes
- Previous treatment for STIs
- Blood transfusions (especially before 1985)



- Injection drug use
- Sex with partners having any of the above
- Infants born to women with any of the above

## **Staying healthy**

It is important for people with HIV and AIDS to eat a nutritious diet to fight infection and disease and to stay energetic, strong, and productive. Nutrition and HIV are strongly related to each other. People who are malnourished are more likely to progress faster to AIDS, because their bodies are weak and cannot fight infection. People with HIV and AIDS are at risk of malnutrition because they eat less, have infections that require more energy, and their bodies do not use food properly. People with HIV and AIDS need to eat more than people who are not infected. Eating small meals often and a variety of food can help people with HIV and AIDS to get all the energy and nutrients they need.

People with HIV should:

- Eat at least three meals a day, and have snacks between meals.
- Eat even when they are sick or have no appetite. Eating small meals often can help.
- Eat plenty of fruits and vegetables of different colours.
- Eat fats, oils and sugars in small amounts and limit processed foods, salt, coffee, tea, and sodas.
- Avoid alcohol, smoking, raw eggs, raw fish, and partially cooked meat.

Practicing good hygiene is important for everyone to avoid infection. It is especially important for people with HIV and AIDS because they have weak immune systems and are more vulnerable to infection.

- Touch and store food and water properly to avoid contamination and further infection.
- Only use water from a clean source, and store it in a container with a lid.
- Boil water for at least 5-10 minutes to kill germs before drinking it.
- Always wash hands with soap before and after touching food.
- Cook all animal products (meat, chicken, fish, and eggs) completely, using high temperatures.
- Thoroughly wash utensils and surfaces used for preparing and cooking foods.
- Use clean water to wash all fruits and vegetables that will be eaten raw or peel them.
- Store cooked food at most for one day and re-heat before eating.
- Use bowls, plates, glasses, and utensils that have been cleaned and well dried.

Infections can be avoided by practicing good personal hygiene:

- Take baths every day to keep the body clean.
- Wear shoes to avoid small injuries that could result in infection.
- Brush teeth after meals.
- Wash hands with soap after going to the toilet and after handling pets and animals.

## **AIDS in the home**

The home is a very important place for a person with AIDS. If a person with AIDS has a caring and supportive family it can be very helpful. A person with AIDS will need both moral support and physical care. As there is no cure for AIDS, relatives can often give the best care. The person will feel more secure at home where he or she is among loved ones.

## **Being HIV positive**

Many people who learn that they are HIV positive do not know that it can be many years before their infection turns to AIDS. Thinking themselves dead already, they give up on life. In Kenya, thousands of young men and women who test positive stop working, leave home, abandon their families, begin living recklessly, or commit

suicide feeling they have nothing to lose. With support from family and friends, and continuing counselling, an HIV positive person can overcome his or her turbulent feelings, and return to life with new determination and optimism.

Testing HIV positive can be a shattering experience. Studies have shown that people who have received news of their imminent death go through five different emotions. Each of them is an important coping mechanism that the person uses in the process of coming to terms with this devastating news.

1. Denial: Refusal to accept the result. Asking for a re-test, refusing to talk about it, or telling themselves and others that it is surely a mistake.
2. Depression: People may go into seclusion, and behave as though they no longer care about anything. However, with counselling and emotional support, even this phase can be temporary.
3. Anger: A strong, aggressive reaction in which the person begins blaming other people for his or her infection. Without support and counselling at this stage, some people could go on a vindictive rampage, trying to infect other people.
4. Negotiation: Some people try bargaining with God, pleading for more time alive in return for living a model life.
5. Acceptance: With guidance and counselling support through these difficult phases, the person could reach the stage when they come to terms with the implications of their infection – and decide to make the best use of the time left.

It is important for people with HIV to understand that it is normal to have many different feelings. With counselling and support, a person can begin to accept his or her condition and make the best of the remaining time. Acceptance means adding more life to your days rather than trying to add more days to your life.

## Treatment

A cure means that the germ that causes a disease has been completely killed or eliminated from the body and will not return unless a person is re-infected. There is no cure for HIV and AIDS; however there are ways to treat the symptoms. Treatment means the use of a drug, injection, or intervention that can lessen symptoms or cause them to disappear altogether. A treatment may not always lead to a cure (in the case of HIV and AIDS, it will not lead to a cure).

## Anti-retroviral therapy

| Physical   | Psychological              | Social  | Spiritual                       |
|--|----------------------------|---|---------------------------------|
| Proper nutrition                                 | Having a positive attitude | Supportive family and friends                         | Having faith or a belief system |
| Rest   | Building self-esteem       | A social system that protects one from discrimination | Prayer                          |
| Exercise   | Counselling                | Continuing productive work                            | Meditation                      |
| Preventing and treating infections and illnesses | Reducing stress            | Being involved in advocacy                            |                                 |
| Avoiding drugs and alcohol                       |                            |   |                                 |
| Proper hygiene                                   |                            |   |                                 |
| ART  |                            |   |                                 |

ART (anti-retroviral therapy) is a combination of medicines that slow down HIV from spreading in the body. ART helps the immune system get strong so it can fight infections and illness. ART is not a cure for HIV. ART reduces the numbers of HIV in the blood, but cannot eliminate it. ART does not prevent against re-infection from HIV.



Although ART can prevent some of the serious illnesses that often come with AIDS, there are some challenges that HIV-positive people must be prepared for:

- **Duration:** ART is a lifetime commitment. People on ART will need to swallow pills every day according to a strict schedule.
- **Following a schedule:** Skipping only a few of these pills can trigger the development of new strains of HIV that are immune to these drugs. These new strains could eventually lead to death.
- **Side effects:** Headaches, dry mouth, skin rash, diarrhoea, anaemia, dizziness, hair loss, tingling in the hands and feet, nausea and vomiting, unusual or bad dreams, feeling tired, and feelings of sadness or worry.

After testing positive, people should go to the district hospital where they can be examined and a health worker will develop a treatment plan for them. If a doctor recommends beginning ART, the medicines will be free. People will also be given information on support services available to them.

### **Total health**

When looking at health in a broader sense, physical health is only one part of total wellbeing and is influenced by the other parts. Treatment can mean anything that helps improve any part of our wellbeing. There are many ways people can improve their quality of life, even if they are infected with HIV. This concept is very important, especially for those struggling to cope with HIV without access to ART.

Wellbeing is determined by four different aspects. The table below lists ways to improve the overall wellbeing of people living with HIV and AIDS: People with HIV and AIDS can live long, healthy lives if they take care of themselves by eating well, practicing good hygiene, staying active, and going to the doctor as soon as they have symptoms of infection or fall ill. The goal of living positively is to be free of illness, to be productive, and to stay emotionally and physically healthy.

### **Stigma**

To stigmatize is to see people as bad because of a condition they have. Stigma has many forms: thoughts, comments, gossip, name-calling, actions, and exclusion. It causes people to feel rejected, isolated, alone, guilty, or ashamed. Stigma can be obvious or subtle. We are all involved in stigmatizing, even if we do not realize it. Stigma hurts people with HIV and AIDS and those suspected of having HIV. Stigma is harmful to us, our families, and communities. We can make a difference by changing our own thinking and actions.

We stigmatize when:

- We say things like “he was promiscuous” and “she deserves it.”
- We exclude people from decision-making, community events, or family activities.

Stigma around HIV and AIDS is caused by:

- Fears about death and disease.
- Not having correct information.
- Moral judgments about people.
- Fears about death and disease.

The main forms of stigma include:

- Physical and social isolation from family, friends, and community.
- Gossip, name calling, and condemnation.
- Loss of rights and decision-making power.

Other forms of stigma include:

- People with HIV and AIDS blame or isolate themselves (self-stigma).
- Stigma by association—the whole family affected by stigma.
- Stigma because of how someone looks or because of their job.

Stigma causes people to feel isolated, rejected, condemned, forgotten, useless; be kicked out of family, house, work, rented accommodation, organizations; drop out from school; and feel depressed, want to commit suicide, drink alcohol, or use drugs.

### **Examples of stigma**

Stigma can cause people to feel disrespected, ashamed, or unloved. People with HIV and AIDS are often blamed for their infection and told they deserve it. Stigma can cause people to be afraid to tell others that they are positive. People with HIV and AIDS may begin to believe the bad things others say about them and accept when they are treated badly.

### **Three types of stigma**

1. Self-stigma — people feel they are being judged by others so they isolate themselves from their families and communities, blame themselves, or think badly about themselves.
2. Felt stigma — perceptions or feelings towards people with HIV and AIDS.
3. Discrimination — people are denied services, people are not allowed to participate in activities or decision-making.

### **Stigma is a process**

1. People notice how someone is different. For example, he coughs a lot.
2. Think the differences are because of bad behaviour. For example, he is sick because of his sinful and promiscuous behaviour.
3. Separate, ignore, isolate or reject people. For example, no longer spending time with someone because he or she is HIV positive.
4. People are no longer respected, excluded from activities and discriminated against. For example, someone is asked to no longer be a member of a committee at church.

Stigma can affect both prevention and treatment of HIV and AIDS:

- Stigma keeps people from learning their HIV status through testing and discourages them from telling their partners and as a result they infect them.
- Stigma keeps people who think they are positive from using other health services
- Stigma prevents people from caring for people with HIV and AIDS.
- Other diseases, like TB, are stigmatized because of HIV.
- Stigma increases as the symptoms of the disease become more visible.



## **Gender and HIV and AIDS**

All over the world, women are being infected with HIV at higher rates than men. On average, there are 13 women living with HIV for every 10 infected men, and this gap continues to widen. Women are also infected with HIV at earlier ages than men, and young girls are 3 times more likely to get HIV than boys. Women from Sub-Saharan Africa are the most severely affected by HIV and AIDS. According to UNAIDS, three quarters of all the women in the world with HIV live in Sub-Saharan Africa, and 59% of HIV infected people in this region are women. It is also becoming clear that married women in the region are at very high risk for contracting HIV. There are biological and social reasons for this. Women's biology makes them more susceptible to infection. Women also have much less decision-making power when it comes to using condoms. They are not able to insist that their partners and husbands use condoms.



Research has confirmed a direct connection between sexual and other forms of violence against women and vulnerability to HIV infection. A recent study in South Africa found that women who suffer intimate-partner violence are nearly 50 percent more likely to become infected with HIV compared with women who live in non-violent households. Other studies from the region indicate that women who have experienced violence are up to three times more likely to get HIV than those who have not. And once infected, women are at increased risk of violence from their partners, family or community when they reveal their positive status, seek treatment or services. It is important to talk about gender when addressing HIV and AIDS, and the particular vulnerabilities women and girls face.

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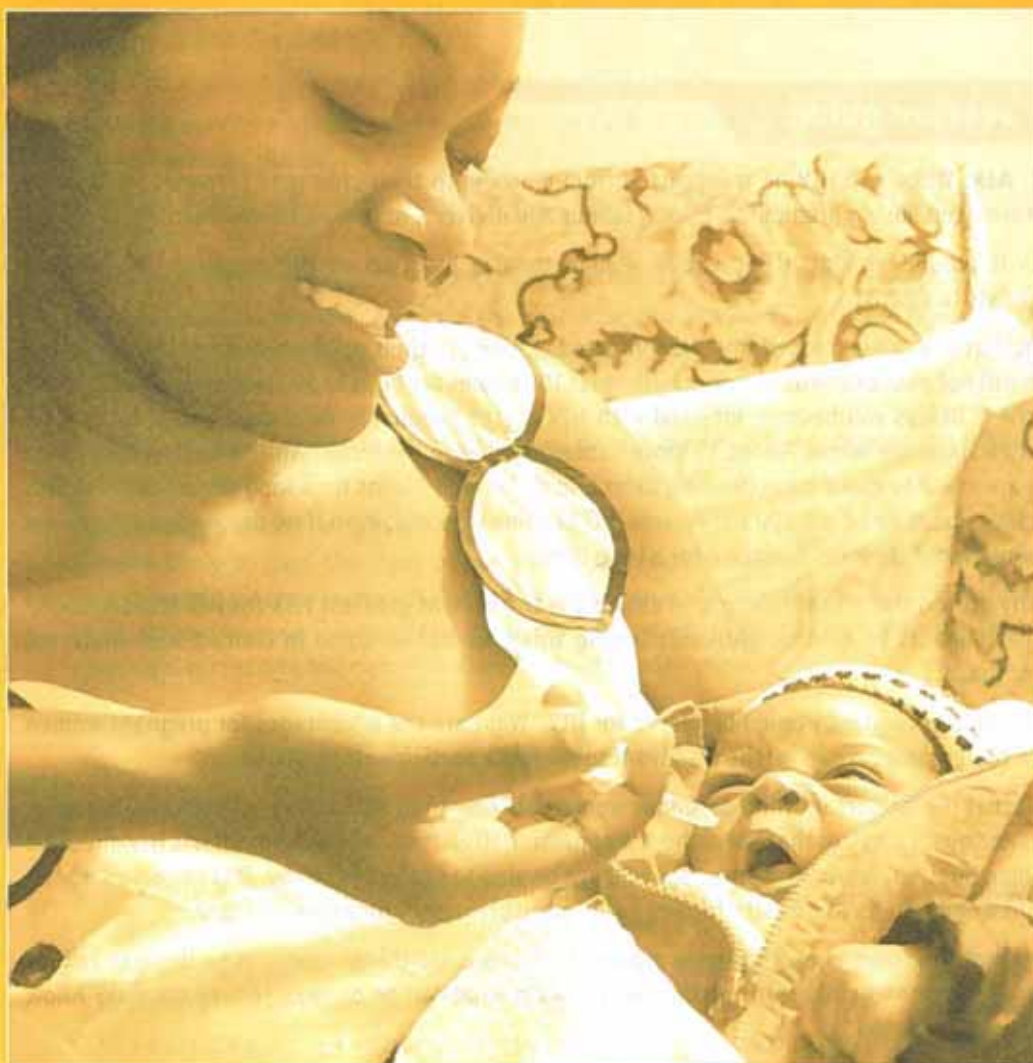
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# Preventing mother-to-child transmission of HIV



This chapter will focus on preventing mother-to-child transmission (PMTCT). Even if you do not have any pregnant women in your group, this is important information for everyone. PMTCT includes preventing HIV infection among parents-to-be and preventing transmission from HIV-infected women to their infants through medicines, safe delivery practices, and infant feeding counselling and support.



## 1. Mother-to-child transmission of HIV



### Session objectives

By the end of this session, participants will be able to:

- List the ways HIV is transmitted from mothers to children.
- Explain the importance of HIV testing for pregnant women.



### Session guide

1. **Ask:** When can HIV be transmitted from mothers to their children? [Answer: HIV can be transmitted during pregnancy, during labour and delivery, or through breastfeeding.]
2. **Ask:** Is it possible for an HIV-positive woman to give birth to an HIV-negative child? Allow participants to discuss.
3. **Explain** that HIV can be passed from HIV-infected mothers to their children, but most HIV-infected women will not pass the virus to their children. If 100 babies are born to 100 women with HIV, about 20 of these babies will become infected with HIV during pregnancy or at the time of birth if no preventive steps are taken. About 15 more babies may become infected while breastfeeding, if no efforts are made to make breastfeeding safer and if she breastfeeds for a long period of time. This means that about 65 of the 100 babies will NOT become infected, even if no preventive actions are taken and even if they are breastfed for a long time.
4. **Ask:** Why do you think that labour and delivery is the time of greatest risk for HIV transmission? Allow participants to discuss. [Answer: During this time babies come in contact with maternal blood or fluids.]
5. **Ask:** Should all pregnant women be tested for HIV? What are the advantages for pregnant women to know their status? What are the disadvantages? Allow participants to discuss.
6. **Explain** that it is important for a pregnant woman to know their HIV status so that they can make choices and go for services that lower the risk of passing HIV to the child if the mother is HIV infected. If a woman does not know her status, she will not be able to protect her baby. It is important for all pregnant women to go to a health facility early in the pregnancy for antenatal care.
7. **Explain** that if women know that they are positive, there are things that can be done to reduce the risk of mother-to-child transmission of HIV. **Ask:** What can be done to reduce the risk? Allow participants to discuss.
8. **Explain** that if a woman is infected with HIV, she can reduce the risk of transmitting the virus to her baby by staying healthy, which includes eating healthy foods and not smoking. Also, going for antenatal care and giving birth in a health facility with a skilled and trained attendant can reduce the risk that a woman will transmit HIV. There are medicines for mothers and babies that can help reduce the risk (we will talk about these more later). Also, avoiding other infections, like sexually transmitted infections (STIs), can also help reduce the risk.



9. **Ask:** If a woman has one child who is HIV positive, does it mean that her other children will also be positive? Allow participants to discuss. [Answer: Having one child who is HIV positive does not mean that her other children would be HIV positive. A pregnant mother can take steps (as discussed above) to reduce HIV transmission.]
10. **Ask:** Can an HIV-positive man have sex with a woman who is HIV negative to be sure to have an HIV-negative baby? Allow participants to discuss. [Answer: During intercourse the man could infect his partner with HIV. If a woman is HIV infected while pregnant or breastfeeding, it is possible for her to transmit HIV to the baby. ]
11. **Ask:** How can men support women who are HIV-positive and pregnant? Allow participants to discuss.
12. **Explain** that husbands and partners can help their partners stay healthy and reduce the risk of HIV transmission to the child by:
- Going for voluntary counselling and testing (VCT) together.
  - Making sure the woman goes to the health facility for antenatal care and early treatment of infections and illness.
  - Talking with a counsellor about how to feed the baby and making an informed decision together.
  - Using condoms during sexual intercourse to prevent infection or re-infection.
  - Making sure the woman delivers in the health facility or with a skilled and trained attendant.
  - Encouraging the woman to eat healthy meals and extra food during pregnancy and breastfeeding.
13. **Ask:** If a pregnant woman is already positive, does it matter if she is exposed to HIV again? Allow participants to discuss.
14. **Explain** that a woman who is infected or re-infected with HIV during pregnancy or breastfeeding is more likely to pass the virus to her child. Unprotected sexual intercourse while pregnant or breastfeeding places a woman at risk of HIV infection, and increases the risk of HIV infection to her child. When someone is newly infected or re-infected with HIV, the amount of HIV in her blood is very high, increasing the risk of mother-to-child transmission.



## Main messages

- HIV-infected women can transmit HIV to their baby either during pregnancy, labour and delivery, or through breastfeeding, but most will not.
- All pregnant women should be tested for HIV so they can know their status and if HIV positive, lower their risk of transmitting the virus to their baby.
- HIV-infected pregnant women can reduce the risk of transmitting the virus to the baby by eating healthy; avoiding alcohol, drugs and smoking; delivering at a health facility with a trained health care worker; avoiding STIs or re-infection with HIV, and seeking advice from health workers about receiving drugs during pregnancy to reduce transmission.
- Husbands and partners can support their partners and help reduce the chance of transmission by going for HIV testing together, encouraging their partners to go for antenatal care (ANC), using condoms, ensuring delivery at a health facility, and encouraging their partners to eat healthy meals and extra food.





## Activity: Figureheads

1. **Before the session**, select someone with good role-playing skills to play the role of the Dilemma Holder. Share the following story and ask him or her to memorize it. When called upon, he or she should tell the story realistically before the group, using "I" and his or her own words, but not adding any other details.

*I am a pregnant woman and I fear that I may be HIV positive. I am afraid to go for antenatal care because I do not want to be tested for HIV. I think it will be better to try to eat healthy foods during my pregnancy and get some rest so I can stay healthy. I plan to deliver my baby at home. I am worried that my husband will throw me and the baby out if I test positive. I have heard that there are services for HIV-positive pregnant women, but am so worried about my husband's reaction, I do not want to go for ANC.*

2. **Ask:** What do you understand by the word figurehead. After a few have spoken, explain that in this session, the term figurehead refers to a person in the community or family who has authority or influence. For example, a doctor is a figurehead who is believed to be sensitive; caring; skilled in diagnosis, prescribing, and healing; and committed to delivering health care to all in need without discrimination.
3. **Ask:** Who are examples of figureheads in your community. Accept the names without judgment. [Examples: elder, policeman, teacher, headman, witch doctor, nurse, father, mother, and priest.]
4. **Ask** for volunteers to play the role of each figurehead. Ask the figurehead volunteers to sit in a line in front of the other participants.
5. **Ask** the Dilemma Holder (who was briefed earlier) to come forward. **Explain** to participants that they are about to hear from a person who has a dilemma and needs help to make a difficult choice. Let the Dilemma Holder tell the story to the group. Then summarize the story, making sure to add any details that were not mentioned.
6. **Ask:** Can someone explain the problem she is facing? Repeat the problem clearly in your own words, making sure that everyone has understood.
7. **Ask** the Dilemma Holder to choose one of the figureheads (who will be the Key Figurehead) whom he or she feels could suggest a solution for the dilemma. Ask the Key Figurehead to advise the Dilemma Holder on what he or she should do, speaking from his or her role as a figurehead.
8. Once the Key Figurehead has finished, **ask** each of the other figureheads the following questions:
  - Do you agree with the advice the Key Figurehead gave?
  - If not, what would be your advice to the Dilemma Holder?
  - If yes, can you improve upon the advice?

Allow each figurehead to speak and offer advice to the Dilemma Holder. In each case, urge them to improve upon the advice that other figureheads have given.

9. Once all the figureheads have presented their advice to the Dilemma Holder, **summarize** what each figurehead said, focusing more on what was said than which figurehead said it. Then **ask** the following questions to the participants:
  - Did the advice given by the figureheads address the Dilemma Holder's problem?
  - Which advice do you think was the best?
  - Do you think any of these would be a practical solution for a person in real life?
  - Could you improve upon the advice that was given by the figureheads?

## 2. Transmission during pregnancy, labour, and delivery



### Session objectives

By the end of this session, participants will be able to:

- List situations that increase the risk of mother-to-child transmission during pregnancy, labour and delivery.
- List ways to reduce the risk of mother-to-child transmission during pregnancy, labour and delivery.
- Explain what nevirapine is.
- Describe how and when nevirapine is given to mothers and children.



### Session guide

1. **Ask:** What increases the risk of HIV transmission during pregnancy? Allow participants to discuss.
2. **Explain** that normally, the mother and the foetus (foetus is the medical word for a baby before it is born) do not share the same blood. The placenta allows food and other helpful substances to pass from the pregnant woman to the foetus, and blocks most germs and toxins. As long as the pregnant woman stays healthy, the placenta helps protect the foetus from infection. If the pregnant woman has other infections or illnesses, if her HIV infection is new, if she has HIV and is sick, or if she is not eating enough, the placenta may not be able to protect the foetus from HIV. Infections like STIs and malaria may keep the placenta from working properly, making it easier for HIV to pass to the foetus.  
  
The risk of transmission of HIV during pregnancy is higher if pregnant women have:
  - Late-stage HIV or AIDS, in other words, if they are very sick
  - A weak immune system
  - Just been infected or re-infected with HIV
  - STIs (like syphilis)
  - Malaria
  - Malnutrition
3. **Ask:** What can be done to reduce the risk of transmission during pregnancy? Participants should list the following, if not mention them:
  - Go for HIV testing.
  - Go to the health facility for antenatal care.
  - Take all medications prescribed by a doctor.
  - Use condoms to prevent new infection and re-infection.
  - Get treated for STIs, malaria and other infections as early as possible.
  - Plan how to feed their baby.
  - Eat enough healthy foods.



4. **Ask:** Is there medicine that can help prevent mother-to-child transmission? Has anyone heard of nevirapine? What is it? How is it used? Allow participants to discuss.
5. **Share** the following information about nevirapine and ARVs.

Nevirapine is an anti-retroviral drug or ARV for short. ARVs are medicines that attack HIV and keep it from spreading in the body. ARVs help the immune system get strong so it can fight infections and illness. ARVs are not a cure for HIV. ARVs to prevent mother-to-child transmission are taken by the mother before the baby is born and given to the baby when it is born.

Nevirapine is one kind of ARV that can reduce the risk of mother-to-child transmission of HIV. Nevirapine has been shown to reduce the risk of mother-to-child transmission during labour and delivery by half. Nevirapine is given once to the pregnant woman at the start of labour and then given once to the baby as soon as it is born and always within 72 hours of birth.

During an antenatal visit, an HIV-positive pregnant woman should be given a nevirapine tablet for herself and a syringe with nevirapine syrup (without a needle) for the baby. She should keep it with her at all times in case she goes into labour early. She should come to the facility to deliver her baby and bring back the medicine so a health worker can help her take it. If she does not have the medicine with her when she goes to deliver at the facility, she should remind the staff that she needs it. If she does not deliver at a facility, she should take her nevirapine tablet when labour begins and put the nevirapine syrup in the baby's mouth as soon as possible after birth, but always within 72 hours of birth.

Nevirapine is not the only medicine given to prevent transmission. Doctors may also recommend a combination of a number of different medicines for mother and baby. Whichever treatment a doctor recommends, it is important for pregnant women to follow the directions carefully.

6. **Ask:** What can HIV-positive mothers do to reduce the risk of HIV transmission to their child during labour and delivery? Allow participants to discuss, they should mention the following.
  - Deliver at a health facility so skilled staff can help reduce the risk of transmission.
  - Take medicine during labour and give medicine to the baby as soon as possible after birth and always within 72 hours of birth.



## Main messages

The risk of transmission of HIV during pregnancy is higher if pregnant women have:

- Late-stage HIV or AIDS, in other words, if they are very sick
- A weak immune system
- Just been infected or re-infected with HIV
- STIs (like syphilis)
- Malaria
- Malnutrition

To reduce the risk of mother-to-child transmission of HIV, women can:

- Be tested for HIV early in pregnancy.
- Go for antenatal care during pregnancy.
- Get immediate treatment for illnesses and infections, including STIs.

- Give birth in a health facility.
- Use condoms to prevent infection and re-infection especially during pregnancy and while breastfeeding.

Nevirapine is a drug that can help reduce mother-to-child transmission of HIV. It is given to both the mother and child. Pregnant women should visit a health centre to get the medicine and learn how to use it.



### Activity: Role play

1. Ask everyone to pick a partner. One person should pretend to be a newly pregnant mother who is HIV positive. The other person is a relative, friend, or neighbour, who is providing advice to the mother. Practice what advice you would give and how you could persuade the pregnant mother to seek assistance at a health facility.
2. After the role play, ask participants the following questions:
  - Do they agree with what the characters decided to do?
  - Would they have done anything differently?
  - Is what happened similar to what would happen in real life?
  - How will the decisions the actors made influence their lives?
3. With the same partners, ask participants to role play a different scenario, the person who was the friend, neighbour, or relative last time should be the husband of a pregnant woman who is HIV positive. The other person is his brother, relative, or neighbour and is talking with him about how to care for and support his wife during pregnancy, especially regarding issues of HIV transmission.



### 3. Transmission through breastfeeding



#### Session objectives

By the end of this session participants will be able to:

- List situations that make the risk of mother-to-child transmission higher during breastfeeding.
- Give infant feeding advice to a mother who is HIV positive.
- Explain why giving other foods and liquids in addition to breastmilk to children of HIV-infected mothers increases the risk of HIV infection.



#### Session guide

1. **Ask:** What is the best food for a newborn baby? Why? Allow participants to discuss. [Answer: Breastmilk is the best food for the first six months of life. It has all the energy, nutrients, and water that a baby needs. Breastfeeding should be exclusive, which means that no other water or food should be given.]
2. **Ask:** Knowing that breastmilk is the best food for babies and that it can also transmit HIV if a mother is infected, what advice would you give to an HIV-positive mother about feeding her baby? Allow participants to discuss. Ask participants to explain why they would give that advice. Allow several participants to share their advice.
3. **Explain** that research shows that exclusive breastfeeding for the first 6 months is the best option for most HIV-positive mothers with little money and actually reduces the risk of HIV transmission. Exclusive breastfeeding means only giving the baby breastmilk and not giving any water, liquids, foods, or herbs for the first 6 months of life. Giving water, other liquids and foods while breastfeeding can increase the risk of HIV transmission during the first 6 months.
4. **Ask:** What situations make the risk of mother-to-child transmission higher during breastfeeding?  
Participants should mention the following:
  - Mother breastfeeds and gives other foods and liquids at the same time during the first six months, this is called mixed feeding and is very dangerous.
  - Mother has breast infections or sores.
  - Mother is infected or re-infected with HIV while breastfeeding.
  - Mother breastfeeds for a long time.
  - Baby has mouth sores.
5. **Ask:** What can a woman do to reduce the risk of HIV transmission to her child through breastfeeding? Participants should mention the following:
  - Only give breastmilk for the first six months. This means no other water or food.
  - Do not feed the baby from a nipple that is cracked or bleeding, express milk from this nipple and throw it away until that breast has healed.
  - Position the baby correctly to avoid cracked nipples.
  - Abstain from sexual intercourse or use condoms to avoid re-infection.

6. **Ask:** Do you know of women who give only breastmilk? How could we support women to give only breastmilk?

7. **Ask:** When would you advise an HIV-positive woman to give formula? Allow participants to discuss.

8. **Explain** that infant formula is only an option for women who can answer yes to the following questions:

- Will you feel comfortable never breastfeeding? Will your family and friends support your decision to never breastfeed?
- Will you or your family have several hours per day to correctly prepare formula to feed your baby up to 12 times in 24 hours?
- Do you know how to prepare formula for your baby?
- Can you afford to buy formula, fuel, and clean water to feed your baby without harming the health and nutrition of your family for at least 1 year? The cost of formula alone is between Ksh 625/= and Ksh 1,000/= a week depending on the age of the child. Water and cooking fuel costs are additional.
- Can you be sure to always have the supplies and all ingredients needed for safe replacement feeding until your baby is one year of age or older?
- Can you prepare, use, and store replacement foods and utensils in a clean and safe way? Please describe how you will do this.
- Do you have access to clean water?
- Are you able to always wash your hands and utensils with soap and regularly boil the utensils to sterilize them?
- Can you bring water to a strong boil for at least 2 minutes to make each of the baby's feeds?
- Do you have easy access to reliable health services? Can you afford those services?

If a woman is able to answer yes to all of those questions and starts to give formula, she should stop breastfeeding completely.

9. **Ask:** Do you think there are women in our community who could answer yes to the 10 questions above? Explain that most women are not able to answer yes to all 10 questions and for that reason exclusively breastfeeding for the first six months is the best option for most women in our community.

10. **Ask** for three volunteers to role play the following situations in front of the group (ask one to be the husband, one to be the wife, and one to be the mother-in-law).

A husband and wife are both HIV positive, but they have chosen to keep their status private. They have a 3-month-old baby boy. The wife delivered in a facility and she took nevirapine during labour and the baby received his dose when it was born. She has been exclusively breastfeeding since the baby was born. Now that the baby is 3-months-old, the mother-in-law says that it is time to feed him uji (porridge) and that breastmilk alone is not enough and he is hungry. The role play should begin with the mother-in-law talking about making uji for the baby.

11. After the role play, **ask** participants the following questions:

- Do they agree with what the characters decided to do?
- Would they have done anything differently?
- Is what happened similar to what would happen in real life?
- How will the decisions the actors made influence their lives?

12. **Ask** for another set of volunteers to act out the same situation.

13. After they have finished, **facilitate** a discussion about this role play using the questions above and comparing it to the one before.



14. **Summarize** the role plays and ask participants to talk about how it relates to issues in our own community.
15. **Ask:** Do women who are breastfeeding need to use condoms? Allow participants to discuss.
16. **Explain** that if a woman becomes infected or re-infected with HIV while breastfeeding it significantly increases the risk of HIV transmission to the baby.
17. **Ask:** How could a woman talk with her partner about using condoms when breastfeeding? Allow participants to discuss.



## Main messages

- Exclusively breastfeeding means giving only breastmilk, no other foods, liquids, or water for the first six months.
- Exclusive breastfeeding for the first six months is the best feeding option for most HIV-positive mothers in our community.
- Giving other foods and liquids while breastfeeding increases the risk of HIV transmission to the baby.
- Becoming infected or re-infected with HIV while breastfeeding increases the risk of HIV transmission to the baby.

## 4. Feeding children of HIV-positive mothers at 6 months of age



### Session objectives

By the end of this session, participants will be able to :

- Explain when children of HIV-positive mothers should begin to eat solid foods.
- Give advice to a woman who is HIV-positive on how to feed her 6-month-old baby.
- List special considerations for a baby born to a mother with HIV.



### Session guide

1. **Ask:** At what age should babies start to eat solid foods? Allow participants to discuss
2. **Explain** that at 6 months all babies need to begin to eat soft foods while continuing to breastfeed. Even though many babies start eating foods before six months in our community, it is important to remember that breastmilk provides all the food and nutrients a baby needs up until 6 months.
3. **Ask:** Is this the same for babies born to mothers who are HIV positive? Allow participants to discuss.
4. **Explain** that at 6 months an HIV-positive mother should talk with a health worker about the best way for her to feed her baby. At this time, stopping breastfeeding may become less difficult for the mother, less likely to cause disapproval or stigma, and less expensive than at an earlier age. At 6 months, a baby can begin to drink animal milk with nothing added and needs to start eating soft foods.  
  
For some HIV-positive mothers, 6 months is a good time to stop breastfeeding. For others, it may be better to continue breastfeeding when starting to give soft foods. The right time to stop breastfeeding must always be a mother's choice and is best made by talking with a health worker. A mother should not stop breastfeeding at 6 months if her baby is HIV positive, seriously ill, or malnourished.
5. **Ask:** What are the first foods that babies should eat? At 6 months, babies should be given soft foods in small amounts as often as possible. Mothers can start by giving small amounts of a new soft or mashed food twice each day. With time, give more and different soft and mashed foods. First foods should be soft or mashed but not be too thin. They should be thick enough to stay on the spoon. In addition to staple foods like porridge (uji), babies need to eat beans, meat, or eggs every day. Vegetables (like sukuma wiki and pumpkin) and fruits have important vitamins for babies and should be given often. At the age of 2 years, the baby should be eating everything that is cooked in the home.
6. **Ask:** What advice would you give to a woman who is HIV-positive on how to feed her 6-month-old baby? What questions would you ask her? Allow participants to discuss.
7. **Ask:** Should there be any special considerations for a baby born to a mother with HIV? Allow participants to discuss.
8. **Explain** that children of HIV-positive women must receive early treatment for illnesses and careful growth monitoring to make sure they are healthy. Mothers and caregivers can:
  - Be sure the baby receives nevirapine immediately after birth.
  - Bring the baby for follow-up visits.



- Make sure the baby receives all immunizations by one year.
- Bring the baby to the health facility if the baby has a fever, diarrhoea, chronic cough, malaria, hookworm, or other parasitic infections.

Also, HIV-infected children are at a high risk of getting sick and being underweight. It is important that the following problems receive medical attention:

- Not eating enough (poor appetite, eating very little, or only liking certain foods).
- Stomach pain.
- Feeding difficulties (poor sucking, swallowing, or breathing).
- Nausea, vomiting, diarrhoea.
- Weight loss.

9. **Ask:** At what age can a baby be tested for HIV? [Answer: 18 months] **Ask:** Why shouldn't babies be tested before that?

10. **Explain** that a newborn baby from an HIV-infected mother will always have the mother's HIV antibodies, even if the baby is not HIV infected. The mother's HIV antibodies will stay in the baby's blood for about 15 months and then disappear as the child's immune system begins making its own antibodies. If the child is not infected with HIV, then its blood will stop having HIV antibodies after this time and it will no longer test positive.



## Main messages

- At 6 months, HIV-positive mothers should talk with a health worker about how best to feed their baby.
- Babies born to HIV-positive mothers should receive nevirapine immediately after birth.
- All babies, especially those born to HIV-positive mothers, should receive all immunizations by the time they are one year.
- Babies born to HIV-positive mothers should be brought to the health facility immediately if they have a fever, diarrhoea, cough, malaria, hookworm, or other illness. It is important they receive prompt treatment.



## Background notes

HIV can be passed from HIV-infected mothers to their children, but most children of HIV-infected women will not become infected. HIV can be passed from mothers to their children: during pregnancy, during labour and delivery, or through breastfeeding.

Not all babies born to women with HIV will become infected with HIV. If 100 babies are born to 100 women with HIV, about 20 of these babies will become infected with HIV during pregnancy or at the time of birth if no preventive steps are taken. About 15 more babies may become infected while breastfeeding, if no efforts are made to make breastfeeding safer and if she breastfeeds for a long period of time. This means that about 65 of the 100 babies will NOT become infected, even if no preventive actions are taken and even if they are breastfed for a long time.

If a woman is infected with HIV, she can reduce the risk of transmitting the virus to her baby by staying healthy. Also, giving birth in a health facility with a skilled and trained attendant can reduce the risk that a woman will transmit HIV to her child because the skilled attendant can take steps to reduce the chance of transmission, including giving the mother and baby medicines. Smoking, not eating well, and having other infections like sexually transmitted infections (STIs) can all increase the risk of mother-to-child transmission of HIV. The risk of HIV transmission is also greater if the pregnant woman is very sick or has a high viral load. The viral load is the amount of HIV in the blood.

### Testing for HIV

It is important for a pregnant woman to know her HIV status so that she can make choices and go for services that lower the risk of passing HIV to her child if she is positive. It is also important for her to go to a health facility early in her pregnancy for antenatal care. If a woman does not know her status, she will not be able to protect her baby.

### If a woman is not infected with HIV, she cannot pass the virus to her child

HIV is passed from mothers to children. If the father is infected with HIV and the mother is not, the baby will not be born with HIV. However, if a woman is pregnant, it means she did not have protected sexual intercourse and could have been infected with HIV. If a woman stays HIV negative during her pregnancy and breastfeeding there is no risk to the baby, even if the father is HIV positive.

### Avoiding new infection or re-infection

A woman who is infected or re-infected with HIV during pregnancy or breastfeeding is more likely to pass the virus to her child. Unprotected sexual intercourse while pregnant or breastfeeding places a woman at risk of HIV infection, and increases the risk of HIV infection to her child. When someone is newly infected or re-infected with HIV, the amount of HIV in her blood is very high, increasing the risk of mother-to-child transmission.

Pregnant and breastfeeding women can protect themselves from becoming infected or re-infected with HIV by:

- Abstaining from sex.
- Having sex with only one partner who has tested negative for HIV and remains faithful.
- Using condoms correctly and consistently every time they have sex.

Pregnant women who are HIV positive need support. Husbands and partners have an important role to play. They can help their partners stay healthy and reduce the risk of HIV transmission to the child by:

- Going for voluntary counselling and testing (VCT) together.
- Making sure the woman goes to the health facility for antenatal care and early treatment of infections and illness.
- Talking with a counsellor about how to feed the baby and making an informed decision together.



- Using condoms during sexual intercourse to prevent infection or re-infection.
- Making sure the woman delivers in the health facility or with a skilled and trained attendant.
- Encouraging the woman to eat healthy meals and extra food during pregnancy and breastfeeding.

### ***Transmission during pregnancy***

HIV can be passed from a woman to her foetus during pregnancy. Foetus is the technical word used for a baby before it is born. During pregnancy, the mother and the foetus do not share the same blood supply, but sometimes HIV in the mother's blood can cross the placenta and infect the foetus.

Normally, the placenta protects the foetus. The placenta allows food and other helpful substances to pass from the pregnant woman to the foetus, and blocks most germs and toxins. As long as the pregnant woman stays healthy, the placenta helps protect the foetus from infection. If the pregnant woman has other infections or illnesses, if her HIV infection is new, if she has HIV and is sick, or if she is not eating enough, the placenta may not be able to protect the foetus from HIV.

The risk of transmission of HIV during pregnancy is higher if pregnant women have:

- High amounts of HIV in their blood (called a high viral load)
- Late-stage HIV or AIDS, in other words, if they are very sick
- Low CD4 count (CD4 cells help to fight AIDS, so we want to have lots of them)
- A weak immune system
- Just been infected or re-infected with HIV
- STIs (like syphilis)
- Malaria
- Malnutrition

Infections like STIs and malaria may keep the placenta from working properly, making it easier for HIV to pass to the foetus.

To lower the chance of HIV transmission during pregnancy, women can:

- Go for voluntary counselling and testing (VCT) so they know their HIV status and can make the best decisions for themselves and their babies.
- Go to the health facility for antenatal care. HIV counselling and testing is part of pregnancy care.
- Take medications as prescribed by a doctor or health worker (including ARVs).
- Use condoms to prevent new infection and re-infection.
- Get treated for STIs, malaria and other infections as early as possible.
- Discuss and plan how to feed their baby with a health worker.
- Eat enough healthy foods.

### ***Transmission during labour and delivery***

The risk of transmitting HIV during delivery is higher when:

- Women do not deliver in a facility.
- Women deliver in unclean conditions.
- Women are in labour for a long time.
- A lot of time passes between when the woman's water breaks and the baby is born.
- Membranes are ruptured early.
- There is bleeding during delivery.
- Contaminated instruments are used.
- The baby is premature.

To lower the chance of HIV transmission during delivery, women can:

- Deliver at a health facility so skilled staff can help reduce the risk of transmission.
- Take nevirapine during labour and give nevirapine to the baby as soon as possible after birth and always within 72 hours of birth.

### **What are ARVs?**

ARVs (or anti-retroviral drugs) are medicines that attack HIV and keep it from spreading in the body. ARVs help the immune system get strong so it can fight infections and illness. ARVs are not cures for HIV. There are different ARVs that are used to reduce the risk of mother-to-child transmission. Pregnant women should follow their doctors' recommendations about which ARV treatment is best for them. ARVs for preventing mother-to-child transmission are taken by the mother before the baby is born and given to the baby when he or she is born.

Nevirapine is one kind of ARV for PMTCT. Nevirapine has been shown to reduce the risk of mother-to-child transmission during labour and delivery by half. Nevirapine is given once to the pregnant woman at the start of labour and then given once to the baby as soon as it is born and always within 72 hours of birth.

During an antenatal visit, an HIV-positive pregnant woman should be given a nevirapine tablet for herself and a syringe with nevirapine syrup (without a needle) for the baby. She should keep it with her at all times in case she goes into labour early. She should come to the facility to deliver her baby and bring back the medicine so a health worker can help her take it. If she does not have the medicine with her when she goes to deliver at the facility, she should remind the staff that she needs it. If she does not deliver at a facility, she should take her nevirapine tablet when labour begins and put the nevirapine syrup in the baby's mouth as soon as possible after birth, but always within 72 hours of birth.

Nevirapine is not the only medicine given for PMTCT. Another PMTCT treatment is when a doctor prescribes one or two ARV medicines for the mother, and one or two for the baby. Doctors may also recommend a combination of a number of different medicines for mother and baby. Whichever treatment a doctor recommends, it is important for pregnant women to follow the directions carefully.

### **HIV and breastfeeding**

HIV can be passed from an HIV-infected mother to her child through breastfeeding. However, research shows that exclusive breastfeeding for the first 6 months is the best option for most HIV-positive mothers with limited resources and actually reduces the risk of HIV transmission. Exclusive breastfeeding means not giving any water, liquids, foods, or herbs for the first 6 months of life. Giving water, other liquids and foods while breastfeeding can increase the risk of HIV transmission during the first 6 months.

The risk of HIV transmission through breastfeeding is higher if a:

- Mother breastfeeds and gives other foods and liquids at the same time during the first six months, which is called mixed feeding.
- Mother has breast infections or sores.
- Mother is infected or re-infected with HIV while breastfeeding.
- Mother breastfeeds for a long time.
- Baby has mouth sores.
- Mother has a high viral load (the amount of HIV in her blood) or low CD4 count.

Encourage HIV-positive women to talk with a health worker to choose the best way to feed their baby. Health workers will help women decide what is best for their baby. Infant feeding options during the first six months of life include:

- Giving only **breastmilk** for the first 6 months. This is called exclusive breastfeeding, which means giving only breastmilk and no other water, liquids, or food. This is the best option for most women in our community.



- Giving only breastmilk until formula is affordable and safe.
- Giving **formula and not breastfeeding**, but only if it can be prepared properly, stored safely, is always available, and is affordable for the family.
- Having an HIV-negative woman exclusively breastfeed the baby (**wet nursing**).
- Giving only breastmilk by expressing and **heating breastmilk** until it boils.

Below are questions for a mother who is thinking about not breastfeeding. A mother should answer yes to ALL of the questions; if she cannot, exclusive breastfeeding is her best option. If after answering the questions she still feels like replacement feeding is her best option, she should talk with a health worker to help her make a decision and learn how to safely prepare formula.

- Will you feel comfortable never breastfeeding? Will your family and friends support your decision to never breastfeed?
- Will you or your family have several hours per day to correctly prepare formula to feed your baby up to 12 times in 24 hours?
- Do you know how to prepare formula for your baby? Please describe how to do this.
- Can you afford to buy formula, fuel, and clean water to feed your baby without harming the health and nutrition of your family for at least 1 year? The cost of formula alone is between Ksh 625/= and Ksh 1,000/= a week depending on the age of the child. Water and cooking fuel costs are additional.
- Can you be sure to always have the supplies and all ingredients needed for safe replacement feeding until your baby is one year of age or older?
- Can you prepare, use, and store replacement foods and utensils in a clean and safe way? Please describe how you will do this.
- Do you have access to clean water?
- Are you able to always wash your hands and utensils with soap and regularly boil the utensils to sterilize them?
- Can you bring water to a strong boil for at least 2 minutes to make each of the baby's feeds?
- Do you have easy access to reliable health services? Can you afford those services?

Also, if a baby is HIV positive, very ill, or malnourished, then breastfeeding is the best choice. Babies who are not breastfed are much more likely to get sick with respiratory infections and diarrhoea, and when they do, the illnesses are much more dangerous than in breastfed babies. Unlike non-breastfed babies, breastfed babies can usually recover from diarrhoea without medical attention.

### Infant feeding terms

**Complementary feeding** Child receives both breastmilk and soft foods **after** 6 months.

**Exclusive breastfeeding** Feeding an infant only breastmilk and no other liquids or solids, not even water. Medicines or vitamins can be given.

**Heated breastmilk** Mother expresses her breastmilk, brings it to boil, cools it, and serves it to her infant within one hour.

**Mixed feeding** Giving an infant both breastmilk and other foods or liquids during the first 6 months. This is not recommended before 6 months because food other than breastmilk can damage the baby's intestines, allowing HIV to pass through.

**Replacement feeding** Breastmilk is "replaced" by other foods. A child who is not receiving any breastmilk receives other liquids and foods that provide all the nutrients infants need until they are old enough to eat family foods. Examples of replacement foods are formula and animal milk.

**Wet nursing** Breastfeeding an infant by a HIV-negative woman who is not the infant's mother.

Infant feeding options for:

### **Mothers who are HIV negative or do not know their status**

Encourage mothers who are HIV negative or do not know their status to:

- Start breastfeeding soon after birth (within the first 30 minutes).
- Exclusively breastfeed (giving no other water, liquids, or foods) for the first 6 months.
- Breastfeed whenever the baby wants, day and night.
- Continue breastfeeding during and after illness.
- Give first foods at 6 months and continuing breastfeeding until two years of age.
- Practice safe sex or abstinence to avoid HIV infection while still breastfeeding.

Breastmilk is the best food for babies. Most pregnant women are not infected with HIV, and most pregnant women who are HIV infected will not pass the virus to their children. Exclusive breastfeeding for the first 6 months is the best option for women who are HIV negative or do not know their status. Encourage mothers who do not know their status to be tested for HIV.



### **Mothers who are HIV positive**

#### ***Option 1: Giving only breastmilk from birth until baby is 6 months old***

Giving only breastmilk for the first 6 months will be the best feeding option for most HIV-positive women in Kenya.

Mothers who are HIV positive who choose to breastfeed can do the following to reduce the risk of passing HIV to their baby:

- Give babies only breastmilk, do not give water, other liquids, or food.
- Be sure the baby is properly attached at the breast to avoid sore and infected breasts. Breast problems can increase the risk of passing HIV to babies.
- Get treatment for breast problems and infections immediately.
- Express their breastmilk and either throw it away or heat it before feeding if they have breast infections or sores. If one breast is not infected, they can breastfeed from the healthy breast while treating the infected one.
- See a doctor or health worker immediately if the mother or baby falls ill.
- Practice safe sex or abstinence to avoid re-infection with HIV.
- Mothers who are very sick with AIDS should consider stopping breastfeeding, as the risk of HIV transmission becomes much higher.
- Mothers should check the baby's mouth for sores and get them treated immediately. Sores in the baby's mouth make it easier for HIV to enter the baby's body.



Infants who are fed breastmilk and other foods or liquids (mixed feeding) during the first 6 months have a higher risk of HIV infection. Mixed feeding is thought to damage the baby's intestines and may allow HIV to infect the baby. **HIV-positive mothers should never mix feed during the first 6 months.**

#### ***Option 2: Replacement feeding for the first 6 months***

Replacement feeding means a child does not receive any breastmilk and instead receives other liquids and foods that provide all the nutrients they need until they are old enough to eat family foods. Formula is a replacement food. A mother or caregiver should never use sweetened condensed milk, skimmed milk, fruit juices, sugar water, or watery porridges for replacement feeding. These foods do not provide enough nutrition.

For most HIV-positive women with limited resources, replacement feeding is not a safe and affordable option compared to exclusive breastfeeding for the first 6 months. Replacement feeding is associated with higher



rates of illness and death in babies, because they do not get the health benefits of breastfeeding. Families should think about the risks of illness from replacement feeding compared to the risk of HIV transmission through breastfeeding and talk with a health worker to make a decision.

Below are questions for a mother who is thinking about not breastfeeding. A mother must answer yes to ALL of the questions; if she cannot, exclusive breastfeeding is her best option. If after answering the questions she still feels like replacement feeding is her best option, she should talk with a health worker to help her make a decision and learn how to safely prepare formula.

- Will you feel comfortable never breastfeeding? Will your family and friends support your decision to never breastfeed?
- Will you or your family have several hours per day to correctly prepare formula to feed your baby up to 12 times in 24 hours?
- Do you know how to prepare formula for your baby? Please describe how to do this.
- Can you afford to buy formula, fuel, and clean water to feed your baby without harming the health and nutrition of your family for at least 1 year? The cost of formula alone is between Ksh 625/= and Ksh 1,000/= a week depending on the age of the child. Water and cooking fuel costs are additional.
- Can you be sure to always have the supplies and all ingredients needed for safe replacement feeding until your baby is one year of age or older?
- Can you prepare, use, and store replacement foods and utensils in a clean and safe way? Please describe how you will do this.
- Do you have access to clean water?
- Are you able to always wash your hands and utensils with soap and regularly boil the utensils to sterilize them?
- Can you bring water to a strong boil for at least 2 minutes to make each of the baby's feeds?
- Do you have easy access to reliable health services? Can you afford those services?

Also, if a baby is HIV positive, very ill, or malnourished, then breastfeeding is the best choice. Babies who are not breastfed are much more likely to get sick with respiratory infections and diarrhoea, and when they do, the illnesses are much more dangerous than in breastfed babies. Unlike non-breastfed babies, breastfed babies can usually recover from diarrhoea without medical attention.

### **Remember**

- Replacement feeding should always be done with a cup. Bottles are not safe because they are difficult to wash properly.
- Mothers should have training from a health worker about how to prepare formula.
- Formula instructions must be followed carefully, taking care not to add too much water.
- Replacement feeding is not recommended for babies who are HIV positive, very ill, or malnourished.

### **Option 3: Expressing and heating breastmilk**

Expressing and heating breastmilk allows the baby to get breastmilk without the risk of getting HIV. Heating breastmilk destroys HIV. Heated breastmilk is better for babies than formula, but it does not protect babies from illness and infection as well as breastfeeding. Although some mothers may choose to express and heat breastmilk, they need time, resources, and support to do it. Expressed and heated breastmilk should be fed to the baby by cup.

Steps for heating breastmilk:

1. Express breastmilk into a clean container.
2. Bring breastmilk to a boil then remove it from the heat.
3. Cool breastmilk in a cup standing in cold water.

4. When the breastmilk is cool, feed it to the baby within one hour using a cup. Never use a bottle.
5. Unused breastmilk should be thrown away and not kept for the next feed.

Breastfeeding mothers whose breasts are cracked, bleeding, or infected can express and heat their breastmilk while treating their breast condition.

#### **Option 4: Wet nursing**

Wet nursing means breastfeeding by a woman who is not the baby's mother. The wet nurse must have tested negative for HIV and agree to practice safe sex so she remains HIV negative while she breastfeeds the baby.

There is a very small chance that an HIV-infected baby can pass HIV to a wet nurse if the baby has a sore in her or his mouth or the wet nurse has a breast condition. The wet nurse needs breastfeeding support to prevent and treat breasts that are cracked, bleeding, or infected.

**Table 1. Feeding options for women who are HIV positive**

| <b>Exclusive breastfeeding</b><br>Giving only breastmilk   | <b>Replacement feeding</b><br>Giving formula and NO breastmilk   |
|--|--|
| <p><b>Advantages:</b></p> <ul style="list-style-type: none"> <li>• Breastmilk protects against many diseases and illnesses.</li> <li>• For the first 6 months of life, breastmilk has all the nutrients that a baby needs and satisfies hunger and thirst.</li> <li>• Babies who are fed only breastmilk during the first 6 months of life are likely to have fewer infections and are more likely to survive.</li> <li>• Exclusive breastfeeding for the first 6 months almost doubles the baby's chance of surviving free from HIV compared to breastfeeding and giving other foods and liquids. This is because giving foods other than breastmilk is thought to damage the baby's intestines and allow HIV to pass from an HIV-infected mother to her child.</li> <li>• Breast milk is free, always available, and does not need any special preparation.</li> <li>• Breastfeeding is accepted in most communities and will help protect the confidentiality of a woman's HIV status.</li> </ul> <p><b>Disadvantages:</b></p> <ul style="list-style-type: none"> <li>• HIV can be passed from HIV-infected mothers to their children through breastmilk. The risk is higher if mothers breastfeed and give other foods and liquids in the first six months, which is common in Kenya. This is called mixed feeding.</li> </ul> | <p><b>Advantages:</b></p> <p><b>For HIV-positive women</b>, this is the only way a mother can completely prevent her baby from becoming infected with HIV through breastfeeding.</p> <p><b>For HIV-negative women and those who do not know their status</b>, there are <b>no</b> advantages in choosing replacement feeding.</p> <p><b>Disadvantages:</b></p> <ul style="list-style-type: none"> <li>• Replacement feeding is usually not a safe and affordable option for families. The risk of death from diseases other than HIV is about six times higher than if the baby is breastfed.</li> <li>• Formula and the bottles and cups that are used to prepare and serve them may have germs if they are not cleaned properly.</li> <li>• Formula is usually mixed with too much water, so babies do not get enough nutrients.</li> <li>• Mothers who do not immediately use modern contraceptives after birth are at much greater risk of getting pregnant again quickly if they do not breastfeed.</li> <li>• The high costs of formula, bottles, fuel, and additional health care costs may harm the welfare of the rest of the family.</li> <li>• In many communities it is not the cultural practice to give formula, so people may ask why the mother is not breastfeeding or pressure her to mix feed.</li> </ul> |



## At 6 months and beyond

At 6 months all babies need to begin to eat soft foods. At this time breastmilk (or replacement foods) alone can no longer give the baby all of the energy, protein, and vitamins he or she needs. More food is needed to be healthy, but babies still need breastmilk or other forms of milk until they are at least two years old. Giving food in addition to breastmilk is called complementary feeding.

At 6 months an HIV-positive mother should talk with a health worker about different feeding options. At this time, stopping breastfeeding may become less difficult for the mother, less likely to cause disapproval or stigma, and less expensive than at an earlier age. At 6 months, a baby can begin to drink animal milk with nothing added and needs to start eating soft foods.

For some HIV-positive mothers, 6 months is a good time to stop breastfeeding. For others, it may be better to continue breastfeeding when starting to give soft foods. The right time to stop breastfeeding must always be a mother's choice and is best made by talking with a health worker.

An HIV-positive mother should continue breastfeeding for a year or more unless she can safely and reliably give replacement foods, including milk and other animal foods. If she decides to stop breastfeeding, she should talk with a health worker about how to do this.

Once a mother stops breastfeeding, it is very dangerous to start again, as that increases the chance of giving HIV to her baby. Therefore, it is important that a mother does not try to stop breastfeeding before she and her baby are ready. A mother should not stop breastfeeding at 6 months if her baby is HIV positive, seriously ill, or malnourished. A mother should meet with a health worker and be able to answer YES to the following questions before stopping breastfeeding:

- Can you express and heat-treat your breastmilk? Or can you afford to buy replacement milk and appropriate complementary foods, including either an infant cereal that is fortified with vitamins and minerals or animal foods several times a week? Fortified cereals will cost of at least Ksh 30/= per day. Water and cooking fuel costs are additional.
- Do you live in a place where you can buy the necessary food for your baby all the time?
- Are you able to always wash your hands and utensils with soap and regularly boil the utensils to sterilize them? Do you have a clean enough kitchen for safe baby food preparation?

If the mother cannot answer YES to all of the above questions, she should continue breastfeeding and make a follow-up appointment to talk with a health worker about her infant feeding options in a couple of months.

A mother should be able to answer NO to the following questions before deciding to stop breastfeeding:

- Will stopping breastfeeding cause any serious problem for you or with family members who will object?
- Are there any reasons that might make this a bad time to stop breastfeeding, such as potential unemployment or a hungry season coming?

If a mother cannot answer NO to both of the above questions, then she should continue breastfeeding and make a follow-up appointment to talk with a health worker about her infant feeding options again in a couple of months. An exception might be if the mother is extremely ill with advanced HIV or AIDS.

If a mother does decide to stop breastfeeding at 6 months, she should learn to express her breastmilk into a cup in order to avoid breast health problems.

Complementary feeding means introducing available soft foods in small quantities as often as possible to the baby. Mothers can start by giving small amounts of a new soft or mashed food twice each day. Gradually give more and different soft and mashed foods. First foods should be soft or mashed but not be too thin. They should be thick enough to stay on the spoon. In addition to staple foods like porridge (uji), babies need to eat beans,

meat, or eggs every day. Vegetables (like sukuma wiki and pumpkin) and fruits have important vitamins for babies and should be given often. At the age of 2 years, the baby should be eating everything that is cooked in the home.

#### ***Follow-up for children of HIV-positive women***

Children of HIV-positive women must receive early treatment for illnesses and careful growth monitoring to make sure they are healthy.

Mothers and caregivers can:

- Be sure the baby receives nevirapine immediately after birth.
- Bring the baby for follow-up visits.
- Make sure the baby receives all immunizations by one year.
- Bring the baby to the health facility if the baby has a fever, diarrhoea, chronic cough, malaria, hookworm, or other parasitic infections.
- Bring the child for HIV testing at 18 months.



HIV-infected children are at a high risk of getting sick and being underweight. It is important that the following problems receive medical attention:

- Not eating enough (poor appetite, eating very little, or only liking certain foods).
- Stomach pain.
- Feeding difficulties (poor sucking, swallowing, or breathing).
- Nausea, vomiting, or diarrhoea.
- Weight loss.



### **Gender and mother-to-child transmission of HIV**

Gender and gender norms play a large role in the transmission of HIV from a mother to a child. Women may not have the ability to negotiate safer sex practices with their partners and are therefore vulnerable to infection or re-infection with HIV. Fear of stigma may prevent women from accessing information, getting tested, and receiving essential care for HIV infection. Stigma may also prevent women from using medicine that may help prevent mother to child transmission of HIV. A woman's overall health is an important factor in preventing mother to child transmission of HIV. It is critical for women to remain healthy and to get proper nutrition and health care. However, pregnant women are often expected to handle the same household responsibilities, including all physical work, and may not be paying enough attention to their health needs. Finally, gender norms also affect community attitudes and a mother's decisions about breastfeeding.



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## Notes



# Care and support for people with HIV and AIDS



This chapter has information on helping people with HIV and AIDS to stay healthy, as well as providing home-based care and emotional support to people with HIV and AIDS. It also has a reference guide for caregivers.

# 1. Home-based care



## Session objectives

By the end of this session, participants will be able to:

- Explain what is meant by home-based care.
- List advantages of home-based care for people with HIV and AIDS, their families and communities.
- List signs that caregivers should look for when caring for a person with HIV and AIDS.



## Session guide

1. **Ask:** What does home-based care mean? [Answer: Home-based care (HBC) is the care of people infected and affected by HIV and AIDS that extends from the hospital or health facility to the patient's home through family participation and community support. HBC combines clinical care, nursing care, counselling and psycho-spiritual care, and social support.]
2. **Ask:** What is the purpose of providing HBC to people with HIV and AIDS? [Possible answers: To prevent and care for any problems that may emerge as a result of being infected or affected, to encourage timely treatment of new infections or illnesses, and to reduce stigma and discrimination of people with HIV and AIDS and their families.]
3. **Explain** that when people with HIV and AIDS return home from the hospital, they are usually cared for by untrained relatives who do not have any support. These caregivers are most often women and children with no training in nursing the sick or protecting themselves or other family members from infections from handling infected material. People with HIV and AIDS need quality care to live longer, healthier lives and reduce suffering. HBC is one way to ensure that quality care can be provided outside a facility.
4. **Divide** participants into four groups. Assign each group one of the following: people with HIV and AIDS, families, communities, and health system. Ask each group to think about all of the advantages of HBC for their group.
5. **Bring** participants back together and ask for a representative from each group to share the advantages they talked about. The following should be mentioned:

| People with HIV and AIDS   | Family  | Community  | Health system   |
|--|---|--|---|
| Receive care in a familiar, supportive environment.<br>Stay healthy longer.<br>Continue to participate in family matters.<br>Maintain sense of belonging to social groups. | Holds family together.<br>Helps family accept someone's positive status.<br>Makes it easier to provide care/support.<br>Can reduce medical costs. | Promotes awareness about HIV prevention.<br>Helps community understand the disease and respond to myths and misconceptions.<br>Can reduce costs. | Does not require the creation of extra services where resources and services are already inadequate.<br>Helps ease demand on health system. |



| People with HIV and AIDS  | Family   | Community  | Health system                                   |
|---|--|--|---|
| Makes it easier for them to accept their condition and live positively. | Makes it easier for family members who provide care to attend to other responsibilities. | Encourages the sustainability of the care services.      | Extends responsibility to family and community. |
| Maximizes emotional health.   |  | Makes it easier to provide support.                      |   |
| Helps them adhere to TB and ARV drugs.                                  |  | Can help the community maintain a sense of togetherness. |   |

Allow participants from other groups to add other advantages while the groups are presenting.

6. **Explain** that caregivers can prevent many problems by being aware of danger signs of illness. It is important to learn what is normal and report any changes.
7. **Ask:** What signs should caregivers pay attention to when caring for a person with HIV and AIDS? Be sure the following are mentioned:
  - Mood: Alert, sleepy, irritable, jumpy, withdrawn
  - Colour: Normal, white, yellow, blue fingernails
  - Skin: Rash, dry ulcers, blisters, sweaty, loose
  - Body: Feverish, cold, sweating
  - Breathing: Fast, slow, difficult, noisy
  - Other: Fast or irregular heartbeat, odd body odour
8. **Ask:** Does anyone know someone who is caring for a family member that has HIV and AIDS? What are some of the challenges they face? How can we support the caregiver? Allow participants to discuss.



## Main messages

- The purpose of home-based care for people with HIV and AIDS is to prevent and care for any problems, to encourage timely treatment of new infections or illnesses, and to reduce stigma and discrimination of people with HIV and AIDS and their families.
- It is important for people who are providing care to people with HIV and AIDS to pay attention to and recognize what is and is not normal for the people they are caring for. If caregivers notice changes in mood, skin conditions, body temperature, breathing, heartbeat, and colour of skin and fingernails, they should encourage them to visit a health worker.

## 2. Helping people with HIV and AIDS stay healthy



### Session objectives

By the end of this session, participants will be able to:

- Explain why it is especially important for people with HIV and AIDS to eat well.
- Describe what eating well means and list ways to help people with HIV and AIDS to eat well.
- List ways for people with HIV and AIDS to remain active.
- Explain the risks of re-infection for people who are already HIV infected.



### Session guide

1. **Ask:** Why is it important for people with HIV to eat well? What happens when people with HIV do not eat well? [Answer: It is important for people with HIV and AIDS to eat a healthy diet to fight infection and disease and to stay energetic, strong, and productive.]
2. **Ask:** What does nutrition mean? [Answer: The kind of food that we eat and how our bodies use that food.] **Ask:** What does malnutrition mean? [Answer: Malnutrition means someone who is not eating enough food or someone who is not eating enough of the right kinds of food. A person is malnourished if they do not eat enough protein, energy, vitamins, and minerals and have frequent infections and disease. How well-nourished a person is depends on the food he or she eats, his or her overall health, and the environment where he or she lives.]
3. **Explain** that nutrition and HIV are strongly related to each other. People who are malnourished are more likely to progress faster to AIDS, because their bodies are weak and cannot fight infection. People with HIV and AIDS are at risk of malnutrition because they eat less, have infections that require more energy, and their bodies do not use food effectively. People with HIV and AIDS need to eat more than people who are not infected. Eating small meals often and a variety of foods can help people with HIV and AIDS to get all the energy and nutrients they need.
4. **Ask:** Are there any foods that people with HIV and AIDS should eat? Are there any foods they should avoid? Why? Allow participants to discuss. Encourage them to give examples of specific foods and meals that are healthy.
5. **Explain** that it is important for people with HIV and AIDS to eat different kinds of foods to be sure the body gets all the nutrients it needs. The main food groups people need to eat to live a healthy life are bodybuilding foods, protective foods, and energy foods.



| Body-building foods   | Protective foods  | Energy foods  | Foods to avoid  |
|---|---|---|---|
| <p>Beans, lentils, peas, nuts, milk, yogurt, cheese, fish, eggs, chicken, meat, wheat, maize, and rice.</p> <p><i>These foods contain protein for cell repair and growth, help build strong bones and cells, and help to fight infection and repair the body.</i></p> | <p>Greens, spinach, cabbage, mango, paw paw, sweet potato, carrots, tomato, avocado, oranges, lemons, and bananas.</p> <p><i>These foods help the body absorb and use protein and carbohydrates and help fight infections and digest nutrients.</i></p> | <p>Maize, ugali, rice, matoke, millet, cassava, taro root, potato, and sweet potato.</p> <p><i>These foods provide the body with energy so it will work and people can stay active.</i></p> | <p>Raw eggs, milk immediately from a cow, undercooked meat or chicken, sweets, alcohol, coffee, expired food, oily foods, fatty meats, fried food, and acidic foods.</p> <p>Smoking should also be avoided.</p> |

6. **Ask:** What advice would you give to someone with AIDS who said it is difficult for him or her to eat enough food? [Possible answers: Eat smaller meals more often, snack during the day, and eat softer foods.]
7. **Ask:** Should people with HIV avoid activity or be active? Why? Are there any activities they should avoid? [Answer: It is important for people with HIV and AIDS to stay active because it improves appetite, develops muscle, reduces stress, increases energy, and helps to maintain overall physical and emotional health. Social and everyday activities such as walking, cleaning, and collecting firewood and water are important. People with HIV and AIDS should be encouraged to be active and continue with their daily routine as long as they are physically able to do so.]
8. **Ask:** Once people know they are HIV-positive should they try to find someone else who is positive to have sex with? Allow participants to discuss.
9. **Ask:** If both partners are HIV positive, is there any reason to use a condom?
10. **Explain** that it is important for people with HIV and AIDS to use condoms and avoid unprotected sexual intercourse. Even if someone is already infected, being exposed to HIV over and over again can make the infection progress to AIDS more quickly. Having protected sex can lead to healthier and more productive lives by:
  - Reducing further spread of the virus.
  - Reducing the risk of repeated exposure to HIV infection.
  - Preventing exposure to other sexually transmitted infections.
  - Avoiding pregnancy, which puts a greater strain on a woman's health and risks possible HIV infection of the baby.
  - Avoiding infection in women and therefore the possibility of transmitting HIV to their babies.



## Main messages

- It is important for people with HIV and AIDS to eat a healthy diet to fight infection and disease and to stay energetic, strong, and productive.
- HIV and nutrition are strongly connected to each other. People who are malnourished are more likely to progress faster to AIDS, because their bodies are weak and cannot fight infection. People with HIV and AIDS are at risk of malnutrition because they eat less, have infections that require more energy, and their bodies do not use food effectively. It is important that people with HIV and AIDS eat more than people who are not infected.
- It is important for people who are HIV infected to practice protected sex to protect themselves against re-infection and protect their partners.



## Activity: Meal and activity planning

Divide participants into groups of three. Ask each group to create a 5-day plan for an imaginary person who is HIV positive. This plan should list all of the food he or she will eat and all of the physical activity he or she will do during the 5 days. Give participants 10 minutes to create their plans. Encourage participants to have a lot of variety and be realistic based on what is available in their community.

After the groups have completed their plans, ask for a representative from each group to share their ideas. Allow other participants to ask questions and offer suggestions after each group has presented.

After each of the groups have presented, share information from the Background Notes as needed.



### 3. Keeping clean and safe



#### Session objectives

By the end of this session, participants will be able to:

- Describe why keeping our bodies, food, and houses clean are especially important for people with HIV and AIDS.



#### Session guide

1. **Ask:** What is meant by hygiene? [Answer: keeping clean in order to preserve health and prevent the spread of disease.] What practices do you know about that promote good hygiene? [Possible answers: hand washing, boiling water, treating water, using pit latrines, etc.]
2. **Ask:** Why is practicing good hygiene especially important for people with HIV and AIDS? [Answer: It is especially important for people with HIV and AIDS because they have weak immune systems and are more vulnerable to infection. Handle and store food and water properly to avoid contamination and further infection.]
3. **Explain** that practicing good hygiene is important for everyone to avoid infection and illness. There are many different parts of hygiene. There is keeping water clean, keeping food safe, keeping our bodies clean, and being around animals in a safe way.
4. **Divide** participants into four groups. Assign each group one of the following areas: water, food, our bodies, and our animals. **Ask** each group to answer the following questions:
  - How can we keep this clean and safe?
  - What are challenges to keeping this clean and safe?
  - How can we overcome those challenges?
5. **Bring** the groups back together and allow a representative from each group to report on what the group talked about. Allow other participants to ask questions or give additional information. Be sure the following come out:

| Water   | Food  | Our bodies   | Animals   |
|---|---|--|---|
| Be sure water is from a clean source.               | Cook meat, chicken, fish, and eggs at high temperatures until cooked completely.                | Take baths everyday to keep the body clean.                        | Keep animals and pets outdoors.   |
| Boil water for at least 5-10 minutes to kill germs. | Do not eat soft-boiled eggs or meats that still have red juice.                                 | Wear shoes to avoid small injuries that could result in infection. | Do not clean up after animals, especially cats, kittens, chickens, and other birds. |
| Store water in a container with a lid.              | Thoroughly wash utensils and surfaces used with uncooked foods.                                 | Brush teeth after meals.   | Wash hands after handling pets and animals.   |
|   | Cover meat, poultry, or fish with a clear cover or cloth and keep it separate from other foods. |  |   |
|   | Use clean water to wash all fruits and vegetables that will be eaten raw or remove the skin.    |  |   |

| Water   | Food  | Our bodies                                      | Animals  |
|---|---|---|--|
| Always wash hands with soap before and after touching food. | <p>Remove the bruised parts of fruits and vegetables to avoid any mould.</p> <p>Use a clean table or chopping board to prepare food.</p> <p>Make sure areas for preparing and eating food are free of flies.</p> <p>Cover food that is not eaten.</p> <p>Keep hot foods hot and cold foods cold.</p> <p>Do not eat food after the expiry date.</p> <p>Store cooked food at most for one day and re-heat before eating.</p> <p>Use clean and dry bowls, plates, glasses, and utensils.</p> | Wash hands with soap after going to the toilet. | Avoid contact with young animals and animals with diarrhoea. |

6. **Ask:** Do families caring for a person with HIV need to take any precautions? [Answer: They should avoid contact with the infected person's body fluids, blood, or diarrhoea.]
7. **Ask:** What are specific things they should do? Be sure the following are mentioned:
  - Wash hands with soap and water after changing soiled bed sheets and clothing, or having contact with body fluids.
  - Use gloves, or a piece of plastic or paper, while attending to the sick person (especially if the person has open sores).
  - Cover any wounds (on the infected person or caregiver) with a bandage or cloth.
  - Keep the infected person's bedding and clothing clean.
  - If cleaning clothes or sheets stained with blood, diarrhoea, or other body fluids:
    - Keep these items separate from other household laundry.
    - Hold the unstained part and rinse off any blood or diarrhoea with water.
    - Wash in soapy water, dry, or iron as usual. Bleach or boiling water is not needed.
  - Properly dispose of soiled materials, excretions, and body secretions.
  - Clean body fluid spills with soapy water and bleach (jik) if available but do not touch them directly (cover hands as described above).
  - Do not share any sharp instruments, razors, needles, or toothbrushes that can come into contact with blood. If it is necessary to share these items, boil them first.
8. **Explain** that sharing a home and everyday activities are not a risk for families living with a person with HIV. For example, there is no risk of HIV from touching; hugging; sharing plates, utensils, glasses, towels, or other items; or being sneezed or coughed on by a person with HIV and AIDS.





## Main messages

- Sharing a home and every day activities are not a risk for families living with a person with HIV. You can not be infected by hugging, coughing, sneezing, sharing plates, utensils, glasses, towels or other items.
- Keeping the body, food, cooking utensils, and homes clean is especially important for people with HIV and AIDS.
- Caregivers should be sure to avoid contact with an infected person's bodily fluids.



## Activity: Cleanliness role plays

Ask for volunteers to role play the following scenarios in front of the group. One person plays the role of a person trying to use a persuasive argument to try to persuade the other person to change behavior.

After each role play ask participants to talk about them. Ask for another pair to role play the same scenario but with a different approach to addressing the issue. Facilitate another discussion around that role play.

Ask for two new volunteers to role play another scenario and follow the same steps for the first role play. Continue until all of the scenarios have been acted out and discussed.

Example role play scenarios:

- You know your brother John does not wash his hands after going to the bathroom. How could you convince him to change his behavior?
- Your sister, Evelyn, does not brush her teeth often and sometimes refuses to take baths. What would you say to her to get her to practice these things more often?
- Your neighbor, Margaret is mother of three small children. She is very busy and does not always clean her fruits and vegetables with clean water. You have noticed this. What would you say?
- Robert comes home late from work each night and doesn't want to spend time boiling water for drinking. He drinks it directly from the tap. What would you advise?

## 4. Staying healthy and getting treatment on time



### Session objectives

By the end of this session, participants will be able to:

- List ways people with HIV can stay healthy.
- List symptoms that are a sign a person with HIV and AIDS should go to a doctor.
- Explain what living positively means.
- Describe what opportunistic infections are.
- Explain that not everyone with TB has HIV.



### Session guide

1. **Ask:** What things can people with HIV do to stay healthy? Allow participants to discuss.

Be sure they mention the following:

- Eating a healthy diet
  - Doing physical activity
  - Getting enough sleep
  - Practicing good hygiene
  - Avoiding smoking
  - Avoiding alcohol
  - Having protected sex
  - Going to the doctor immediately for treatment of illness and infection
  - Only taking medications given by a doctor and follow the directions carefully
2. **Explain** that it is very important for people with HIV and AIDS to go to the doctor as soon as they have symptoms of infection or fall ill. Illness and infection are signs that the body is weak. If left untreated, they can make the body even weaker. When signs of illness begin, an HIV-infected person should seek treatment if available. Quick attention to early signs of illness can prevent further damage to the body.
3. **Ask:** What are signs that a someone with HIV should go see a health worker right away? Allow participants to discuss and be sure they mention the following information from the table on the next page:



## Signs to go for treatment at a health facility

|                            |  |
|----------------------------|--|
| <b>Head and body</b>       | <p>He or she has pain that is new, different, and much worse.<br/> The pain does not respond to paracetamol.<br/> He or she has high fever and a stiff neck.<br/> He or she is unconscious or having fits (convulsions).<br/> He or she has a high fever that does not go down.<br/> He or she has head and body aches.<br/> He or she has chills and sweats.<br/> He or she has lost a lot of weight.<br/> He or she has a sudden change in his or her ability to think or move.</p>  |
| <b>Skin</b>                | <p>He or she has skin sores that are large, red, very swollen, and tender.<br/> He or she has skin sores that are not getting better with treatment.<br/> His or her skin feels itchy.</p>   |
| <b>Eyes</b>                | <p>The white part of his or her eyes is yellow.<br/> He or she is having difficulty seeing.<br/> His or her vision has changed.<br/> He or she sees floating dark spots.<br/> He or she has spots or blisters on the eye lids.</p>   |
| <b>Breathing</b>           | <p>He or she has pain that makes it hard to breathe.<br/> His or her breathing is very fast and noisy.<br/> He or she coughs up sputum/spit with blood.<br/> He or she coughs up sputum/spit that is greyish-yellow or green.<br/> He or she has a cough that lasts for more than 3 weeks.<br/> A child is breathing faster than normal and has a fever.</p>   |
| <b>Mouth and stomach</b>   | <p>He or she is very thirsty but cannot eat or drink.<br/> He or she cannot swallow or has pain when swallowing.<br/> He or she cannot eat enough to maintain strength.<br/> He or she has a burning pain in the chest.<br/> He or she is urinating less than normal.<br/> He or she has many, very watery stools a day.<br/> He or she has blood in the stool.<br/> He or she is vomiting for more than 24 hours.<br/> The vomit has blood in it.<br/> He or she has a swollen belly.<br/> A child does not want to eat or drink.</p> |
| <b>Reproductive health</b> | <p>She is pregnant or has just given birth, and has a fever.<br/> He or she has pain when urinating.<br/> He or she has genital warts or sores.<br/> He or she has very smelly or strange coloured discharge from the vagina or penis.<br/> A woman has pain in her lower belly, especially if she also has a fever.<br/> A woman stops getting her monthly bleeding or it is not regular.<br/> He has swelling or pain in the scrotum.</p>  |
| <b>Feelings</b>            | <p>He or she feels or seems much more tired than usual.<br/> He or she is depressed and cannot do anything.</p>  |

4. **Ask:** What are opportunistic infections? [Answer: Infections that attack the body when the immune system is weak. A person with a healthy immune system would be able to fight it off, but people with HIV have a weaker immune system and are not able to. Most opportunistic infections are curable, so it is important to visit the doctor early.]
5. **Ask:** Do all people with tuberculosis (TB) have HIV? Allow participants to discuss.
6. **Ask:** Do all people with HIV have TB? Allow participants to discuss.
7. **Explain** that some people are sick with only TB, some people are sick with only HIV, and some people are sick with TB and HIV at the same time. Having TB does not mean someone has HIV and having HIV does not mean someone has TB. With the right medicine, TB can be cured whether or not someone has HIV. HIV weakens the immune system. Someone who is HIV infected and infected with TB is much more likely to become sick with TB than someone infected with TB who is not infected with HIV. TB speeds up HIV disease. TB is a leading cause of death among people with HIV.
8. **Ask:** What does living positively mean? Allow participants to discuss. **Ask:** What are examples of things a person who is living positively would say or do? Allow participants to share and discuss.
9. **Explain** that living positively is more than having a positive attitude. The goal of living positively is to be free of illness, to be productive, and to stay emotionally and physically healthy.
10. **Explain** that people with HIV and AIDS also need emotional support to live positively. **Ask:** What are ways that we can support people who are HIV positive? Allow participants to discuss.
11. **Divide** participants into pairs. Assign each pair a letter, either a, b, or c, so that each pair has a letter. Assign the following scenario to each pair according to their letter.
  - a. You are visiting your sister who is HIV positive and the mother of three small children. That morning you saw her yell at the children for making too much noise when they were playing outside. You have never seen her yell before and you want to talk to her about her feelings.
  - b. You and your friend are sitting next to each other waiting for the bus to Nairobi. He has been sitting quietly for some time, and then you notice that he is breathing quickly and sweating. You ask him what is wrong and he starts to tell you how he found out he is HIV positive and he is worried about telling his wife. He then starts to complain about pains in his chest.
  - c. You are walking home from the market and you see your neighbour. Her husband died yesterday and everyone says that he had AIDS. She is walking with her head down and it looks like she is crying. In thinking about her you remember that very few people have been to visit her over the past month. You have always been friendly and want to see if there is any way you can help.
12. After 5 to 10 minutes, **ask** participants to switch roles and this time have the other person play the person with HIV. Assign new role plays according to their letter.
  - a. You and your friend are sitting next to each other waiting for the bus to Nairobi. He has been sitting quietly for some time, and then you notice that he is breathing quickly and sweating. You ask him what is wrong and he starts to tell you how he found out he is HIV positive and he is worried about telling his wife. He then starts to complain about pains in his chest.
  - b. You are walking home from the market and you see your neighbour. Her husband died yesterday and everyone says that he had AIDS. She is walking with her head down and it looks like she is crying. In thinking about her you remember that very few people have been to visit her over the past month. You have always been friendly and want to see if there is any way you can help.
  - c. You are visiting your sister who is HIV positive and the mother of three small children. That morning you saw her yell at the children for making too much noise when they were playing outside. You have never seen her yell before and you want to talk to her about her feelings.
13. After 5 to 10 minutes, bring participants back together and **facilitate** a discussion about how they can support people infected with and affected by HIV and AIDS.





## Main messages

- To stay healthy, people with HIV and AIDS should eat a healthy diet, continue to do physical activity, get enough sleep, practice good hygiene, go to the doctor immediately for treatment of illness and infection, and only take medications given by a doctor and follow the directions carefully.
- Caregivers should be able to recognize symptoms that require immediate attention and encourage people with HIV and AIDS to get prompt treatment for illness.



## Background notes

Home-based care (HBC) is the care of persons infected and affected by HIV and AIDS that extends from the hospital or health facility to the patient's home through family participation and community support. HBC combines clinical care, nursing care, counselling and psycho-spiritual care, and social support.

The purpose of providing home-based care to people with HIV and AIDS is to:

- Prevent and care for any problems resulting from being infected or affected.
- Encourage timely treatment of new infections or illnesses.
- Reduce stigma and discrimination of people with HIV and AIDS and their families.

### Why HBC?

When people with HIV and AIDS are discharged from hospital they return home, where they are usually cared for by untrained relatives who do not have any support. These caregivers are most often women and children with no training in nursing the sick or protecting themselves or other family members from infections from handling infected material (e.g., body fluids). They also do not know how to protect people with HIV and AIDS from common infections. People with HIV and AIDS need quality care to live longer, healthier lives, but limited resources and hospital restrictions affect the care that is given. All these issues mean that people with HIV and AIDS cannot get the care they need. HBC is one way to ensure that quality care can be provided outside a facility.

### Advantages of HBC

Organized home-based care has many advantages for people with HIV and AIDS, their families, the community, and the health-care system.

| People with HIV & AIDS  | Family  | Community  | Health system   |
|---|---|--|---|
| <p>Receive care in a familiar, supportive environment.</p> <p>Stay healthy longer.</p> <p>Continue to participate in family matters.</p> <p>Maintain sense of belonging to social groups.</p> <p>Makes it easier for them to accept their condition and live positively.</p> <p>Maximizes emotional health.</p> <p>Helps them adhere to TB and ARV drugs.</p> | <p>Holds family together.</p> <p>Helps family accept someone's positive status.</p> <p>Makes it easier to provide care and support.</p> <p>Makes it easier for family members who provide care to attend to other responsibilities.</p> | <p>Promotes awareness about HIV prevention.</p> <p>Helps community understand the disease and respond to myths and misconceptions.</p> <p>Can reduce costs.</p> <p>Makes it easier to provide support.</p> <p>Can help the community maintain a sense of togetherness.</p> | <p>Does not require the creation of extra services where resources and services are already inadequate.</p> <p>Helps ease demand on health system.</p> <p>Extends responsibility to family and community.</p> |

### Parts of HBC

**Clinical management:** Includes early diagnosis, treatment, monitoring HIV status, and planning for follow-up care of HIV-related illnesses.



**Nursing care:** Includes care to promote and maintain good health, hygiene, and nutrition, and ultimately to provide comfort, reduction of pain, and palliative care.

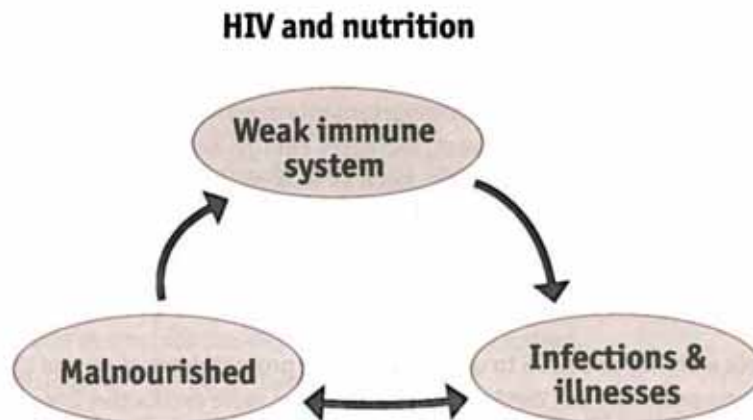
**Counselling and psycho-spiritual care:** Includes reducing stress and anxiety, promoting positive living, and helping individuals make informed decisions on HIV testing, making future plans, behaviour change, managing grief and loss as a result of their status, and involving families in decision making.

**Social support:** Includes information and referral to support groups, social and welfare services, and legal advice for individuals and families, including surviving family members.

## Nutrition and HIV

It is important for people with HIV and AIDS to eat a healthy diet to fight infection and disease and to stay energetic, strong, and productive. Nutrition means the kind of food that we eat and how our bodies use that food.

Nutrition and HIV are strongly related to each other. People who are malnourished are more likely to progress faster to AIDS, because their bodies are weak and cannot fight infection. People with HIV and AIDS are at risk of malnutrition because they eat less, have infections that require more energy, and their bodies do not use food effectively.



People with HIV and AIDS need to eat more than people who are not infected. Eating small meals often and a variety of food can help people with HIV and AIDS to get all the energy and nutrients they need.

### What is malnutrition?

Malnutrition means “badly nourished” but it is more than just what people eat or do not eat. A person is malnourished if they do not eat enough protein, energy, vitamins and minerals and have frequent infections and disease. A person’s nutritional status is determined by the food he or she eats, overall health, and the environment where he or she lives.

### Eat small meals often

It may be difficult for people with HIV and AIDS to eat enough food because of mouth sores, appetite loss, or poor nutrient absorption. Encourage people with HIV and AIDS to eat smaller meals more often and to snack during the day. It may help to offer softer foods to those who are ill.

### Eat a variety of food

It is important for people with HIV and AIDS to eat a variety of foods to be sure the body gets the energy, protein, and vitamins and minerals it needs. The main food groups people need to eat to live a healthy life are bodybuilding foods, protective foods, and energy foods.

| Body-building foods  | Protective foods  | Energy foods  |
|--|---|---|
| Beans, lentils, peas, nuts, milk, yogurt, cheese, fish, eggs, chicken, meat, wheat, maize, and rice.   | Greens, spinach, cabbage, mango, paw paw, sweet potato, carrots, tomato, avocado, oranges, lemons, and bananas.           | Maize, ugali, rice, matoke, millet, cassava, taro root, potato, sweet potato                |
| <i>These foods contain protein for cell repair and growth, help build strong bones and cells, and help to fight infection and repair the body.</i> | <i>These foods help the body absorb and use protein and carbohydrates and help fight infections and digest nutrients.</i> | <i>These foods provide the body with energy so it will work and people can stay active.</i> |

Just as there are foods that people with HIV and AIDS should eat, there are those that should be avoided, including: raw eggs, milk immediately from a cow, undercooked meat or chicken, sweets, alcohol, coffee, expired food, oily foods, fatty meats, fried food, and acidic foods. Smoking should also be avoided.

### **Eating during and after illness**

Illnesses such as fever and diarrhoea cause the body to not use food properly, which can result in weight loss. It is important to continue to eat during illness. When recovering from illness, it is important to eat more to make up for the lost nutrients and weight.

### **Encourage activity**

For people with HIV and AIDS, being active plays an important role in maintaining good health. Physical activity improves appetite, develops muscle, reduces stress, increases energy, and helps to maintain overall physical and emotional health. Social and everyday activities such as walking, cleaning, and collecting firewood and water are important. People with HIV and AIDS should be encouraged to be active and continue with their daily routine as long as they are physically able to do so.

### **Avoiding re-infection**

It is important for people with HIV and AIDS to use condoms and protect themselves and their partners during sexual intercourse. Having protected sex can lead to healthier and more productive lives by:

- Reducing further spread of the virus.
- Reducing the risk of repeated exposure to HIV infection.
- Preventing exposure to other sexually transmitted infections.
- Avoiding pregnancy, which puts a greater strain on a woman's health and risks possible HIV infection of the baby.
- Avoiding infection in women and therefore the possibility of transmitting HIV to their babies.

Being exposed to HIV over and over again can make HIV progress to AIDS more quickly.

Protect against HIV re-infection by:

**A – Abstaining** from sexual intercourse.

**B – Being faithful** to one partner and having protected sex.

**C – Using condoms** correctly for every sexual act.

### **Keeping clean and safe**

Practicing good hygiene is important for everyone to avoid infection. It is especially important for people with HIV and AIDS because they have weak immune systems and are more vulnerable to infection. Handle and store food and water properly to avoid contamination and further infection.



### **Water**

- Be sure water is from a clean source.
- Boil water for at least 5-10 minutes to kill germs.
- Store water in a container with a lid.
- Always wash hands with soap before and after touching food.

### **Animal products**

- Cook all animal products (meat, chicken, fish, and eggs) at high temperatures until thoroughly cooked.
- Do not eat soft-boiled eggs or meats that still have red juice.
- Thoroughly wash utensils and surfaces used with uncooked foods, especially meats, before handling other food.
- Cover meat, poultry, or fish with a clear cover or cloth and keep it separate from other foods.

### **Fruits and vegetables**

- Use clean water to wash all fruits and vegetables that will be eaten raw.
- If it is not possible to wash fruits and vegetables properly, remove the skin.
- Remove the bruised parts of fruits and vegetables to avoid any mould or bacteria.

### **General food storage and handling**

- Use a clean table or chopping board to prepare food.
- Make sure there are no flies in areas for preparing and eating food.
- Cover food that is not eaten.
- Keep hot foods hot and cold foods cold.
- Do not eat food after the expiry date.
- Store cooked food at most for one day and re-heat before eating.
- If there is a refrigerator, put all leftover foods in it.
- Use bowls, plates, glasses, and utensils that have been cleaned and well dried.

### **Keeping clean**

Infections can be avoided by practicing good personal hygiene.

- Take baths every day to keep the body clean.
- Wear shoes to avoid small injuries that could result in infection.
- Brush teeth after meals.
- Wash hands with soap after going to the toilet.

Hygiene is also important around animals.

- Keep animals and pets outdoors.
- Do not clean up after animals, especially cats, kittens, chickens, and other birds.
- Wash hands after handling pets and animals.
- Avoid contact with young animals and animals with diarrhoea.

### **Caring for people with HIV and AIDS**

Families caring for a person with HIV need to learn the following simple rules that will protect uninfected members from HIV transmission.

The main message of these rules is to prevent contact with the infected person's body fluids, blood, or diarrhoea.

- Wash hands with soap and water after changing soiled bed sheets and clothing, or having contact with body fluids.
- Use gloves, or a piece of plastic or paper, while attending to the sick person (especially if the person has open sores).
- Keep any wounds (on the infected person or in exposed areas of the caregiver) covered with a bandage or cloth.
- Keep the infected person's bedding and clothing clean.
- When cleaning clothes or sheets stained with blood, diarrhoea, or other body fluids:
  - Keep these items separate from other household laundry.
  - Hold the unstained part and rinse off any blood or diarrhoea with water.
  - Wash in soapy water, hang to dry, fold, or iron as usual. The use of bleach or boiling water is not necessary.
- Properly dispose of soiled materials, excretions, and body secretions.
- Clean body fluid spills with soapy water and bleach if available but do not touch them directly (cover hands as described above).
- Do not share any sharp instruments, razors, needles, or toothbrushes that can come into contact with blood. If it is necessary to share these items, boil them first.

Sharing a home and everyday activities are not a risk for families living with a person with HIV. For example there is no risk of HIV from touching; hugging; sharing plates, utensils, glasses, towels, or other items; or being sneezed or coughed on by a person with HIV and AIDS.

### **Self care for people with HIV and AIDS**

To stay healthy people with HIV and AIDS need to make decisions to avoid infections and illnesses and go to the doctor early to treat infections and illnesses.

Ways to stay healthy and avoid infections and illness:

- Eat a healthy diet.
- Do physical activity.
- Get enough sleep.
- Practice good hygiene.
- Avoid smoking.
- Avoid alcohol.
- If having sex, use a condom.
- Go to the doctor immediately for treatment of illness and infection.
- Only take medications given by your doctor and follow the directions carefully.

Go to the doctor if experiencing any of the following symptoms:

- Feeling dizzy.
- Vision loss or changes.
- Difficulty breathing.
- Frequent, very painful headaches.
- High fever (38° Celsius) for more than one day.
- Feeling more and more tired for no reason.
- Cough lasting over 2-3 weeks.



- Watery diarrhoea more than 4 times a day for more than 3 days.
- Vomiting for more than 24 hours.
- Blood in stools or vomit.
- Problems with balance, walking, or speech.
- Losing weight for no reason
- Severe stomach pain.
- Pain during sexual intercourse or urination.

People with HIV and AIDS can live long, healthy lives if they take care of themselves by eating well, practicing good hygiene, staying active, and going to the doctor as soon as they have symptoms of infection or fall ill. Living positively means more than having a positive attitude. The goal of living positively is to be free of illness, to be productive, and to stay emotionally and physically healthy.

### **Avoiding and treating illnesses and infections**

Illness and infection are signs that the body is weak. If left untreated, they can make the body even weaker. When signs of illness – like those listed above – begin, an HIV-infected person should seek treatment without waiting. Quick attention to early signs of illness can prevent further damage to the body.

#### ***Opportunistic infections***

Infections that attack the body when the immune system is weak are called opportunistic infections. Most common opportunistic infections are curable, so it is important to visit the doctor early.

Tuberculosis (TB) is the most common opportunistic infection. Up to half of HIV patients will develop TB disease. TB is the leading cause of AIDS-related deaths in Africa. HIV weakens the immune system, making the body more likely to get active TB. Symptoms include fever, long-lasting cough with bloody sputum, and weight loss. Tuberculosis affects the lungs and can also affect other organs such as lymph nodes and skin. Tuberculosis is curable; therefore early detection and immediate treatment are important. Covering the mouth when coughing decreases the spread of the disease. Keep the home well ventilated.

### **Emotional care and support**

Emotional health can be just as important as physical health for people with HIV and AIDS. A positive attitude and supportive friends and family can help people choose healthy behaviours and decide to go for medical treatment early.

The reference section in the back of this chapter offers suggestions on how to help people with HIV and AIDS to feel good emotionally in order to maintain and improve their physical health.

People with HIV and AIDS need emotional and physical support in order to live positively. The goal of living positively is to be free of illness, to be productive, and to stay emotionally and physically healthy.

#### ***Testing positive***

When people learn they are HIV positive, it is normal for them to have many different emotions. Some may feel shock, worry, and denial. Others may be angry, irritated, or afraid of what the future will be like. They may feel embarrassed, lonely, withdrawn, guilty, depressed, or want to attempt suicide.

Each person who tests positive for HIV will react differently. Two factors that influence how a person reacts are:

- Emotional strength - his or her way of thinking, and dealing with emotions and problems.
- Emotional support and life circumstances - having a warm and understanding family and relationships, or having no financial problems may allow the person to be better able to manage his or her own feelings.

If people with HIV and AIDS can find their own solutions to the problems they face and have someone who understands their challenges, they may be able to accept their status and continue their lives with hope. Whenever they fall ill the feelings may come back, so it is important for them to have a supportive environment.

Positive thinking, exercise, laughter, and general good feelings release helpful hormones and other chemicals in the body. Stress can cause the release of hormones that may decrease immunity. If people with HIV and AIDS can reduce their feelings of stress, their immune system may function better, helping to fight HIV and other infections.

### ***Helping people to feel better***

How to help...

- Give people with HIV and AIDS support by sincerely showing your compassion, warmth, and caring.
- Listen and show them that you understand (or want to understand) what they are thinking and feeling.
- Let them know that their feelings are normal.
- Do not condemn, judge, or give unsolicited advice. Help them to identify options so they can make decisions.

### ***When to get professional help***

People with HIV and AIDS may have emotional problems that are too serious for friends and family members to handle alone. Encourage people with HIV and AIDS to see a health worker if they experience any of the following:

- Depression lasting longer than two weeks.
- Attempting suicide.
- Mental disorders, like hallucinations (auditory or visual) and delusions.

### ***How to listen***

Listening well and asking the right questions will encourage people to share their feelings. It is important for people with HIV and AIDS to be able to talk about their feelings, discuss their fears, and talk with someone about the future. Someone with good communication skills can make people feel comfortable talking about their feelings.

We communicate using words, sounds, silence, voice, body, eyes, and face. Half of communication is said to be unspoken – this is sometimes called body language. In addition to being aware of your own body language, it is important to pay attention to the other person's body language as well.

### ***Body language for good communication***

- Sitting in a friendly way (leaning toward the person who is talking).
- Nodding or smiling slightly to encourage someone to talk or share an opinion.
- Using appropriate facial expressions (sad face for sad stories).

### ***Body language that can block good communication***

- Nodding too often.
- Not looking at the person who is talking.
- Acting disinterested.
- Allowing interruptions.
- Smiling or frowning inappropriately.



### **Good listening skills**

- Accept people as they are. Do not judge them.
- Listen to what people say and also how they say it. Notice their tone of voice, choice of words, facial expressions, and movements.
- Imagine yourself in their place as you listen.
- Keep silent sometimes. Give them time to think, ask questions, and talk.
- Listen carefully to what they are saying instead of thinking about what you will say next.
- Every now and then repeat what you have heard, to be sure that you understood.
- Sit comfortably. Avoid distracting movements.
- Look directly at them when they speak.
- Pay attention to the person's facial or eye expressions and movements.
- Ask questions like "How have you been lately?"
- Ask the person's family or friends about his or her behaviour.

### **Information on common symptoms among people with HIV and AIDS**

The following pages have information that you can share with caregivers of people with HIV and AIDS. This information should be used as a guide, but it is important to refer people to health centres for treatment.

Because people with HIV and AIDS have a weakened immune system, they often get attacked by different infections. Caregivers can prevent many problems by being aware of danger signs and illness. It is important to learn what is normal and report any changes. They should pay attention to:

- Mood: Alert, sleepy, irritable, jumpy, withdrawn
- Colour: Normal, white, yellow skin; normal, bluish fingernails
- Skin: Rash, dry ulcers, blisters, sweaty, loose
- Body: Feverish, cold, sweating
- Breathing: Fast, slow, laboured, noisy
- Other: Fast or irregular heartbeat, odd body odour

The following pages have information on common symptoms for people with HIV and AIDS and what caregivers can do.

- |                          |                                       |
|--------------------------|---------------------------------------|
| 1. Fits/seizures         | 7. Mouth sores and sore throat        |
| 2. Problems seeing       | 8. Coughs                             |
| 3. Fever and headache    | 9. Joint and muscle pain              |
| 4. Diarrhoea             | 10. Loss of appetite and weight loss  |
| 5. Nausea and vomiting   | 11. Feeling weak and trouble sleeping |
| 6. Skin rashes and bumps | 12. Feelings and emotions             |

### **1. Fits/seizures**

Seizures are disorders of brain function, resulting from fungal meningitis, brain injuries, or heredity

#### **Care at home**

There is no specific treatment for seizures or spasms from fungal meningitis. Affected persons usually recover eventually from the seizure. Providing care when seizures occur will prevent potential injury.

### Care during seizures

- Care should be taken to protect the person from collisions or falls.
- Clear the area around the person so there is nothing in the way.
- Roll the person onto one side to ease breathing.
- Loosen clothing and take off glasses.
- Place a pillow under the head.
- Stay with the person throughout the seizure.



### Care after the seizure

- Comfort or inform the person of the seizure to hasten consciousness.
- Ensure sufficient rest until the person has regained complete consciousness.

### When to visit the doctor?

- When the person has recurring seizures or becomes unconscious.
- When the seizure lasts longer than 15 minutes.

### Remember

- Do not put a solid object or spoon in the mouth as this might cause an oral injury.
- Do not tie up or attempt to fight with the affected person.
- Do not feed during the seizure or immediately afterwards because of choking risk.
- Stress and sleeplessness can cause or worsen seizures.

## 2. Problems seeing

People with weak immune systems often lose their sight because of Cytomegalovirus (CMV). Initially it causes visual abnormalities, such as seeing floating dark spots. CMV is very serious and likely to cause swift blindness.



### Preventing vision loss

- Maintain a healthy immune system.
- Visit a doctor immediately if having trouble seeing.

### When to visit the doctor?

- Immediately after experiencing vision loss, abnormal vision, or regularly seeing floating dark spots.

### Remember

- Without quick treatment, CMV can cause blindness.
- Medication for vision loss can have some side effects, including diarrhoea, fatigue, and fever, if they occur visit the doctor immediately.
- Eat fish, chicken, soybeans, and garlic to enhance immunity.

## 3. Fever and headache

Fever and headache can be caused by the flu or the common cold. They may also be symptoms of HIV infection or other opportunistic infections.



### Care at home

- Drink plenty of water and other fluids (boiled water, weak tea, soup, juice) to avoid dehydration.
- Soak a wet towel in cold water and rub the whole body, especially the chest and forehead.
- Get plenty of rest.
- Take analgesics to reduce fever:
  - Paracetamol 500 mg, 1-2 tablets, every 4 – 6 hours
  - Aspirin 325 mg, 1 tablet, every 4 – 6 hours



### When to visit the doctor?

- High fever (above 38° Celsius) or fever for three days after treatment at home.
- Fever, coughing, and weight loss during the last month.
- A combination of fever, dry mouth, severe headache, convulsion, yellow eyes (jaundice), or diarrhoea.
- A combination of severe headache, fever, drowsiness, stiff neck, and vomiting.



### Remember

- Do not take more than 8 paracetamol tablets a day.
- Aspirin should be taken immediately after meals, with plenty of water to prevent stomach upset.
- If experiencing only headache and no fever, exercise to enhance blood circulation.

## 4. Diarrhoea

Diarrhoea can be from an infection from food or water, stress, or a weak immune system.

### Care at home

Diarrhoea is easily treated by drinking plenty of water to replace lost fluids and by trying to eat, in order to strengthen the body's immune system.

- Dissolve 2 tablespoons of sugar and ½ teaspoon of salt or oral rehydration salts (ORS) in a bottle of boiled water. Drink the solution instead of drinking water often after defecation.
- Drink plenty of fluids (boiled water, weak tea, soup, juice) to avoid dehydration.
- Eat soft, cooked, and clean food that is nutritious and easily digested. Food that is well cooked, mashed or ground and yoghurt, bananas, and melon.
- Eat small meals every two hours.
- Avoid fats, oils, and milk products (except yoghurt), citrus fruits, and spicy foods.
- If experiencing stomach cramps or pain, use a hot water bottle wrapped in a towel to reduce the pain.



### When to visit a doctor?

- Symptoms do not improve.
- Fever.
- Watery diarrhoea lasting three days.
- Blood or mucus in stool.
- Weakness, nausea or vomiting, or unable to drink or eat.
- Severe abdominal pain.

### Remember

- After defecation, clean the anus properly – soak in warm water mixed with salt, then dry and apply body lotion.
- Avoid milk while the diarrhoea is active, it may worsen the symptoms or cause gas.
- ORS solution should be prepared daily and drunk on the day it is prepared.

## 5. Nausea and vomiting



### Care at home

- Avoid cooking smells.
- Eat plain foods that are easily digested.
- Eat small amounts of food often, rather than one or two large meals.
- Eat soups (using the cooking water for vegetables) or food that is soft and mashed.
- Drink plenty of fluids (boiled water, weak tea, soup, juice) to avoid dehydration.

### When to visit the doctor?

- Vomiting that lasts for more than 24 hours.
- Blood in the vomit.
- Severe pain in the stomach.
- Fever.
- Dehydration.
- Unable to eat or drink.

## 6. Skin rashes and bumps

Skin problems are common among people with HIV and AIDS. These may be conditions that last for a long time and are difficult to cure. However they can be prevented and treated.

### Care at home

#### Dry and itchy skin or itchy rashes

- Apply a clean, wet towel to reduce itching.
- Avoid dryness by applying body lotion or Vaseline if skin feels very dry.
- Try not to use soaps or detergents.
- Lie in the sun in the early morning or late afternoon for half an hour to relieve rashes on the arms and legs.
- Try not to scratch, and keep fingernails short to avoid further wounds.
- Medication:
  - Calamine lotion: apply 2 – 3 times a day
  - Chlorpheniramine: take 2 (2 mg) tablets every 4 – 6 hours





### Wounds, infected wounds, abscesses, or swollen wounds

- For abscesses, infected open sores, and swollen wounds, apply a warm compress for 20 minutes, four times a day.
- For infected wounds with abscesses: clean with saline solution, apply povidone-iodine and dress the wound.
- When using aloe (snake plant), cut a thin slice and only use the gel inside the leaves to cover the wound.
- Wash non-infected and infected open sores with cooled, boiled water mixed with salt (1 tsp salt/per litre of water) three to four times a day, keep them dry and cover them with a gauze bandage or loose cloth.
- Change any dressing at least once a day.
- Prevent more sores, such as bedsores, by changing position at least four times a day.

### Herpes zoster rash (shingles)

- Apply calamine lotion twice a day to reduce itching, relieve pain, and promote healing.
- Wash the affected area with normal saline solution to prevent infection.
- Keep sores dry and do not let them be rubbed by clothes.
- Wear clean, loose-fitting, cotton clothing.
- Bathe sores in warm salt water three-four times a day to prevent infection.
- Apply gentian violet solutions once a day or antibiotic skin creams or ointments, if available, to prevent infection.
- Do not eat groundnuts or any dish containing groundnuts because they may make symptoms worse.
- Take aspirin or paracetamol for pain; if the pain is severe, use stronger prescribed medicines as painkillers and as sedatives at night.

### When to visit the doctor?

- If the irritation or surrounding area is red and swollen and there is fever.
- When there are many wounds or abscesses.
- If the affected area smells bad, bleeds, or becomes black.
- If it is very painful.
- If the face is affected.
- If a rash appears along the limbs or on the face after taking antibiotics.



### Remember

- The best way to prevent skin diseases is to keep the skin dry, using soap and water to keep it clean.
- Always wash hands with soap and water before dressing a wound. Avoid contamination with blood and pus.
- Cover an infected or bleeding wound. It is not necessary to cover a dry wound.
- Eat fish, chicken, soybean, garlic and vitamin B complex to nourish the skin.
- Take paracetamol 500 mg, 1-2 tablets every 4-6 hours for pain relief.

## 7. Mouth sores and sore throats

White patches may appear on parts of the mouth or throat. They may cause a sore throat when swallowing.

### Care at home

- Clean mouth and teeth more often with floss, picks, or a tooth-cleaning stick. Make toothpaste of salt and bicarbonate of soda (or charcoal) in equal amounts, used with a soft, wet toothbrush.
- Rinse the mouth with saline solution (Mix  $\frac{1}{2}$  spoon of salt with 1 cup of water) often or after meals.
- Drink plenty of warm water.
- Wear a scarf to keep warm.
- Eat healthy, soft foods. Avoid food with sugar or yeast.
- Do NOT scrape the mouth.
- If the tongue is affected, follow these instructions:
  - Clean the tongue and gums with either a soft toothbrush or cotton buds dipped in normal saline solution.
  - Rinse with saline solution or warm water.
  - Get plenty of rest.

### When to visit the doctor?

- Severe sore throat or unable to swallow water or food.
- Burning pain in the chest.

### Remember

- Drink plenty of water.
- Eat soft foods, and avoid spicy food.
- Eat plenty of vegetables, cereals (wheat, maize), and garlic.
- Drinking through a straw may help to avoid the burning sensation experienced when drinking.

## 8. Coughs

People with HIV and AIDS often suffer from coughs, shortness of breath, wheezing, or chest pains as a result of colds (homa), asthma, tuberculosis or lung infections.

### Care at home

- Keep the home well ventilated.
- Soothe the throat with tea and honey, or cough syrup.
- Take short walks, do simple exercises for the legs and arms, and deep breathing exercises to promote drainage in the lungs.
- Cover the mouth when coughing.
- Carefully dispose of soiled cloth that has been coughed in or is wet with mucus.

### Coughs

- Drink lime juice mixed with salt, or tea with sugar.
- Take fresh garlic, onion, and sunflower seeds.
- Frequently sip warm water.
- Suppress the cough at night with cough suppressants.





## Wheezing or shortness of breath

- Keep the head upright while resting or sleeping – support the head with pillows or cushions.
- In order to enhance breathing, try the following exercise: while sitting, bend the body forward, supporting the chin with the patient's hands and with the elbows on the lap.
- Stay in well-ventilated areas and avoid dusty areas.

## If diagnosed as TB

- Patients should take medication regularly and continuously.
- Take every precaution to prevent transmission of the disease.
- Consume foods high in protein, energy, iron and vitamins.

## Remember

- Do not eat or drink anything while the symptoms are severe; wait 1 – 2 hours after they have passed and then start slowly with either water or tea.
- Avoid eating while lying down.
- Some medicines may cause drowsiness.

## When to visit the doctor?

- Unable to eat.
- Severe dryness in the mouth, weakness, or blackout.
- High fever.
- Severe chest pain.
- Grey, yellow, green, or bloody mucus.
- Difficulty breathing.
- Cough lasting for more than three weeks.

## 9. Joint and muscle pain

Joint and muscle pain can occur at any stage of HIV including the final stage when people living with AIDS can no longer work, suffer from fatigue, or have to stay in bed. Lying still and not being able to move affects blood circulation, which can cause joint and muscle pain. Relieving the pain will make people with HIV and AIDS feel better.



## Care at home

- Take pain-relieving medicines (paracetamol).
- Gently massage the arms, legs and back of the patient. Warm the hands by rubbing them with olive oil, body lotion, or talcum powder beforehand to reduce skin abrasion.
- Gently stroke the limbs with both palms, starting from the upper arms to the fingertips and the thighs to the toes. Repeat the stroke, adding more pressure this time, alternating between arms and legs until the skin feels warmer when touched.
- Move the finger joints, toe joints, and the elbows. Bend the arms at the elbows, lifting up to the shoulders, and release. Lift arms up and down. Bend the legs at the knees and hips, if the patient cannot exercise on their own, move their arms and legs for them.
- Rub only the muscles, asking where it hurts. Gently feel the spot and use the thumbs or a hot compress to press the area, apply as much pressure as they can stand, counting 1 to 5, then release the pressure.

## 10. Loss of appetite and weight loss

Stress, worry, and feeling sad can all cause people to lose their appetite. Some illnesses also cause people to not feel hungry. Mouth sores can also make eating difficult. HIV and fever can increase the body's energy needs.

### Care at home

- Treat or relieve any complications that cause loss of appetite.
- Stimulate appetite by:
  - Eating small amounts more often.
  - Eating while the food is still warm.
  - Eating favourite foods.
  - Avoiding strong smelling foods.
- Keep the mouth clean by brushing the teeth often or by rinsing with saline solution (Dissolve 1/2 teaspoon salt in 1 cup of water) after meals.
- Take vitamins such as multivitamins or Vitamin B complex to stimulate appetite, 1 tablet should be taken 2 to 3 times a day.
- Add vegetable oil or groundnut paste to food for extra nutrition.
- Eat foods that are rich in protein, vitamins and carbohydrates.
  - Foods that are rich in carbohydrates and provide energy include: cereals, starchy roots and tubers, such as potatoes, yams, cassava, taro, plantains, wheat, rice, millet, and maize.
  - Foods that are rich in vitamins and protect the body from infection include: all fruits and vegetables, especially dark green leafy vegetables and orange coloured vegetables, and fruits.
  - Foods that are rich in protein and contain iron and calcium include: dairy products, peas, beans, soya, groundnuts, eggs, and poultry.



### When to visit the doctor?

If unable to eat at all or losing weight quickly.

### Remember

If he or she cannot eat a lot of food in one sitting, encourage them to eat small amounts more often to strengthen the body's immunity.

## 11. Fatigue and trouble sleeping

Both fatigue (weakness) and insomnia (unable to sleep well) can be caused by anaemia, heart disease, asthma, or opportunistic infections. Anxiety or lack of rest can also cause symptoms.

### Care at home

- Get adequate rest.
- Try to eat more food or small amounts more often.
  - Eat foods that are high in calories and are easily digested: juice or syrup.
  - Take vitamins such as multivitamins or vitamin B complex to stimulate appetite. One tablet should be taken 2 or 3 times a day.
- Avoid drinks with caffeine (like tea, coffee, and sodas).





## When to visit the doctor?

- If feeling very weak or feeling weak for a long time.
- If feeling very stressed or unable to sleep for a long time.

## Remember

- Sleeping tablets and tranquilizers should only be taken under a doctor's advice.
- Some medicines like Chlorpheniramine or Dimenhydrinate can cause drowsiness, and may help people to sleep.

## 12. Emotions and feelings

It is normal for people with HIV and AIDS to have many different feelings and emotions at different times after learning they are positive. Below are ways to identify different feelings and ways to support someone.

### Anger

Signs of anger include frowning, talking loudly, avoiding eye contact, tightened lips, shouting at family members or friends, restlessness, pacing, unusual quietness, self abuse, violence towards others, and uncooperative behaviour.

#### Do

- Allow the person to discuss his or her anger. Try to show your understanding of his or her situation by describing it. For example, say, "You are angry that your husband infected you."
- When the person has calmed down, help the person to realize the consequences of his or her anger. Ask questions like, "What would happen if you stay angry?"
- Try to identify other sources of his or her anger and work with the person or resolve these.

#### Don't

- Ignore the person's feelings, or make comments like, "It is useless to get angry," "Just accept it," or "Forget it."
- Argue with the person or express your own frustration by making comments like, "I cannot help if you stay angry."
- Pressure the person to explain his or her emotions.
- Use your own life or experiences as a model for the person to follow.



### Fear or worry

Signs of fear or worry include chest pain, shortness of breath, faster heartbeat, sweating, restlessness, dizziness, fainting, and not being able to sleep. People with HIV and AIDS may mention that they are afraid of dying or losing control. They may say that they are upset or worried. Other noticeable signs include worried facial expressions or not being able to focus on tasks or do them well. Fear is more serious than worry.

#### Do

- Pay attention to the person's feelings.
- Encourage him or her to talk about feelings and express fear or worry.
- Identify the source of fear or worry by asking, "What are you afraid of?"
- Identify ways to address fear or worry. For example, if the person is afraid of dying when he or she falls ill or has an infection, suggest visiting a health clinic.

- Suggest activities that may take the person's mind off his or her fear or worry, like housework, keeping fit, or visiting family and friends.
- Provide moral support, by saying, "Other people with HIV and AIDS share your fears," or "Parents can accept HIV-positive children," or "You are still in good physical condition. If you take good care of your health, you can lead a long and normal life."

### Don't

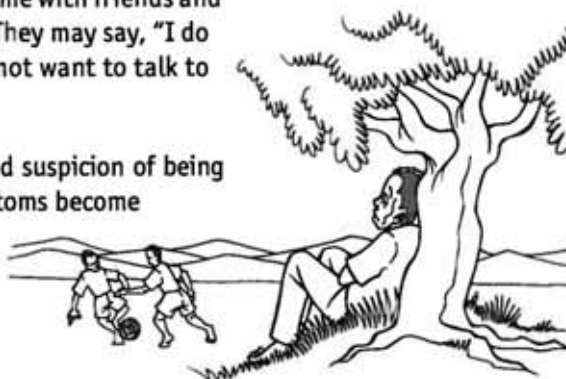
- Neglect or ignore the person's fear or worry.
- Belittle the person's fear or worry by saying, "This is nothing, don't worry about it."
- Worry or feel tense because you cannot help him or her.



### Loneliness or stigmatization

Signs include avoiding eye contact, no longer spending time with friends and family, speaking little, and feeling lonely and deserted. They may say, "I do not want to see anyone," "I want to be alone," or "I do not want to talk to anyone."

Stigmatization arises from fear of social discrimination and suspicion of being watched and gossiped about. It usually begins when symptoms become apparent or when someone's partner dies of infections. Loneliness comes when people with HIV and AIDS feel they have no one to share their problems with or that no one would understand them. They feel lonely and worthless.



### Do

- Meet, talk with them, and spend time together regularly.
- Pay attention to or stay with the person, even though he or she may not want to chat.
- Listen and show understanding and support. Let him or her know that your conversations are private and confidential.
- Identify the cause of stigmatization. Encourage the person to think positively and point out his or her strengths that make people accept him or her.
- Talk with family members and encourage them to accept and support the person.
- Give moral support by providing information on resources, such as support groups and health services within the community.

### Don't

- Ignore or make fun of feelings of loneliness.
- Add to his or her feelings by saying things like, "Don't worry too much, otherwise your symptoms could get worse."
- Provide too much support too soon, because he or she may already feel uncomfortable and become even more uncomfortable.

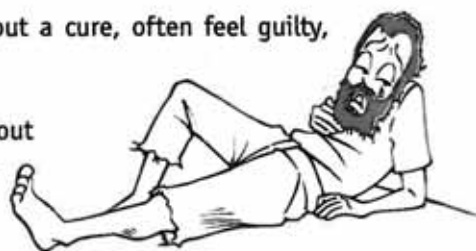
### Depression

Common signs of depression are sadness, withdrawal, unusual quietness, loss of appetite, insomnia, feeling tired, memory loss, inability to focus, and moving slowly.



People suffering from chronic illnesses, especially those without a cure, often feel guilty, worthless, and hopeless.

Fear of loss can also be a cause of depression, especially about the loss of life, health, social status, a spouse or partner, or economic stability.



### Do

- Express friendly concern and care to the person, even though he or she might not want to share personal thoughts and feelings.
- Pay attention and encourage the person to discuss personal feelings. Give moral support when he or she can solve the problem. Ask, "How did you solve other problems in the past?"
- Listen, try to imagine you are in his or her position, show you care, and take his or her words seriously.
- Identify the causes of depression and provide proper assistance to resolve them. For example, if the person feels worthless, help to identify personal strengths.

### Don't

- Ignore or brush aside the person's feelings by saying, "Don't worry, everything will be fine."
- Give advice without listening to the person's feelings.
- Try to counsel at a level beyond your capacity or neglect to seek professional help.

## Suicide

Some people who are really depressed may want to die or feel that they are worthless. They may stop caring about things that were once important to them and stop taking care of themselves. Some people may attempt suicide because they are angry with their family members or because they feel ashamed or guilty.

### Warning signs of suicide

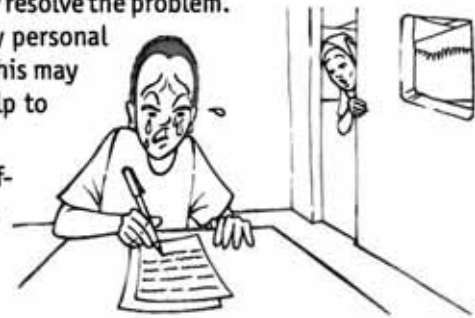
- Saying he or she wants to die.
- Signs of planning such as writing farewell letters or giving away treasured possessions.
- Comments suggesting impending death such as, "Please take care of my children," or "This is the last time we'll meet."
- In some cases, suddenly feeling better after a long depression might mean that the person has decided to commit suicide.



### Do

- Ask the person about his or her thoughts and feelings. For example:  
"How are you feeling?"  
"Have you ever felt that you no longer want to live?"  
"Have you ever thought of hurting yourself?"  
"Have you ever hurt yourself?"
- Continue to listen and provide support, and talk to a health worker for advice.
- Watch the person closely, especially if he or she has a plan, but has not made any arrangements or prepared any equipment.
- Get professional help from health workers and take the person to the hospital or health clinic if he or she has a specific plan and equipment to carry it out.

- Identify the causes of suicidal behaviour in order to properly resolve the problem. For example, if the person feels worthless, help to identify personal strengths or identify a person he or she cares for, because this may give him or her the will to live. If the person is angry, help to manage the anger to reduce suicidal risks.
- Watch the person to see if he or she shows signs of self-destructive behaviour. Be careful and always keep potential suicidal equipment such as sharp objects, ropes, hazardous chemicals, and drugs away from the person.



### Don't

- Ignore the person's feelings by saying, "Don't worry, everything will be fine."
- Try to calm, advise, or teach without paying any attention to the person's feelings.
- Assume that he or she is joking or will not have enough courage to attempt suicide.
- Use religious arguments, like "Committing suicide is sinful."
- Make fun of unsuccessful suicide attempts by saying, "Next time do it properly."
- Try to counsel at a level beyond your capacity or neglect to seek professional help.

### Getting professional help

If, despite your efforts, there is no improvement in the person's condition, you should immediately encourage him or her to see a specialist who can closely watch him or her and prescribe treatment or medication if necessary.

After he or she has received treatment, continue to visit him or her to see how they are doing. Should he or she begin to show renewed suicidal tendencies, continue to provide help and take him or her to see a health worker. Remember that he or she still needs your help.



### Helping people who are dying

Making sure someone feels comfortable in their last days is important for the person and his or her family.

#### Physical support

- Keep the person clean.
- Be sure he or she is breathing easily and is not in pain.
- The use of touch can be comforting and provide support.
- Make sure the person's surroundings are familiar, peaceful, and that family is close by.



#### Mental support

- Discuss his or her fears and worries.
- Allow him or her to have traditional or religious rites.
- Show a friendly and positive physical presence as death approaches. Be sure his or her hand is held.
- Make the person aware that he or she is not alone and that friends and family are close by.
- Allow him or her to talk, and assure the person that any request will be carried out.





If the person is unable to talk, consider using closed questions, asking the patient to move the face or eyelid for “yes” and “no” or to write his or her answer. If the patient is unconscious, whisper or speak quietly.

### Don't

- Interrupt them when they are talking.
- Ignore them if they are unconscious or seem confused.

### Helping bereaved families

#### Do

- Listen.
- Tell them you are sorry.
- Help them make funeral arrangements.
- Coordinate with other organizations that offer support.



#### Don't

- Rush in to support without thinking of the family's needs or feelings.
- Ignore or trivialize the family's feelings.

### Memory books

People with HIV and AIDS often worry that they will not be able to see their children grow up. Some people make “Memory Books” for their children. In the memory book they write about their lives, their dreams, and their hopes for their children. They also write about their family, where they grew up, where they went to school, what their children were like when they were young, and other things that parents share with their children.

They may write about how they hope their children will be when they grow up, the values they will have, the kinds of decisions they will make, and other aspects of their characters. They can also write about family health problems that are important to know. If they can afford it, sometimes people include photos of themselves, their home, or their children.

The book can be a simple exercise book. What is important is that it gives children a record of their parent's life and is a physical expression of their love.



It is good for children to know their family history, however painful this might be, as long as this history is told in a loving and accepting setting. If children know the history of their parents, they are better able to overcome the suffering caused by their parents' illness or death. Parents and caregivers often assume that their children are "too small to understand." Yet a conversation between adults and children around sickness and death can help. Families need to talk about these issues. Children should be encouraged to talk about their feelings.



## Gender and home-based care and support

Women and girls are traditionally responsible for taking care of ill or elderly family members. Although organized home-based care may be the better option, gender norms giving husbands financial decision making power, and obligating women to be responsible for family members may be a significant barrier to getting such care. Families may also be less willing to spend resources on home-based care for women who are ill, especially elderly ill women, because of gender norms. Family members need to discuss the options available for home-based health care and make decisions together.

## References

This chapter is adapted from *Stay Fit – Feel Good: A Community Manual for Physical and Psychosocial Care for People Living with HIV/AIDS*, developed by Lampang Provincial Health Office in cooperation with PATH and the Ratananurak Center with financial support from Horizons/USAID through the Population Council.

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## Notes

# Maternal health



This chapter focuses on care during pregnancy, preparing for childbirth, recognising danger signs during pregnancy, labour and delivery, and after giving birth, as well as men's role in maternal health. This chapter naturally links to the chapters on preventing mother-to-child transmission and child health.



# 1. Care during pregnancy



## Session objectives

By the end of the session, participants should be able to:

- Describe what women can do to help have a healthy pregnancy.
- Identify ways to overcome obstacles to proper care during pregnancy.



## Session guide

1. **Ask:** What can a women and her partner do to have a healthy pregnancy? [Answers: Go for antenatal care, reduce her workload, get plenty of rest, eat healthy foods, eat more, get medicines to prevent malaria, avoid STI and HIV infection, and not drink alcohol or smoke.]
2. **Ask:** Do most pregnant women in our community do all of these things? Why or why not? Allow participants to discuss. Note reasons why women do not take care of themselves during pregnancy.
3. **Ask:** How can pregnant women take better care of themselves during pregnancy? Allow participants to discuss. Refer to the reasons given earlier for why women do not take better care of themselves and ask how women can overcome them.
4. **Ask:** How can partners and other family members help pregnant women to take better care of themselves. Refer to the reasons given earlier for why women do not take better care of themselves and ask how partners and family members can women overcome them.
5. **Ask:** How many times should pregnant women go to the health facility for antenatal care (ANC)? [Answer: 4 times.]
6. **Ask:** Do most women go to the facility four times before giving birth? Why or why not?
7. **Ask:** How can we encourage women to go to the facility for all four of her antenatal care visits? What can partners and family members do?
8. **Ask:** Why should pregnant women sleep under bed nets? Allow participants to discuss.
9. **Explain** that pregnant women should sleep inside bed nets to protect themselves from malaria-infected mosquitoes. During pregnancy, it is especially important for women to avoid becoming sick with malaria. Malaria during pregnancy can cause anaemia (weak blood), miscarriage, and low birth weight and premature babies. When women are pregnant, they are less able to fight malaria infection, so they are more likely to become very sick with malaria than other adults. Treatment is also more complicated during pregnancy. In addition to sleeping under a bed net, pregnant women should be given 2 doses of a medicine that helps prevent malaria called SP. SP is safe and works very well.
10. **Ask:** Are all bed nets the same? Allow participants to discuss.
11. **Explain** that there are different kinds of bed nets: those with insecticide and those without. Insecticide repels and kills mosquitoes and is the best option for pregnant women. The insecticide treated bed nets are safe for people to use and provide a high level of protection from mosquitoes. These nets kill mosquitoes that touch the net; reduce the number of mosquitoes in the house, inside and outside the net; and kill lice, ticks, and pests such as bedbugs and cockroaches. Untreated bed nets are also safe and provide some protection from mosquitoes, but do not kill or repel mosquitoes



and can let mosquitoes in to bite when a person enters or leaves, if there is a hole or tear in the net, if the net is badly hung, or when skin touches the net.

12. **Ask:** Do most pregnant women in our community sleep under a bed net? If not, why not? Allow participants to discuss.
13. **Explain** that insecticide treated bed nets are available for pregnant women at government health facilities for Ksh. 50/=. **Ask:** How can we encourage women to purchase these bed nets and sleep inside them? Allow participants to discuss.



## Main messages

1. All pregnant women need particularly nutritious meals and more rest than usual throughout the pregnancy.
2. Smoking, alcohol, drugs, and pollutants are especially harmful to pregnant women.
3. Physical abuse during pregnancy is dangerous both to the woman and the foetus.
4. Pregnant women should take anti-malarial tablets recommended by a health worker.
5. All pregnant women should sleep under insecticide treated nets to prevent malaria.
6. A skilled birth attendant, such as a doctor, nurse or midwife, should check the woman at least four times during every pregnancy.



## Activities

### Activity: Care during pregnancy role play

1. Ask for two volunteers to role play the following characters and scenario.

**Characters:** A woman who is seven months pregnant and a neighbour woman

**Scenario:** A pregnant woman is walking home from her shamba carrying a heavy basket on her head, a hoe and a child on her back. In the basket is maize, which she intends to cook for her family for supper. The neighbour meets her on the road and offers her advice and help in a kind, supportive way.

2. Let the characters role play for 5-10 minutes. Then ask the group to comment on the kind of support and advice given to the pregnant woman by her neighbour. Is there anything more she could have said or done to help the pregnant woman take care of herself during her pregnancy?

### Activity: Eating well during pregnancy

Review the following information about different food groups.

**Body-building foods** have protein for cell repair and growth, help build strong bones and cells, help to fight infections, and repair the body. These include beans, lentils, peas, nuts, milk, yogurt, cheese, fish, eggs, chicken, meat, wheat, maize, and rice.

**Protective foods** help fight infections, help the body absorb and use protein and carbohydrates and help digest nutrients.



These include sukuma wiki and other greens, spinach, cabbage, pumpkins, mango, paw paw, carrots, tomato, avocado, oranges, pineapples, and bananas.

**Energy foods** give the body energy so it will work and people can stay active. These include maize, ugali, rice, matoke, millet, cassava, taro root, potato, and sweet potato.

Divide the participants into three groups. Ask each group to talk about the kinds of food that are available in our community and would be good for pregnant women to eat. Ask each group to plan three meals and two snacks for a pregnant woman to eat in one day. Ask them to think about problems women might face in trying to get these foods, and how they can be solved. When the group has discussed for about 10 minutes, ask them to return to the large group and share their ideas.

## 2. Preparing for childbirth



### Session objectives

By the end of the session, participants should be able to:

- Understand why lack of planning leads to problems and emergency situations during childbirth.
- Describe the key elements of birth preparedness.
- Identify danger signs during pregnancy, childbirth, and the postpartum period.



### Session guide

1. **Ask:** In our community, how do pregnant women and their families usually prepare for birth? Allow participants to discuss.
2. **Ask:** Do you think this amount of planning and preparation is enough? Why?
3. **Ask:** Why is planning for birth important? Allow participants to discuss.
4. **Explain** that not planning can lead to emergency situations that put the mother and the child at great risk, and even death. It is important that woman and their families are prepared and get appropriate health care before an emergency.
5. **Ask:** How should women and their families prepare for childbirth? Allow participants to discuss. Participants should mention the following information:  
A woman should:
  - Know what to expect during pregnancy, including their due date and how to stay healthy during pregnancy (eat healthy, work less, and get plenty of rest).
  - Make an individual birth plan and choose a birth partner.
  - Know and recognize danger signs during pregnancy, childbirth, and the post-partum period.
  - Understand the importance of having a skilled provider attend the birth.
  - Know which health facility to go to if she has any problems.
  - Know how to get to that facility.
  - Develop a plan to pay (savings/loan) for those services.
  - Understand the importance of immediate and exclusive breastfeeding.
  - Recognize the danger signs for newborns.
  - Learn about their return to fertility and contraceptive options available to them after childbirth.
6. **Explain** that because dangerous problems can happen at any time during pregnancy, childbirth, or just after the birth, it is important for families to know where the nearest hospital or clinic is and have plans and funds available to get the woman there quickly at any time. If possible, pregnant women should move, temporarily, closer to a clinic or hospital so that she is within reach of medical help if she needs it.



7. **Ask:** From the seventh month of pregnancy women should have the necessary items for delivery, what would those items be? Participants should mention the following:

- One pair of sterile rubber gloves (or clean plastic bags to wear over the hands)
- A lot of very clean cloths or rags
- Soap
- A new razor blade
- Clean cotton wool
- Two ribbons, strings or strips of clean cloth for tying the cord
- Sanitary napkins or rags

8. **Explain** that it is also important for each pregnant woman to have a birth plan. A birth plan should be able to answer the following questions:

- When is the baby due?
- Where will the baby be born?
- Which trained and skilled attendant will be there?
- What supplies are needed to prepare for delivery?
- Who will be the birth partner?
- Who will care for the rest of the family?
- Which health facility will she go to in case of an emergency?
  - How will she get there?
  - How long will it take to get there?
  - How much will it cost for transport?
  - How will you raise funds for transport?

9. **Explain** that a birth partner is the person who is with the pregnant woman during childbirth. This person will support the woman during childbirth and should help her make the birth plan. A birth partner can be the father, a sister, mother-in-law, mother, other family member or a community health worker. A birth partner should also be able to recognize warning signs during pregnancy and encourage the pregnant woman to get help as needed.

10. **Ask:** What are the danger signs for a woman during pregnancy? Participants should mention the following:

- Any bleeding from the vagina
- Bad headache
- Blurred vision
- Swelling in the hands or feet
- Convulsions or fits
- Loss of consciousness
- A high fever
- Heavy vaginal discharge
- Severe abdominal pain
- Difficulty breathing
- Painful urination
- A lot of vomiting
- Very pale palms of hands or nail beds
- Genital ulcers
- The baby is not moving at all

11. **Ask:** What are danger signs for the mother during and after childbirth? Participants should mention the following:

- A lot of bleeding during and after birth
- Convulsions or fits
- Bad abdominal pain
- Fever with or without chills
- Labour pains for more than 12 hours
- Water breaks without labour for more than 12 hours
- Arm or leg of baby coming out first
- Placenta not delivered in 30 minutes
- Foul smelling vaginal discharge

12. **Ask:** What are danger signs during and after childbirth for the baby? Participants should mention the following.

**At birth**

- Not breathing
- Skin yellow in colour
- Skin on palms and soles of feet are blue
- Unable to suck

**First 7 days**

- Skin on palms and soles of feet are blue
- Fever/chills
- Skin yellow in colour
- Difficulty breathing
- Convulsions (fits)
- Unable to suck or poor sucking
- Diarrhoea/constipation
- Red swollen eyes with discharge
- Redness and discharge around the cord

13. **Ask:** What should be done if a woman or her child have any of these danger signs? [Answer: Go to a health facility immediately.]

14. **Ask:** Do you know any pregnant women who died during pregnancy or childbirth? Do you know any women who had a baby die during childbirth or soon after being born? Allow participants to share their stories.

15. **Explain** that many of the problems that women have during childbirth happen because they do not get the medical care they need in time. Often women do not get proper care on time because:

- Women and their families do not know what the danger signs are.
- Women are not being able to make a decision to go to the health facility on their own and the decision maker is not there.
- Women are not able to get to the health facility in time.
- Women are not able to get quality care in time.

16. **Divide** participants into four groups and assign one of the above reasons to each group. Ask each group to talk about their delay and if it is a problem in their community and how the problem can be overcome. Ask them to think about what they can do as an individual to overcome this problem, as well as what they can do as a community.



17. **Bring** the group back together and ask a representative from each group to share what their group talked about. Allow participants from other groups to add additional ways to overcome these problems.
18. **Ask:** Why do health workers recommend that women deliver at the facility or at the very least having a trained and skilled birth attendant (like a doctor, nurse or midwife) at the birth? Allow participants to discuss. Share information from the background notes as needed.
19. **Explain** that having a skilled birth attendant assist at the delivery in a health facility and check on the mother in the 12 hours after delivery reduces the likelihood of either the mother or the baby becoming ill or dying.
20. **Ask:** Do most pregnant women in our community deliver in a facility? Why or why not? How can we encourage women to deliver in a facility?
21. **Ask:** What are some signs that a woman should go to a health facility after giving birth?
22. **Ask:** What are some signs that a newborn should be brought to a health facility?
23. **Explain** that all babies born at home should be brought to a hospital within 48 hours of birth, even if both the baby and mother are healthy. At the facility, they will both be examined for infections, the mother will be counselled on feeding and caring for her baby, the baby will be vaccinated, and the mother will be counselled on contraceptive options.
24. **Ask:** What is some advice you would give to mothers to stay healthy after giving birth? Allow participants to discuss.
25. **Explain** that mothers need care after birth just like their babies. Oftentimes people are so busy caring for the baby that the mother is not looked after. To stay healthy after childbirth, mothers should get plenty of rest during the first six weeks after giving birth, eat more food than usual, drink a lot of fluids, not have sexual intercourse or put anything in the vagina until the bleeding stops, keep their genitals clean and wash often, and not put plant or herbal medicines inside the vagina.
26. **Ask:** What can mothers and caregivers do to keep babies healthy? Allow participants to discuss. They should mention keep the home and baby clean, take care of the cord, keep the baby warm, take the baby to the facility within 48 hours of birth, start breastfeeding in the first hour of birth and continue to give only breastmilk for six months, and take the baby for immunizations. hide their true selves, their true feelings and ambitions. You may feel one way, but act another because you are worried about what your family and friends may say. What they will think of you. You may hide feelings of doubt, fear, concern, caring and sadness because they are not 'masculine.'



### Main messages

1. All families should be able to recognize warning signs of problems during pregnancy and childbirth and have plans for getting immediate skilled help.
2. All pregnant women should have a birth plan.
3. A skilled birth attendant, such as a doctor, nurse or midwife, should check the woman at least four times during every pregnancy.
4. Mothers must be immunized against Tetanus.
5. All births must be conducted by a trained health worker such as a doctor, nurse, or midwife.
6. Women who deliver at home should go to the post-partum clinic at least three times: within 48 hours, at 2 weeks, and at 4 to 6 weeks.



7. Women and their families should follow all instructions given at the health facility.
8. Women should go to a facility or bring their child to a facility if they have any of the danger signs.
9. Women should begin breastfeeding within 1 hour of birth and continue to give only breastmilk for six months.
10. Women and their children should sleep under an insecticide treated net.
11. Women should begin a contraceptive method that is healthy for women who have just given birth (progesterone-only pills, condoms, injectables, implants, or IUDs).
12. All children born must be notified and registered.
13. Wash your hands before breastfeeding or feeding, after cleaning the baby's faeces, and after visiting the toilet.
14. All newborns should be immunized against preventable diseases.



## Activities

### Activity: Waiting game

Ask participants to listen to the following story about a woman in labour and note every time something happened or did not happen that caused a delay in the woman receiving the health service she needed. Discuss what could have been done to save the woman.

Mary is 17 years old. She has been married for a year and is expecting her first child. Her husband is often away from home because of his work, so she stays with her mother-in-law. Mary is frightened of her mother-in-law, who does not like giving Mary any money and seems to think childbirth is an everyday event that should be endured bravely by all women without complaining or special attention. Because of this, Mary has never gone for antenatal care - besides, the clinic is far away and public transportation is not readily available. During the last month of pregnancy, Mary's feet and hands started swelling up seriously. The day she started labour, Mary's husband was not home and her mother-in-law called in the local traditional birth attendant (TBA).

Mary laboured for 18 hours and finally the TBA suggested that she go to the health centre to finish giving birth. After the brother-in-law spent another two hours searching for transportation, he finally located a farmer with an old truck who agreed to drive her to the health centre and wait to be paid later. By the time Mary reached the health centre, it was the middle of the night and there was no midwife on duty. Mary started bleeding heavily and died before a midwife or doctor could be found.



## Activity: Danger signs quiz

Read out the following list of things a woman may experience when she is pregnant or delivering or postpartum. For each of the items you read out loud, ask the participants to raise their hand if it is a sign that she or her newborn is in danger. After each situation, allow participants to discuss why they think it is or is not a danger sign. Correct any incorrect information.

### During pregnancy

Vomiting in the morning (no)

Vaginal bleeding (yes)

Convulsions (yes)

Backache (no)

Difficulty breathing (yes)

Headache (yes)

Fatigue/tiredness (no)

Swollen hands/face (yes)

High fever (yes)

Severe abdominal pain (yes)

### During childbirth

Heaving bleeding (yes)

Severe cramps (no)

Backache (no)

Convulsions (yes)

Fevers, chills, discharge (yes)

Labour longer than 12 hours (yes)

Shortness of breath (no)

Fatigue (no)

Placenta not delivered in 30 minutes (yes)

### Postpartum (up to 6 weeks after birth)

Light bleeding (no)

Heavy bleeding (yes)

Convulsions (yes)

Fatigue (no)

Swollen breasts (no)

Fever, chills, discharge (yes)

### Newborn

Not breathing (yes)

Skin colour is yellow (yes)

Black stools (no)

Blue skin, palm, or soles of feet (yes)

Unable to suck (yes)

Closed eyes (no)

Fever/chills (yes)

Convulsions (yes)

Indifference to loud noise (no)

Diarrhoea or constipation (yes)

Red swollen eyes with discharge (yes)

Cord is red or has discharge (yes)

### 3. Men's responsibilities during pregnancy



#### Session objectives

By the end of the session, participants should be able to:

- Identify specific ways that men can help their partners have a healthy pregnancy and childbirth.
- Describe reasons why men might not be helpful to their partners during pregnancy.
- Identify ways to encourage men to get involved.



#### Session guide

1. **Ask:** Do men in our community traditionally help their wives during pregnancy? What are examples of how they help? If they do not help, why not?
2. **Ask:** Can anyone share an example of how your husband helped you/you helped your wife during pregnancy? Encourage participants to share their experiences.
3. **Ask:** How else can men help make sure their wives have healthy pregnancies? Participants should mention the following:
  - Make sure that your pregnant wife gets the food and medical care she needs
  - Pay for transport, fees and medicine
  - Escort his wife to antenatal services
  - Take over physically demanding work
  - Provide encouragement and emotional support
4. **Ask:** How can you encourage men to become more involved? Allow participants to discuss.
5. **Ask** four volunteers to role play the following situations in front of the group. Explain the scenario to the volunteers, but do not read the scenarios to the group. For each situation, there are two characters, a husband and his wife who is six months pregnant. They have several other children.

**Scenario 1:** (the "un-supportive" husband, he does not help his wife even though she is pregnant. He thinks she should continue doing the same amount of work, does not need to eat more and that it is too expensive to go to a health facility for exams.) It is a typical evening in a rural community. The wife is just returning from spending the day at the market selling vegetables. The husband is returning from the shamba.

**Scenario 2:** (the "supportive" husband, helps his wife so she does not have to work as hard, he helps make sure she gets rest, he gives her money to buy extra food, and he goes with her to her antenatal care visits at the hospital.) It is morning and the couple is just getting up. The children must get ready for school, the wife is going to the market to sell vegetables and the husband is going to work on the shamba.

6. **Ask** the couple with the "un-supportive" husband to role play for a few minutes.
7. **Ask:** Was the scene they acted out typical in our community? Why or why not? Allow participants to discuss.



8. **Ask** the couple with the “supportive” husband to role play their scenario for a few minutes.
9. **Ask:** How was the husband different from the husband in the first role play? How did the husband help his wife? What else could he have done? Is this typical in our community? How can this kind of male involvement be encouraged and supported in our community? Allow participants to discuss.



## Main messages

- Men should support and encourage their wives during pregnancy.
- Men should remain faithful to their wives (or use condoms correctly every time they have sex) especially during pregnancy and while she is breastfeeding.
- Men should go with their wives to the antenatal clinic.
- Men should help make the individual birth plan with their wives.
- Men should help their wives to eat well during pregnancy, sleep under an insecticide treated net, and get plenty of rest.
- Men should be with their partners during childbirth.
- Men should take their wives for treatment if there are any danger signs.



## Background notes

### Care during pregnancy

One of the most important things a woman can do as soon as she thinks she is pregnant is visit a health facility for antenatal care, ideally by the fourth month of pregnancy and sooner if possible. An early visit can detect complications such as anaemia or a sexually transmitted infection. These complications can then be treated before the pregnancy advances and the problem becomes serious. It is also important to make sure the woman has a tetanus injection, as women are especially at risk of tetanus during childbirth. Tetanus is an infection that can kill and is caused by a germ that enters the body through cuts or wounds.

There are a number of reasons why a woman might not attend antenatal care early or often enough. She may not understand the benefits of antenatal care, so she sees no reason to go. Her husband and family may not think it is important, and may discourage her from going or refuse to give her money for transport or fees.

The table below describes what pregnant woman can expect health workers to do at each antenatal visit:

|  |  |
|--|--|
| <p><b>1st visit<sup>1</sup></b></p> <ul style="list-style-type: none"><li>• Take history.</li><li>• Do physical exam.</li><li>• Look for anaemia.</li><li>• Screen for syphilis.</li><li>• Give tetanus toxoid.</li><li>• Advise on individual birth plan.</li><li>• Tell her about danger signs.</li></ul> <p><i>If more than 16 weeks</i></p> <ul style="list-style-type: none"><li>• Give first SP.</li><li>• Take iron and folate 2 weeks after taking SP.</li></ul> | <p><b>2nd visit</b></p> <ul style="list-style-type: none"><li>• Check on individual birth plan.</li><li>• Give first SP.</li><li>• Take iron and folate 2 weeks after taking SP.</li><li>• Listen for foetal heart sound.</li><li>• Counsel and educate.</li></ul>   |
| <p><b>3rd visit</b></p> <ul style="list-style-type: none"><li>• Check on individual birth plan.</li><li>• Give second SP.</li><li>• Take iron and folate 2 weeks after taking SP.</li><li>• Give tetanus toxoid (if 4 weeks after 1st dose).</li><li>• Listen to foetal heart sound.</li><li>• Counsel and educate.</li></ul>  | <p><b>4th visit</b></p> <ul style="list-style-type: none"><li>• Check on individual birth plan.</li><li>• Look for anaemia.</li><li>• Check foetal presentation.</li><li>• Do vaginal exam.</li><li>• Give iron and folate.</li><li>• Counsel and educate.</li></ul> |

Most women work very hard – in the home, on the shamba, or in the office. Many continue to work just as hard or even harder when they are pregnant. Too much physically demanding work during pregnancy can contribute to problems with the pregnancy, such as miscarriage, premature labour, or underweight infants, especially if a woman is not eating enough. Pregnancy is hard work in itself; the body is trying to feed a growing baby, and as the pregnancy advances a woman carries about 11 kilos more weight than usual. Women should be encouraged to avoid heavy physical labour during pregnancy, especially work such as lifting and carrying heavy loads, walking for many hours, and digging or weeding for long periods.

<sup>1</sup>From MOH-Division of Reproductive Health/Division of Malaria Control, JHPIEGO. Community Reproductive Health Package for CORPS. JHPIEGO; Nairobi, Kenya.



A pregnant woman should also get as much rest as possible; she should lie down for an hour or so during the day, and sleep between six and ten hours every night. Near the end of her pregnancy it may be difficult for her to get a good night's sleep because of the size and movements of the baby. Lying on the side is often the most comfortable position and improves the blood supply to the baby.

### **Avoid malaria**

During pregnancy, it's especially important for women to avoid becoming sick with malaria. Malaria during pregnancy can cause anaemia, miscarriage, and low birth weight and premature babies. Pregnancy reduces a woman's immunity to malaria, making her more likely to develop severe malaria than other adults. Treatment is more complicated during pregnancy.

In areas where malaria is a common problem, pregnant women should be given 2 doses of SP (sulfadoxine-pyrimethamine). SP given during antenatal care to all pregnant women even without symptoms can significantly reduce the negative consequences of malaria during pregnancy. This treatment is safe and effective.

Pregnant women should also sleep inside insecticide treated bed nets. Sleeping under a treated bed net protects pregnant women from malaria-infected mosquitoes and their babies from placental infection. Ideally, all women of child-bearing age should sleep under treated nets, protecting the child from the time of conception.

### **Anaemia**

A person with anaemia has weak blood. This happens when red blood cells are lost or destroyed faster than the body can replace them. Because women lose blood during their monthly periods, anaemia is often found in women between puberty and menopause. Many women become anaemic during pregnancy because they need to make extra blood for the growing baby.

Anaemia is a serious illness. It makes a woman more likely to get other kinds of diseases, and affects her ability to work and learn. Anaemic women are more likely to bleed heavily or even die during childbirth.

Signs of anaemia:

- Pale inner eyelids, tongue and nails.
- Weakness and feeling very tired.
- Dizziness, especially when getting up from a sitting or lying position.
- Fainting.
- Shortness of breath.
- Fast heartbeat.

### **Avoid alcohol and smoking**

Alcohol in the mother's blood passes through the placenta to the baby. Women who drink heavily risk having babies with serious problems, including mental and physical disabilities. Since it is not known exactly how much alcohol is dangerous to a baby, a pregnant woman should be counselled to avoid it completely.

Smoking during pregnancy is harmful as it interferes with the blood flow from the mother to the baby. Babies born to women who smoke during pregnancy are often smaller than babies of non-smoking mothers; smaller babies are more likely to be sick. It is best if women who smoke can stop before pregnancy or as soon as possible during the pregnancy.

### **Avoid medicines**

Medicines taken during pregnancy pass through the placenta to the baby. Because no medicine is completely free of side-effects, and because the baby is more likely to suffer from these side-effects, medicines should be avoided during pregnancy.

This is particularly true for medicines purchased from chemists that are not prescribed by a doctor. It is especially important to avoid medicines during the first three months of pregnancy when the fertilized egg is undergoing the most rapid process of growth and development. Medicines taken during this time may cause abnormalities in the baby.

There are some exceptions to the "no medicines" rule. They include medicines prescribed by a trained health worker to prevent malaria and tablets to supplement the diet with iron and vitamins. Other medications may be prescribed by a doctor for specific problems related to pregnancy, such as high blood pressure.

## Eating well

Pregnancy puts many demands on a woman's body, especially in terms of nutrition. During pregnancy, the baby's needs are met before those of the mother. For example, if a woman does not get enough food or enough of a particular vitamin, her body will give the baby what it needs first, and then use whatever is left over – which may not be enough. Lack of some vitamins or minerals in the diet can cause illness. For example, anaemia is caused by lack of iron, and goitre by lack of iodine. It is important that a woman gains enough weight during pregnancy and only eats the right foods in order to meet her own energy and nutritional needs, as well as those of her baby. Women need to continue to eat more while they are breastfeeding.

On average, women should gain about 9-13 kilos during pregnancy. If there is not enough weight gain and the woman is thin to begin with, there is a chance that the baby may weigh too little. Underweight babies are much more likely to die during their first year of life. They are also more likely to have illnesses such as diarrhoea, anaemia, and colic. If they survive, they are more likely to be mentally disabled. Some women intentionally try to avoid gaining too much weight during pregnancy, because they believe the baby will be smaller and easier to deliver if they do not eat too much. This custom can be very harmful for both the woman and her baby.

### Types of foods

Pregnant women should follow a normal, healthy diet. The most important rule is for them to eat enough of different types of foods to meet their needs and those for the developing baby. Some women have strong desires for certain types of foods or develop strong dislikes for other foods. Both reactions are normal, and women should be encouraged to eat what they want and avoid what they do not want as long as what they eat is healthy. The following are different types of food that must be included in a daily diet.

**Energy-giving foods:** These include starchy foods like maize, potatoes, yams, sweet potatoes, millet, and bread. Fats are also an important source of energy. They include the oils used for cooking, such as coconut oil and groundnut oil, as well as fat from animal sources, such as butter. A pregnant woman should eat four servings of food from this group every day.

**Body-building foods:** These include both meats and vegetables that provide the necessary materials, called proteins, for building the many types of tissues that form the human body. Good sources of animal protein include meat, fish, milk, and eggs. Vegetable sources include beans (which are healthiest if they are eaten with a starchy food such as rice or yams), groundnuts, and the leaves of some plants. A pregnant or breastfeeding woman should eat three servings of food from the body-building group every day.

**Protective foods:** Vitamins are special substances present in many types of foods. The body needs small amounts of different vitamins for normal growth and development. Lack of vitamins can cause illness. Good sources of essential vitamins are liver, fish and eggs. These foods can also provide many of the minerals (such as calcium, iron, iodine, and copper) needed for normal body functions and the growth of the baby. Other good sources of vitamins include fruits and vegetables such as oranges, bananas, pineapples, mangoes, pawpaw, tomatoes, and carrots. A pregnant woman should eat three servings of food from the protective group, especially fruits and vegetables, each day.



## **Continue to have sexual intercourse, if desired by both partners**

Women, as well as men, often have questions about the effects of sexual intercourse during pregnancy, although they may be reluctant to ask. Traditional beliefs regarding this topic are common. For example, some people believe that intercourse is necessary during pregnancy because they think the man's semen will help the baby grow. While this is not true, couple should know that they can continue to have normal sexual relations during pregnancy as long as they want to. It will not hurt the baby or mother unless there is bleeding from the vagina, signs of premature labour, or the bag of water has broken. Some women feel no desire for sex during pregnancy; others do, and may even feel increased desire. As pregnancy advances, however, sex may be uncomfortable. Women should be encouraged to discuss their feelings, try different positions during sexual intercourse, and find other ways to be close to their husbands or partners.

## **Preparing for birth**

Planning for birth is not a common practice in many communities. Pregnancies are often not acknowledged until there are visible physical signs (at 6-7 months). Not planning can lead to emergency situations that put the mother and the child at great risk, and even death. It is important to encourage women and their families to think about getting appropriate health care before an emergency. Young women and adolescents, especially with their first pregnancy, are often more at risk because their bodies are not fully developed, they do not have accurate information, they often lack decision-making abilities, and they do not go for antenatal services.

### ***Individual birth plan***

It is important for every pregnant woman and her family to have an individual birth plan. This plan should answer the following questions:

- When is the baby due?
- Where will the baby be born?
- Which trained and skilled attendant will be there?
- What supplies are needed to prepare for delivery?
- Who will be the birth partner?
- Who will care for the rest of the family?
- Which health facility will she go to in case of an emergency?
- How will she get there?
- How long will it take to get there?
- How much will it cost for transport?
- How will you raise funds for transport?

A birth partner is the person who is with the pregnant woman during childbirth. This person will support the woman during childbirth and should help make the individual birth plan. A birth partner can be the father, a sister, mother-in-law, mother, other family member or a community health worker. A birth partner should also be able to recognize warning signs during pregnancy and encourage the pregnant woman to get help as needed.

### ***Four delays***

Many of the problems that women have during childbirth happen because they do not get the medical care they need in time. From the time that a problem begins to the time the woman receives care, a number of delays can occur. These are called the "four delays."

1. Delays in problem recognition: Many women and their families have not been educated about danger signs, the causes of maternal death, and/or the risks associated with childbirth. They also do not know the signs indicating that the newborn is in trouble. This lack of knowledge contributes to the delay in recognizing the danger signs indicating a problem.
2. Delays in decision-making: In many communities, women have limited ability, if any, to influence decision-making in the household. Women are often subjected to the beliefs of their mothers, mother-in-laws and

other female relatives. In addition, they usually need their husband's permission before they can obtain care. Often, the decision-makers in a family are not available at the time of an emergency, meaning a delay in the decision to seek appropriate care.

3. Delays in getting to the health facility: Often, women and her family wait until an emergency situation is on hand before they think about arranging for a way to get the mother to the health facility. Sometimes families do not know how to contact a transport worker, no transport is available, it is expensive, or security might be an issue. Any of these situations can cause a life-threatening delay in getting the women to the facility quickly or comfortably.
4. Delays in receiving quality maternal and newborn care: In many places, health facilities are not adequately equipped to provide quality services. Facilities are useless in providing emergency obstetric care if trained personnel, emergency medicines, supplies, blood, anaesthesia, electricity and running water are not available.

### **Key elements of birth preparedness**

A woman should:

- Know what to expect during pregnancy, including their due date and how to stay healthy during pregnancy (eat healthy, work less, and get plenty of rest).
- Make an individual birth plan and choose a birth partner.
- Know and recognize danger signs during pregnancy, childbirth, and post-partum.
- Understand the importance of having a skilled provider attend the birth.
- Know which health facility to go to if a complication arises.
- Know how to get to that facility.
- Develop a plan to pay (savings/loan) for those services.
- Understand the importance of immediate and exclusive breastfeeding.
- Recognize the danger signs for newborns.
- Learn about their return to fertility and contraceptive choices after childbirth.

Pregnant women should also have the following items at home by the seventh month:

- One pair of sterile rubber gloves (or clean plastic bags to wear over the hands if she does not have gloves)
- A lot of very clean cloths or rags
- Soap
- A new razor blade
- Clean cotton wool
- Two ribbons, strings or strips of clean cloth to tying the cord
- Sanitary napkins or rags

### **Danger signs during pregnancy**

1. Bleeding: If a woman begins to bleed during pregnancy, even a little, this is a danger sign. She may be having a miscarriage (losing the baby). The woman should lie quietly and send for a health worker. Bleeding late in pregnancy (after 6 months) may mean the placenta (afterbirth) is blocking the birth opening. Without expert help, the woman could bleed to death. Try to get her to a hospital at once.
2. Severe anaemia: The woman is weak, tired, and has pale or transparent skin. If not treated, she might die from blood loss at childbirth. If anaemia is severe, a good diet is not enough to correct the condition in time. See a health worker and get pills or an injection. If possible, she should have her baby in a facility, in case extra blood is needed.



3. Swelling of the hands, feet, and face, with headache, dizziness, and sometimes blurred vision, are signs of toxemia or poisoning of pregnancy. Sudden weight gain, high blood pressure, and a lot of protein in the urine are other important signs. If possible, a woman should go to a midwife or health worker who can measure these things.

***Women should get help immediately if:***

**Pregnancy**

Any bleeding from the vagina  
Bad headache  
Blurred vision  
Swelling in the hands or feet  
Convulsions or fits  
Loss of consciousness  
A high fever  
Heavy vaginal discharge  
Severe abdominal pain  
Difficulty breathing  
Painful urination  
A lot of vomiting  
Very pale palms of hands or nail beds  
Genital ulcers  
The baby is not moving at all

**During and after childbirth**

A lot of bleeding during and after birth  
Convulsions or fits  
Bad abdominal pain  
Fever with or without chills  
Labour pains for more than 12 hours  
Water breaks without labour for more than 12 hours  
Placenta not delivered in 30 minutes  
Foul smelling vaginal discharge

***Caregivers should get help immediately if newborns:***

**At birth**

Not breathing  
Skin yellow in colour  
Skin on palms and soles of feet are blue  
Unable to suck

**First 7 days**

Skin on palms and soles of feet are blue  
Fever/chills  
Skin yellow in colour  
Difficulty breathing  
Convulsions or fits  
Unable to suck or poor sucking  
Diarrhoea or constipation  
Red swollen eyes with discharge  
Redness and discharge around the cord

### **Importance of skilled birth attendants and delivering in a facility**

The chance of a mother or baby becoming ill or dying during and after childbirth is much lower if a skilled birth attendant assists at the delivery in a health facility and also checks on the mother and baby in the 12 hours after delivery. A skilled birth attendant (such as a doctor, nurse, or trained midwife) helps make pregnancy and childbirth safer and babies healthier by:

- Checking the woman's health during pregnancy, treating any infections or problems during pregnancy, giving preventative injections and medications, counselling on nutrition, checking the foetus, helping the mother prepare for childbirth, and giving advice on breastfeeding and caring for herself and her newborn.
- Advising the pregnant woman and her family where the birth should take place and how to get help if problems arise during childbirth or immediately after delivery.
- Knowing when labour has gone on for too long (over 12 hours) and when a move to a hospital is necessary, when and how to get medical help, how to reduce the risk of infection (clean hands, clean instruments and a clean delivery area), what to do if the baby is in the wrong position, what to do if the

mother is losing too much blood, when to cut the umbilical cord and how to care for it, what to do if the baby is not breathing right away, how to care for the baby after delivery, how to guide the baby to breastfeed immediately after delivery, how to deliver the afterbirth safely and care for the mother after the baby is born.

- Checking the woman's health after birth and counselling women to prevent another pregnancy, avoid sexually transmitted infections such as HIV or how to reduce the risk of infecting their infants.

## Care after birth

Mothers who deliver at home should take their babies to a health facility for postpartum care within 48 hours of birth. Even if both the mother and baby seem healthy it is important for them to go to the facility. At the facility, they will both be examined for infections, the mother will be counselled on feeding and caring for her baby, the baby will be vaccinated, and the mother will be counselled on contraceptive options.

Mothers need care after birth just like their babies. Oftentimes people are so busy caring for the baby that the mother is not looked after. To stay healthy after childbirth, mothers should follow the advice below:

- Mothers should get a lot of rest during the first six weeks after giving birth.
- Mothers need to eat more food than usual. They can eat all foods. Meats, fish, beans, vegetables, fruits, and grains will all help her heal from the birth and have more energy.
- It is important for mothers to drink a lot of fluids.
- Mothers should begin breastfeeding within one hour of birth.
- If a mother has a tear at the opening of her vagina, it needs to be kept clean.
- To prevent infection mothers should not have sexual intercourse or put anything in the vagina until the bleeding stops.
- Mothers should try to keep their genitals clean and wash often. They should wait until after the first week before sitting in water.
- No plant or herbal medicines should be put inside the vagina.

To keep babies healthy, mothers and caregivers can:

- Keep the home and baby clean, and wash their hands often.
- Take care of the cord by:
  - Cutting the cord with a sterile blade or new razor.
  - Clean the cord with a spirit and keep it dry.
  - Do not put anything on the cord, not even saliva, powder, salt or cow dung.
- Keep the baby warm.
- Take the baby for immunizations.
- Start breastfeeding in the first hour of birth and continue to give only breastmilk for the first 6 months.

## Danger signs after birth

### For the mother

A mother should go to a hospital without waiting, if she has any of the following signs:

- Heavy bleeding from the vagina. This means that more than 2 pads or thick rags are soaked through in 1 hour, or that she is bleeding more after giving birth, not less.
- Fits (convulsions).
- Fast or difficult breathing.
- Fever (temperature 38° C or above) and too weak to get out of bed.
- Very bad pain in the abdomen.
- Foul smelling fluid coming out of the vagina.
- Swollen, red or tender breasts, or sore nipples.



### **For baby**

A baby should be brought to a health centre if it has any of the following:

- Not breathing normally, either too fast (more than 60 breaths per minute) or too slow (less than 30 breaths per minute).
- Fits (convulsions).
- Floppy or stiff.
- Fever (temperature above 38°C).
- Temperature below 35°C or not becoming higher after rewarming.
- Pus coming out of the cord or skin around cord is red.
- Skin is swollen, red, or hard.
- Yellow body, eyes, or palms.
- Not feeding well, unable to suck.
- Eyes are red and swollen with pus coming out.
- Diarrhoea or constipation.

It is important that women give birth in a health facility to help them have a healthy delivery and have access to a health worker in case of any problems. If a woman does not give birth in a facility, she should have a trained and skilled attendant at the birth, and she and her baby should go to a facility in the first 48 hours after giving birth. People often wait too long to go to a health facility even when there are danger signs.

### **Male involvement during pregnancy and childbirth**

Although pregnancy is not an illness, it makes great physical and emotional demands on the mother. Her husband or partner, as well as other members of the family, need to understand and appreciate the discomfort, worries, and tiredness that pregnancy may cause in a woman. Whenever possible, the man or some other family member should take over the physically tiring tasks like working in the fields, lifting or carrying heavy loads, washing, and scrubbing floors. Others can help by taking care of the children. The man can also help by providing encouragement and emotional support, by trying not to make demands on her, and by not criticizing her.

The man can learn about the pregnancy along with the mother. This will enable him to help her more effectively, and understand what she is going through. It will also help him feel more involved. If he is interested, he should be encouraged to go with the woman when she goes to the health centre for antenatal care and health education. He can learn about the danger signs during pregnancy and childbirth, so that if a complication develops he knows when the woman needs to go to a hospital or health centre. He should understand that eating well and getting proper medical care during pregnancy and childbirth are important. The man can also help in very practical ways by making sure the woman eats well, and by providing whatever money is necessary to pay for transportation, fees, or medicines. As the date the baby is due comes closer, the man or other family members should arrange to have transport ready in case there is an emergency.

If this is the family's first baby, the man may have doubts about his ability to be a good father, just as the woman may have doubts about her ability to be a good mother. It will help to talk about these feelings, as well as any other concerns about how having a baby will affect the family.

During labour and childbirth, the man cannot share the physical effort. Men, however, should be encouraged to stay with their wives during labour and childbirth to give comfort and support. This will help the man feel a close attachment to the new baby and have a greater appreciation and sense of responsibility towards the mother.

### **Male involvement after the baby is born**

The first six weeks after the birth of a baby can be an especially hard time for the whole family. The woman has just been through an exhausting and profound experience, physically and emotionally.

Both mother and father have to adapt to a new person in their lives and meet the baby's needs, including breastfeeding. Sometimes these responsibilities may seem overwhelming, and parents may doubt their ability to cope. During this time, the father can play an important role in giving the mother and baby support, affection, and help with day-to-day tasks. Other family members can help during this period by giving the mother time to recover and adjust.

After the child is born, the man can contribute to having a healthy and happy family by ensuring that the mother is eating healthy foods, and that both the mother and baby receive medical care. He should be aware of danger signs that might indicate that the mother or baby is unwell and needs to go to a health facility.



## Gender and maternal health

Maternal health is one of the best signs of a community's and a country's commitment to gender equality, women's rights and women's health. As with reproductive health and family planning, maternal health is closely linked with gender and gender norms. While having children is considered a woman's most important role, gender norms, myths and misconceptions regarding pregnancy and childbirth continue to affect women's pregnancies. It is important to address the barriers women may face in getting adequate care and attention during pregnancy. Harmful norms and attitudes that affect maternal health, including norms about family planning, should be changed to promote healthy pregnancies.

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# 1 Child health



This chapter has information about the three body guards for keeping children healthy and safe: giving the right kind and the right amount of food, keeping them clean, and taking them for immunizations. It also provides information on preventing and treating illness.



# 1. Protecting children's health



## Session objectives

By the end of the session, participants should be able to:

- List the 3 "body guards" that keep children healthy.
- Describe the best foods for children at different ages.



## Session guide

1. **Ask:** What are signs that young children are healthy? (Possible answers: grow well, have a good appetite, are alert and responsive, etc.)
2. **Ask:** What are signs that our children are sick?
3. **Ask:** What causes our children to become sick? Be sure participants list: germs and not eating enough or not eating the right kinds of foods.
4. **Ask:** How can we help make sure our children are healthy and do not fall sick? After participants have given suggestions, which should include eating healthy food, staying clean, and going for immunizations, **explain:** There are three important "body guards" that keep children healthy. The three body guards are: eating the right kind and the right amount of food, staying clean, and going for immunizations.  
**Explain** that in today's session we are going to talk about feeding babies and young children. In later sessions we will talk about, immunizations, staying clean, and preventing and treating illness.
5. **Ask:** In our community, what food is given to babies when they are first born? Allow participants to discuss. Then **ask:** What is the best food for babies when they are first born?
6. If there are differences between what participants list for what is given to children and what is best for children, **mention** them to the group and ask them to talk about why they are not the same.

**Explain** that mothers should begin breastfeeding their babies within the first hour of birth. The first milk that comes is a sticky, yellow-white milk. It is very important that babies have the first milk. They should not be given water, other liquids, or ritual foods. This first milk has high levels of antibodies, vitamins, and other protective factors. The first milk is so healthy it is often called the baby's first immunization. Starting breastfeeding soon after birth also reduces the chance the mothers will bleed to death.

7. **Ask:** What food do doctors and nurses recommend for babies? Explain that when health workers say breastmilk is the best for the baby, they mean giving only breastmilk for the first 6 months. This means the baby does not take any water, teas, uji, or food during this time – only breastmilk. Breastmilk is all babies need until 6 months of age. At 6 months, babies need to begin eating a variety of foods and continue breastfeeding.
8. **Ask:** Do you know anyone who has fed her child with only breastmilk for 6 months? Is this the common practice in our community? When do people start giving foods to children? Why do they start? Allow participants to discuss.



9. **Share** the following information:

- Breastmilk is the best food for babies – it has all the nutrients and water a baby needs for the first 6 months.
- Breastmilk protects against many diseases and illnesses.
- Babies who are fed only breastmilk during the first 6 months of life are likely to have fewer infections and are more likely to survive.
- Breastmilk is free, always available, and does not need any special preparation.
- Giving only breastmilk is called exclusive breastfeeding. Exclusive breastfeeding for the first 6 months is not only the best food for babies, but it can also help reduce the chance of women become pregnant during that time.

10. **Ask:** Why don't women exclusively breastfeed for 6 months? What are things that we can do to help women to breastfeed exclusively for 6 months? Allow participants to discuss.

11. **Ask:** When should babies start eating food? What are the best first foods for babies? Allow participants to discuss.

12. After participants have discussed, **explain:** At 6 months all babies need to begin to eat soft foods. At this time breastmilk alone can no longer give the baby all of the energy, protein, and vitamins he or she needs. Additional food is needed for good nutrition, but babies still need breastmilk or other forms of milk until they are at least two years old. Giving food in addition to breastmilk is called complementary feeding. Parents can start by giving 1-2 teaspoons of semisolid food, for example porridge (uji) or mashed potato, and to add other foods to make good meals. By the age of eight months, babies also like foods they can hold themselves, such as a chapati or banana. By the age of 1 year, most children can eat the same foods as other family members.

13. **Ask:** What are examples of good foods for children at 6 months? How much should young children eat? How can we help children to eat? During the participants' discussion, be sure the following information comes out: Children need a variety of foods (including fat-rich foods; fresh fruits and vegetables of different colours; and eggs, milk foods, and meat, chicken, or fish every day or as often as possible).



## Main messages

- Breastmilk **ALONE** is the only food and drink an infant needs for the first 6 months of its life.
- Women who are infected with HIV or suspect that they may be infected with HIV should consult a trained health worker for testing, counselling and advice on how to reduce the risk of infecting the child.
- Complementary foods should be introduced to babies from the age of 6 months, but breastfeeding should continue through the child's second year and beyond.





### Activity: Infant feeding quiz

Read the following statements, one at a time, and ask the participants to answer true or false. After each statement, ask participants to discuss why the statement is true or false.

1. Women with small breasts have a hard time producing enough milk to satisfy their babies. **False**
2. Colostrum, or the yellow liquid that comes from the breast immediately after birth, is not really milk and shouldn't be given to the newborn baby. **False**
3. By the time babies are three months old, milk will no longer satisfy them and they should be given porridge. **False**
4. Formula contains more vitamins and minerals and is more nutritious than breastmilk. **False**
5. Breastfeeding babies should be fed on a strict schedule – feeding them whenever they want spoils them. **False**
6. Breastfeeding babies immediately after birth causes pain to the mother, and should be avoided. **False**
7. Breastfeeding is more work than bottle feeding babies. **False**
8. If a mother has malaria, she should stop breastfeeding her baby. **False**

## 2. Immunization



### Session objectives

By the end of the session, participants should be able to:

- List the benefits of immunization.
- Describe how immunizations work.
- Identify diseases that are preventable by immunization.
- Explain the immunization schedule.



### Session guide

1. **Explain:** We have talked about how feeding children healthy foods can help keep their immune system strong and healthy. Ask: What is another way to prevent children from becoming ill? (Participants should mention immunizations. If they do not, introduce the topic.)
2. **Ask:** How do immunizations protect against diseases? [Answer: Children are immunized by vaccines, which are injected or given by mouth. The vaccines work by building up the body's defences against disease. Immunization only works if given before the disease strikes.]
3. **Ask:** What immunizations should children get? When should they get them? [Refer people to the nearest health facility.]
4. **Ask:** What are reasons why people would not take their children to be immunized? What would you say to someone to encourage them to take their children for immunizations?
5. **Ask:** Are there any common beliefs or myths about immunizations in our community? What are they? What would you say to someone who told you they were not taking their child to be immunized because of their fears and beliefs around immunization?
6. **Explain** that it is safe to immunize a child even if he or she has an illness or disability or is malnourished. After an injection, the child may cry or develop a fever, a minor rash or a small sore. This is normal. Breastfeed frequently or give the child plenty of liquids and foods. If the child has a high fever, the child should be taken to a health centre.
7. **Review** the following information about immunizations available in Kenya:

**B.C.G.** protects against tuberculosis. This vaccine should be given when a baby is born or before he or she is two weeks old. Tuberculosis is an infection that is spread by coughing. It usually affects the lungs and can cause a high fever, sweats, and a deep cough. It can also affect the brain, bones, and other parts of the body.

**Polio** protects against the disease, Polio. Unlike other immunizations, the polio vaccine is swallowed. The doctor or nurse drops it into the mouth. It should be given four times for the full immunization, when the child is born, then when it is six weeks old, then ten weeks old, and then when the baby is fourteen weeks old. Polio is spread through the faeces of infected people. It causes fever and may progress to meningitis and/or lifelong paralysis – where you cannot move.

**DPT** is a vaccine that protects against Diphtheria, Pertussis (commonly called whooping cough), and Tetanus. DPT should be given when a baby is six weeks old, 10 weeks old, and 14 weeks old.



Diphtheria is an infection spread by coughing and sneezing that attacks the throat, mouth, and nose, making it hard to breathe and swallow. Pertussis, or whooping cough, is spread through coughing or sneezing. It causes very long spells of coughing that make it hard for a child to eat, drink, or even breathe. Tetanus is an infection caused by bacteria found in dirt or rusty metal. It enters the body through wounds or cuts. It can cause the muscles to move suddenly and if it attacks the jaw it causes lockjaw, so you cannot open and close your mouth.

**Measles** is one of the most dangerous of all childhood diseases. The measles vaccine only needs to be given once when the baby is 9 months old. Measles is caused by an infectious virus. It can cause a high fever, rash, and cold-like symptoms. It can lead to hearing loss, pneumonia, brain damage and even death. Measles spreads very easily. In fact, the measles virus can remain in the air (and be infectious) for up to two hours after a person with the disease has left the room.

**HIB** (Haemophilus Influenzae Type B) protects against HIB disease, which can cause meningitis and pneumonia. Meningitis is an inflammation of the brain. Pneumonia is an infection of the lungs and can cause a lot of swelling. HIB vaccine should be given when a baby is six weeks old, ten weeks old and fourteen weeks old.

**Hep B** vaccine protects against the Hepatitis B infection. Hep B vaccine should be given when a baby is six weeks old, ten weeks old, and fourteen weeks old. Hepatitis B is an infection of the liver. It can be passed from an infected mother to her newborn during childbirth and from one person to another through blood or body fluids. It causes extreme tiredness and jaundice (all the white parts on your body, like your eyes, teeth and nails, turn yellow). It can cause the liver to stop working.

8. **Ask:** Where can you take your children for immunizations? Has everyone had their children immunized? Why or why not? Allow participants to discuss.



## Main messages

- All children should be immunized during the first year of life to protect against dangerous and deadly diseases.
- Immunizations should be given to a child by a health care provider.
- Insist that a new or sterile needle and syringe be used for every person being immunized.
- Immunizations are not harmful to babies.
- All children should be given vitamins, especially Vitamin A supplementation.
- Mothers and caregivers of children should get a child health card from the health.



## Activities

### Activity: Immunization true or false

Divide the group into four teams and ask each team to stand in a line. Read the following instructions for the game:

- A statement will be read out to a team. The team must decide if the statement is true or false and one team member gives the team's answer.

- If they answer correctly, the team takes one step forward.
- If they can explain why the answer is true or false, they can take an extra step forward.
- If they answer incorrectly, they take one step backwards.
- The team that has taken the most steps wins.

If the team cannot explain their answer, another team can try for the extra point. When all statements have been answered, announce first, second, third and fourth places. This activity can be used to make sure that participants have an accurate understanding of the facts. Allow them to debate different points of view, but make sure that in the end they have the right information.

1. Immunization saves many lives each year.

**True** Immunizations save three million lives in the world each year.

2. It is best to immunize people when they are fully grown adults.

**False** The best time to immunize people is when they are babies. However, if you are an adult and you have not been immunized, you should still go to the health clinic.

3. Now, nobody dies from diseases that they could have been vaccinated against.

**False** About three million people die each year from diseases they could have been vaccinated against.

4. For each vaccination there should be a clean needle and syringe.

**True** It is very important that there is always a clean needle and syringe, otherwise germs spread and make you sick.

5. You cannot be immunised against polio.

**False** You can be immunized against polio and it is very important. The polio vaccine is given four times in the first fourteen weeks of a baby's life. The polio vaccine is given by drops in the mouth.

6. A baby should not be vaccinated if they have a mild illness.

**False** It is safe for a baby to be vaccinated if they have a mild illness.

7. There are six major vaccines that babies should have.

**true** The vaccines are BCG, polio, DPT, Hep B, Hib, and measles.

8. It is best to give all immunizations in the first year of a child's life.

**True** By nine months or soon after, a child should be fully immunized.

9. You just need one vaccination for each disease.

**False** Some immunizations need several doses before the child is fully protected from the disease. The Measles immunization is just one vaccination.

10. Immunizations are safe.

**True** Immunizations are safe and are getting more effective all the time.

11. To be fully immunized against some diseases you must have several vaccinations.

**True** For some immunizations you must have several vaccinations to be fully immunized.

12. You should be immunized against diseases when you are a baby.

**True** It is best to immunize people when they are babies before they come in contact with germs that can make them sick.



### **Activity: Immune system game**

This activity demonstrates how the immune system tries to fight germs, and the importance of having enough antibodies and a strong immune system.

Ask for a volunteer. Explain to the group that this volunteer represents a person. Next ask for five other volunteers. Ask them to form a circle around the first volunteer. Once they are in the circle, ask them to link hands. Explain that they are antibodies and linked together, they are part of the human's immune system.

Now ask for three volunteers to be the germs. Ask them to stand outside the circle of antibodies. Explain that the germs must now try to break through the antibodies and touch the human to infect them. The antibodies must try their hardest not to let the germ in – but they must stay with their hands linked.

Once the germs have broken through, ask for fourteen new volunteers. One of them should be the person, ten of them are now the antibodies, linked together making up the immune system, and the other three are the germs.

Repeat the game with the germs trying to break through the antibodies and the antibodies trying not to let the germ through to the human. It should be much harder and take longer for the germ to get through when there are more antibodies.

Once this has been done, get the group to sit down again.

To end the activity, ask: Was it easier for the germs to break the ring of antibodies the first or second time? Why?

Explain that we have seen that the body has ways of fighting the germs that cause diseases. Sometimes the immune system does not have the antibodies it needs and it is easier for the germs to get in and infect the person. So, we need lots of antibodies to fight disease.

This is how an immunization works. Immunizations help the immune system produce antibodies so that, if a germ tries to infect you, the immune system is strong enough to fight it. You may not even know that the battle is happening, since the antibodies should defeat the germ before infection. There are immunizations for some very dangerous diseases. If you are immunized against a disease, you are protected, so that the germs will not make you sick.

### **Activity: Danger signs quiz**

Have participants conduct a timeline with parents of a young child who are thinking about whether or not to take their child for immunization.

The main participant in a Timeline session is called a key player. In this Timeline session the key players are the parents of the child. The crisis is deciding whether or not to take their child for immunization. Timeline will be used to examine both options. A crisis leads people to make behaviour choices that can change their lives permanently for the better or the worse. Timeline helps us to explore these options.

There are nine steps in a Timeline session

1. Prepare the setting. You will need a chair for the key players. Rearrange participants to clear space for a corridor equal to the length of the meeting space or room. This is called the Time Corridor. One end of the Time Corridor represents the moment the parents learned they were pregnant. The other end represents the key players' future and their child's future.



Somewhere between these two is the present moment, in which the decision about immunization has to be made.

2. Set up the present moment. Ask questions to help participants imagine and describe the key players' current situation. Sample questions:

- What are the people's names? Where do they live?
- How old are they?
- What do they do for a living?
- What is the child's name?

Place the chairs in the time corridor, with space to the front and the back. Explain to participants that this position represents the present moment. Ask the key players to sit in the chair.

3. Define the crisis. The parents are not sure whether or not to take their child for immunization. They have heard many myths about immunizations and think that it puts their child in danger.

- What are the myths they have heard?
- Who can they talk with about them?
- How do they feel about making this decision?
- What sort of life lies ahead for the parents? The child?

4. Explore the choices the key players have now.

- What can they do now?
- What is the best choice for them to make?
- Why is it the best choice?
- What choice would they actually make?

5. Explore the key players' past. Move the chair back a few feet towards the past. Explore the key players' lives and experiences at that time. Sample questions:

- How did the parents feel when they found out they were pregnant?
- What did they do to make sure they had a healthy pregnancy?
- Where did the mother deliver the baby?

6. Discuss the causes of the current behaviour. Ask participants how the key players' experiences and attitudes seem to have led to decisions they face. Sample question:

- Why are the parents unsure about immunization?

7. Explore the future Timeline: Move the chair well beyond the present moment, and explain that this is the key players later in life if they decide not to immunize their child. Explore what life is like now for the key player. Sample questions:

- How is the child?
- Is he healthy?
- Was he always healthy?
- What happened when the child was unhealthy? Did the family have any problems?
- Is the child still alive?

8. Explore the future Timeline: Now ask participants to talk about the future health of the child if they had decided to immunize the child.

9. Discuss consequences. Discuss how decisions about immunization can affect a child's health and the entire family. Encourage participants to talk about the importance of immunization and common myths in the community.



### 3. Keeping children clean and healthy



#### Session objectives

By the end of the session, participants should be able to:

- Describe basic elements of cleanliness to avoid illness in children.
- Explain how to prepare ORS.
- List symptoms of malaria and malnutrition in children.



#### Session guide

1. **Ask:** How do we know when our children are sick? After participants discuss, explain: A healthy child gains weight steadily. When children eat enough nutritious food, and do not have a serious illness, they will gain weight every month. A child who gains weight more slowly than other children, stops gaining weight, or is losing weight is not healthy. He or she may not be getting enough of the right kinds of food, or he may have a serious illness, or both.
2. **Ask:** What are the three important "body guards" that parents should know about to keep their children healthy? [Answer: eating the right kind and amount of food, going for immunizations, and staying clean.] Remind participants that we have already talked about the first two, so today we are going to talk about keeping our children healthy by recognizing and treating illness and keeping clean.
3. **Explain** that in addition to eating healthy foods and getting immunizations to prevent disease, children need to keep clean so they can avoid illness and grow and develop properly. More than half of all childhood illnesses and deaths are caused by germs that get into children's mouths through food or water or dirty hands. Many of these germs come from human and animal faeces.
4. **Ask:** How can we help our children to be clean and free of germs? Participants should mention:
  - Dispose of faeces in a safe way. It is best to use a latrine or toilet.
  - Everyone, even children, should wash their hands completely with soap and water after contact with faeces, before touching food, and before feeding children.
  - Only use water that is boiled or is from a safe source. Water containers need to be covered to keep the water clean.
  - Cook food until it is completely done.
  - Keep food, dishes, and utensils clean.
  - Throw away household waste in a garbage pit where trash is buried or burned every day.
  - Keep animals and birds outside the house day and night.
  - Children should wear shoes or sandals.
  - Wash children's faces every day with soap and water to prevent eye infections.
  - Cut children's fingernails very short.
  - Treat children quickly for scabies, ringworm, intestinal worms, and other infections that spread easily from child to child; and do not let them share clothing or bedding with others.
  - Do not let children put dirty things in their mouths or let animals lick their faces.

5. **Ask:** What are changes we can make in our own homes to make them cleaner and safer for ourselves and our families? Write down the changes participants list and check with them during the next session to see if they have done them.
6. **Explain** that when children have loose or watery stools, they have diarrhoea. If mucus and blood can be seen in the stools, they have dysentery. **Ask:** What causes diarrhoea?
7. **Explain** that diarrhoea is caused by swallowing germs from faeces or unclean water. The germs cause diarrhoea or vomiting that make the body lose important fluids and water that are needed to live. Children with dysentery (diarrhoea), should be taken to a health centre immediately. The greatest danger to children with diarrhoea is losing too much liquid from the body (called dehydration). Infants who are breastfed rarely get diarrhoea.
8. **Ask:** What is ORS? Has anyone used it? How do you prepare it? Has anyone ever prepared it? Allow participants to discuss and then share the information below.



9. **Ask:** What are other illnesses and diseases that are common among children in our community? [Participants will probably mention malaria, if not introduce it.]
10. **Ask:** What are signs that a child has malaria? [Answer: Fever, refusing to eat, vomiting, drowsiness, or fits.]
11. **Ask:** What do we do in our community when we think a child has malaria? Allow participants to discuss and share examples. **Explain:** A child with a fever believed to be caused by malaria needs to get medicine from a health worker immediately. If children with a malarial fever are not treated within a day, they might die. It is important to finish all the medicine a health worker gives. **Ask:** Why might going to the kiosk or a chemist and buying a few tablets cause a child to become more sick? [Answer: If people take medicines for malaria and they do not have malaria, it can make the medicine not work when they take the medicines at a time when they actually do have malaria and it will not treat whatever they have now.]
12. **Ask:** What does malnourished mean? Allow participants to discuss, and then **explain:**

Not eating enough or not eating the right kinds of foods can cause people to be malnourished. When people are malnourished, their bodies are less able to fight off disease and infection. Children are especially affected when they do not eat properly. If a woman is malnourished during pregnancy, or



if her child is malnourished during the first two years of life, the child's physical and mental growth and development may be slowed. This cannot be fixed when the child is older; it will affect the child for the rest of his or her life.

13. **Ask:** How can we know if a child is malnourished? What are the signs? What should parents do if they think their child is malnourished? Allow participants to discuss. [Participants should mention sad, lack of desire to laugh and play; underweight; dark spots, peeling skin, or open sores; swollen feet (and sometimes the face); thin hair or loss of hair, not developing like other children, dry eyes, or blindness. Refer to information in background notes.]
14. **Ask:** What else can parents do to make sure their children are healthy and safe? Allow participants to discuss. They should mention watching young children carefully, keeping their environment safe, and keeping poisons, medicines, bleach, acid, and liquid fuels (such as paraffin) out of their reach and not storing them in drinking bottles.



## Main messages

- Growth monitoring should be carried out monthly from birth to age two, and thereafter if a child has a health problem.
- Parents and caregivers should look out for the warning signs that show the child's growth and development are poor, such as not gaining weight, always tired, or not wanting to play.
- Children must get good food, stimulation, and affection in order to develop socially, physically, and mentally.
- As soon as diarrhoea starts, it is essential that the child be given extra fluids as well as regular feeds.
- While recovering from diarrhoea, the child needs at least an extra meal every day for two weeks.
- Everyone's hands should be thoroughly washed with soap or ash and water after touching faeces, and before touching food or feeding children.
- A child with a cough or cold should be kept warm and encouraged to eat and drink as much as possible.
- Sleeping under a treated mosquito net is the best way to prevent malaria. It is most important for children under five years of age and pregnant women to use insecticide treated mosquito nets.
- A child with a fever should be examined immediately by a trained health worker and receive treatment as soon as possible.
- Many serious injuries can be prevented if parents and caretakers watch young children carefully and keep their environment safe.
- Poisons, medicines, bleach, acid, and liquid fuels (such as paraffin) should not be stored in drinking bottles. All such liquids and poisons should be kept in clearly marked containers out of children's sight and reach.





## Background notes

There are three important “body guards” that parents should know about to keep their children healthy and avoid sickness. These include eating healthy food, staying clean, and going for immunization.

Not eating enough or not eating the right kinds of foods can cause people to be malnourished. Children are especially affected when they do not eat properly. When children are malnourished, their bodies are less able to fight off disease and infection. Not eating well, falling ill often, and not being cared after well can lead to young children being malnourished. If a woman is malnourished during pregnancy, or if her child is malnourished during the first two years of life, the child’s physical and mental growth and development may be slowed. This cannot be made up when the child is older – it will affect the child for the rest of his or her life. Children have the right to a caring, protective environment and to nutritious food and basic health care to protect them from illness and promote growth and development.

### Healthy food for children

It is important that children eat the best foods they can get, so that they grow well and do not get sick. The best foods for children are different depending on the age of the child:

- In the first 6 months, giving only breastmilk is the best food for children. This means the child should not eat any other foods or drinks; not even water.
- From 6 months to 1 year: breastmilk and also other healthy foods – such as mashed up beans, eggs, meat, cooked fruits and vegetables, and grains.
- From 1 year on: each meal should include body-building and protective foods – especially milk and foods made from milk, eggs, chicken, fish, meat, beans, nuts, fruits, and vegetables. These should be balanced with plenty of energy foods like rice, maize, wheat, potatoes, or cassava.

### Breastfeeding

Health experts agree that for the best possible health, every child should be breastfed, and should receive only breastmilk for the first 6 months of life. Infants who are not breastfed are twice as likely to die as those who are. Nature works to make sure this perfect food is available for newborns, and makes sure the breast produces enough milk to meet the needs of the growing infant. This session explains why breastfeeding is so important, and what mothers can do to help ensure breastfeeding is a positive experience for both herself and the baby.

### Advantages of breastfeeding

There are many reasons why breastfeeding is better than bottle feeding. They include:

- Breastmilk is the most natural food for a baby, and is the easiest food to digest. Cow’s milk, on the other hand, does not have the right combination of vitamins, nutrients, and fats, and sometimes a human baby cannot even digest it. If infant formulas are not mixed correctly, they can be too weak and will not nourish the baby properly. Also, the breastmilk changes as the baby matures to meet the baby’s complete nutritional needs at that time.
- As long as the mother’s nipples are clean, breastmilk is always clean and free from germs that cause infection, and is always at the right temperature. Even if a mother is sick, her breastmilk is safe for the baby. But if formula is mixed with contaminated water or in a dirty bottle, it can give the baby diarrhoea.
- Breastmilk has antibodies which protect the baby from many types of infections and other illnesses, especially during the first 6 months. Formulas and the milk of animals do not contain these antibodies. That is why babies who get only breastmilk are healthier and have fewer attacks of diarrhoea than babies who are fed with artificial milk.
- Touching and looking at the baby during breastfeeding makes both mother and baby feel close and secure.
- Having the baby suck the breast immediately after birth helps the womb contract and push out the placenta. During the first few days after a baby is born, the baby’s sucking helps the womb return to its normal size.



- If a woman gives only breastmilk to her baby and breastfeeds whenever the baby wants to eat, ovulation and menstruation are delayed for about 6 months. The mother is therefore protected from getting pregnant again.
- Breastmilk is free and always available. Artificial milk is expensive and is not always available. It takes time to prepare artificial milk to bottle feed the baby, and few homes can afford the equipment and fuel to sterilize the bottle properly.

### ***When to start breastfeeding***

Breastfeeding should start as soon as the baby is born. Immediately after delivery, the mother should be given her baby to hold and put to her breast. The baby's sucking has two advantages. First, it stimulates the womb to contract and therefore helps stop the bleeding. Second, it stimulates the milk to begin to flow from the breast.

For the first couple of days, the breasts will produce only the thick yellowish fluid called colostrum. Colostrum is very good for the babies; it is rich in antibodies, protein, minerals and important vitamins. Women often say they have no milk during this period, but they should not worry. The baby does not need much food or other liquids during the first two or three days. Early sucking also helps prepare the nipples for when the baby gets hungry and begins to suck hard. Usually, by the end of the second or third day, milk begins to flow from the breasts. The more often and the harder the baby sucks, the more the milk flows.

During the first few days, breastfeeding may cause some painful cramping of the womb and short flows of blood from the vagina. Although this is uncomfortable, this actually helps the womb return to its normal size and reduces overall blood loss. This discomfort soon stops.

### ***How often to breastfeed***

How often the baby is fed will depend on both the mother and the baby. There are no firm rules. It is more natural to feed the baby when he or she is hungry, rather than according to a certain time schedule. In the beginning, the baby may want to feed as often as 10-12 times a day, including at least three or four times during the night. This can seem demanding, but small frequent feedings are better for the baby. Also, the more often the baby breastfeeds, the more milk the mother produces.

### ***How long to breastfeed***

Breastfeeding can continue for as long as the mother feels comfortable doing it. In many countries, babies breastfeed for a year or more. For the first 6 months, the baby only needs breastmilk. There is no need for any other food or liquid, not even water; breastmilk contains everything the baby needs. After that time, the baby will need other foods in addition to breastmilk. Breastfeeding should continue for another 12-18 months while the child gets more and more solid foods. New foods should be introduced gradually.

### ***Reasons given for not breastfeeding and how to respond***

Mothers give many reasons why they do not think they can breastfeed. Some of them include:

- "My breasts are too small and cannot produce enough milk to satisfy the baby." The amount of milk produced by the breasts does not depend on their size. Rather, it depends on how often and for how long the baby breastfeeds, and how soon after birth breastfeeding begins.
- "Breastfeeding ties me down too much." Certainly, for working mothers, breastfeeding creates some challenges. But even if the mother breastfeeds only a few times a day after starting back to work, the baby continues to receive the benefits of breastfeeding and is usually healthier. Expressing milk from the breasts can help ensure that they continue to produce enough milk. If facilities are available, breastmilk can be refrigerated or frozen and given to the infant later.
- "Breastfeeding can be tiring." That's true, and breastfeeding may seem like a burden, especially when a woman is already tired after a day's work. But, preparing artificial formula properly before giving it to the baby can be just as tiring (if not more tiring). Also, many women find breastfeeding relaxing; it gives them time to be close to the baby.

- "I'm sick and have to stop." If a woman gets sick, breastfeeding should continue for as long as possible. The baby probably will not catch the mother's illness. In fact, the baby receives protection from the mother because of the antibodies passed on through the breastmilk. A sick baby may eat less, but breastmilk is still the best food and the one the baby can digest most easily.
- "My baby must be weaned because I'm pregnant again." If the mother is eating a lot of healthy foods and she gets plenty of rest, she can continue to breastfeed for as long as she produces milk and feels able to do so.

### **Complementary feeding**

At 6 months children should start to eat foods in addition to breastfeeding. Foods that are good for children at 6 months are:

- Rich in energy, protein and vitamins, especially iron, and are not watery (i.e., thick not thin porridges).
  - Some fat-rich foods.
  - Fresh fruits and vegetables of different colours.
  - Eggs, milk foods, and meat, chicken, or fish every day or as often as possible.
- Easy to eat and digest (do not have bones or hard pieces).
- Prepared in a clean way.
- Are not too spicy or salty. Too much salt is bad for children.

Children who are breastfed need:

- 2-3 meals a day at ages 6-8 months.
- 3-4 meals a day at ages 9-24 months.
- 1-2 good snacks a day after the age of 6 months.

Examples of good snacks for young children are:

- Fruits like mango, paw paw, banana, and avocado.
- Boiled egg.
- Boiled, pasteurized or soured animal milk.
- Chapati or bread with peanut butter or margarine or dipped in milk.
- Small pieces of boiled or fried cassava, matoke, or sweet potatoes.

Young children are often slow and messy eaters. They are easily distracted, causing them to eat less. They eat more when their parents watch them and encourage them to eat. This is very important from 6 months to 3 years of age. From about 3 years of age, most children can feed themselves. Families should continue to encourage children at mealtimes, especially if they are sick. If families eat from the same pot, give young children their own plate or bowl to watch how much they eat.

### **Children over 3 years of age**

By the age of 3 years, most children can feed themselves. But families should continue to watch and encourage children at mealtimes, especially if they are sick. Give the family meals that contain a variety of different foods and are not too spicy, sugary, or salty. Give 3 meals and 1-2 snacks a day. Where families eat from the same pot, it is a good idea to give young children their own plate or bowl so they receive their share of the food.

## **Immunization**

### **Infection**

Infectious diseases are caused by very small organisms commonly called germs. Germs are so small they are invisible, except through a powerful microscope. There are different types of germs, such as bacteria and viruses, and they infect humans in different ways.



Germ s go through a journey before they infect someone. The first step is the place the germ begins. Germ s can be found in many places, such as soil, water, rusty metal, humans, dogs, rats, and insects.

Malaria is a common disease spread by a mosquito. The germ that makes us sick from malaria spends part of its life in mosquitoes, and then enters a person through a mosquito bite. The mosquito is the starting place, or host, for the germ that causes malaria in people.

Next, the germ has to travel from its starting place to the next place. The malaria germ travels from the mosquito to the human through the mosquito bite. Germ s often travel from one human to another through the nose or mouth. For example, when someone has a cold and sneezes without covering his or her mouth, particle droplets containing the cold virus are shot out from the nose and mouth at 160 kilometres per hour. This sneeze, which can then travel into someone else's breathing space, is the way the germ travels from its first place to the next place.

The next stage is where it enters the body of the human. This can be a break in our protective "armour" such as a cut in the skin, or through openings like the nose or mouth. This is the place the germ enters to reach the new person. Once the germ enters a human body, it begins trying to infect that person. Luckily, humans have an immune system, which is the body's way of fighting off germ s. To fight germ s, the body produces something called antibodies. These antibodies are programmed to recognize specific germ s and fight them. They usually remain in the body, even after the germ has been defeated or the disease is gone, and protect that person from getting the disease again.

### **Vaccines**

Some major diseases, such as measles, polio and tetanus can be prevented by taking a special medicine called a vaccine, before you get the disease. When a doctor gives a vaccine, the doctor is vaccinating the baby. Or we say that the doctor is immunizing the baby. Vaccines are usually given to people when they are small babies – before they come across the germ s that can make them sick. It is important to have them when they are babies because their bodies are weaker then and they can get very sick from diseases.

All immunizations should be given in the first year of a child's life. But you can have immunizations at any time. It is never too late, people can be immunized at any time and should go to the nearest clinic or health centre. Immunizations are free. The medicine, called a vaccine is either given by an injection using a needle and syringe (often called shots or jabs) or some vaccines are given as drops that go into the mouth. Vaccines make the body think that a certain disease is invading it, so the body reacts by producing antibodies. Then, if the disease is around the child later, he or she is protected because they already have the antibodies.

Some vaccines like the measles vaccine just need one injection and you are protected. But, for others you must have a series of doses of the injection or drops. For example, polio must be taken in four doses and you must get the full course or you will not be fully immunized. It is very important that the whole course is finished otherwise the vaccines might not work.

## **Keeping children healthy**

### **Cleanliness**

Children are more likely to be healthy if their village, their homes, and they themselves are kept clean. When a child has loose or watery stools, he has diarrhoea. If mucus and blood can be seen in the stools, he has dysentery. Diarrhoea has many causes but the most common are infection, poor nutrition and lack of cleanliness.

The greatest danger to children with diarrhoea – especially if they are also vomiting – is dehydration, or losing too much liquid from the body. When this happens, give a rehydration drink. If the child is breastfeeding, continue giving breastmilk, but give rehydration drink also. Give the child sips of the drink every 5 minutes, day and night, until he begins to urinate normally. A small child needs at least 1 litre a day, or 1 glass for each watery stool. If the child does not improve after one week with ORS, take him or her immediately to a health centre for more treatment.



## **Malaria**

Symptoms that a child has malaria include fever, refusing to eat, vomiting, drowsiness or fits. A child with a fever believed to be caused by malaria needs to be given immediate antimalarial treatment as recommended by a health worker. If children with a malarial fever are not treated within a day, they might die. A health worker can advise on what type of treatment is best and how long it should continue. A child with malaria needs to take the full course of treatment, even if the fever disappears rapidly. If the treatment is not completed, the malaria could become more severe and difficult to cure.

If the malaria symptoms continue after treatment, the child should be taken to a health centre or hospital for help. The problem may be:

- The child is not receiving enough medicine.
- The child has an illness other than malaria.
- The malaria is resistant to the medicine, and another medicine is needed.

Children with a fever should be kept cool for as long as the fever continues by:

- sponging or bathing with cool (not cold) water
- covering the child with only a few clothes or one blanket.

A child suffering or recovering from malaria needs plenty of liquids and food. Malaria uses a lot of energy, and the child loses a lot of body fluids through sweating. The child should be offered food and drink frequently to help prevent malnutrition and dehydration. Frequent breastfeeding prevents dehydration and helps the child fight infections, including malaria. Children with malaria should be breastfed as often as possible. Frequent malarial infection can slow children's growth and brain development and is likely to cause anaemia. A child who has had several bouts of malaria should be checked for anaemia (for more information, see the malaria chapter in this manual).

## **Malnutrition**

Many children are malnourished because they do not get enough to eat. But some are malnourished because they eat a lot of starchy foods like maize, rice, and cassava and not enough body-building and protective foods like milk, eggs, meat, beans, fruits, and vegetables. Children younger than 1 year should eat at least 5 times a day and should also eat snacks in between meals.

A healthy child gains weight steadily. If he or she eats enough nutritious food, and if he has no serious illness, a child gains weight every month. A child who gains weight more slowly than other children, stops gaining weight, or is losing weight is not healthy. He or she may not be eating enough of the right kinds of food, or he may have a serious illness, or both. Regular weight gain is the most important sign that a child is growing and developing well. The child should be weighed during every visit to a health centre. It is important for parents to pay attention to their child's weight and growth. During the first year, children should be weighed each month. Parents should keep their child's health card and take it with them every time they go to a health centre. If parents or caregivers think their child is malnourished, they should take them to a health centre.

| Signs of malnutrition             |   |
|-----------------------------------|---|
| Small, thin body                  | Sad, does not laugh or play             |
| Big belly                         | Sick often                              |
| Thin arms and legs                | Dark spots, peeling skin, or open sores |
| Loss of appetite                  | Swollen feet ( and sometimes the face)  |
| Loss of energy                    | Thinness or loss of hair                |
| Pale skin                         | Failure to develop normal intelligence  |
| Desire to eat dirt                | Dry eyes                                |
| Sores in the corners of the mouth | Blindness or night blindness            |





## Gender and child health

Gender plays a role in child health in a number of ways. Women are typically given the responsibility for taking care of their children's health. Women may therefore be in a better position to judge the state of their children's health, and any possible changes. However, it is usually men who control the resources and make any final decisions regarding their children's health, including any medical treatment needed. Women and men, husbands and wives need to discuss their children's health and steps they will take to keep their children healthy. Gender may also play a role in determining whether parents place greater value on girls' or boys' health. Gender norms may lead parents to pay greater attention to their sons, ensure they are fed first or given more or better quality food. Parents should be encouraged to protect the health of both sons and daughters.

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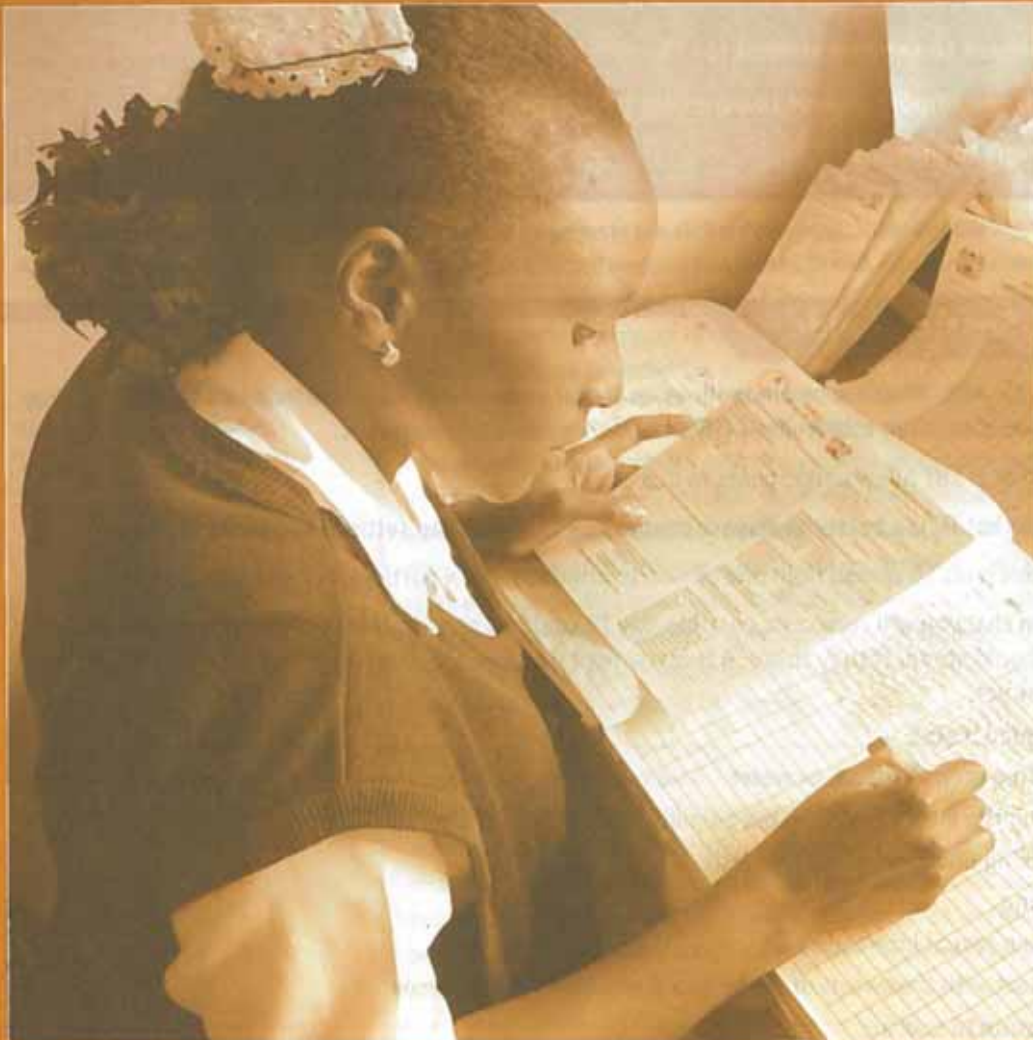
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## This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.



# Tuberculosis



TB is one of the most common diseases. It is important for people with symptoms to get prompt treatment from a health facility. With treatment, TB can be cured, waiting to get treatment can lead to death.

# 1. Tuberculosis



## Session objectives

By the end of this session, participants will be able to:

- Explain what TB is, how it is transmitted and the symptoms to look for.
- Know that anyone can get TB, even if you are HIV positive or HIV negative.
- Know where to seek treatment for TB.
- Understand importance of completing treatment.
- Take steps to prevent TB.



## Session guide

1. **Ask:** What are common illnesses in our community? Allow participants to discuss. They should mention tuberculosis (TB), but if they do not, introduce it.
2. **Ask:** What is TB? Allow participants to discuss.
3. **Explain** that TB is a bacterial disease caused by germs that can settle anywhere in the body.
4. **Ask:** How does TB spread from one person to another? Allow participants to discuss.
5. **Explain** that you will read off a possible way TB could be spread. If they think TB is spread this way they should stand. If they think TB is not spread this way, they should remain seated. Do not give answers yet.
  - Crowded places
  - Sharing utensils, food, or water
  - Eating the meat of TB-infected animals
  - Drinking unboiled milk from cattle
  - Kissing
  - Having sexual intercourse
  - Contact with the sweat, urine, or blood of a TB-infected person
  - Exposure to cold air
  - Flies
  - Dust
  - Hereditary
  - Having AIDS

After each possible way, **ask** participants to explain why they are standing or seated.

6. **Ask:** Are there any other ways that you have heard that TB can spread? Allow participants to share other ways. Ask other participants if they agree with this way or not.
7. **Explain** that when a person with TB disease coughs, spits, or sneezes without covering his or her mouth, people nearby can breathe in the air and the germs. When the germs get into the body they



can infect the lungs or other parts of the body. The germs can remain in the air for long periods of time. Direct sunlight kills TB germs in 5 minutes, but they can survive in the dark for a long time. This is why people usually become infected inside buildings or homes.

Share the information from the table below:

| Common beliefs about TB   | Facts about TB   |
|---|--|
| Attending gatherings or contact with infected people.   | Brief exposure to a source of TB rarely infects a person. There is a very small risk of transmission, but if you are sitting in a well-ventilated or open-air space, there is almost no risk of transmission. Day-after-day close contact usually causes infection.  |
| Sharing utensils, food, water, or linens with someone who has TB.   | TB is spread by germs in the air from coughing, sneezing, talking, or spitting. Handling an infected person's bed sheets, books, furniture, or utensils or sharing food or water with an infected person does not spread infection. Brief exposure to a source of TB rarely infects a person. Repeated close contact usually causes infection.   |
| Eating meat from infected animals.<br>Drinking unboiled milk from cattle.<br>Contact with infected animals. | Tuberculosis is not transmitted through meat products, but can be transmitted through unboiled milk and unboiled milk products. Bovine TB infection mostly causes TB in cattle, but it may also infect and cause illness among other animals, including humans. In humans, the bovine TB germ can cause a type of TB that may affect the lungs, lymph nodes, and other parts of the body. It is generally transmitted to humans through drinking milk that has not been boiled or milk products obtained from infected cattle. People can be infected through the air when in close contact with live animals that have bovine TB infection. |
| Kissing or engaging in sexual activity with someone who has TB.   | TB germs are not in saliva but in what is coughed up from inside the lungs. People can get infected when someone with TB disease of the lungs coughs, sneezes, speaks, or spits, which releases thousands of bacteria into the air around them. People breathing the same air for prolonged periods (for example, people living together in the same house) are likely to inhale the bacteria. TB is not spread through kissing or sexual activity, but since sexual partners may live together it is possible that one could infect the other.  |
| Contact with bodily fluids (sweat, urine, blood) of someone who has TB.                                     | People do not get infected with TB through contact with an infected person's bodily fluids. People get infected when someone with TB disease of the lungs coughs, releasing thousands of germs into the air around them. People breathing the same air for a long time (for example, people living together in the same house) are likely to inhale the germs.   |



| Common beliefs about TB   | Facts about TB   |
|---|--|
| Exposure to cold air, taking a cold bath, or wearing light clothes. | TB is spread by germs that are in the air from an infected person who has coughed, sneezed, spit or talked. Low temperatures cannot cause TB infection.  |
| Colds (homa) and pneumonia can lead to TB.                          | The germs that cause colds and pneumonia are different from those that cause TB. A weakened immune system can increase the chance of developing TB disease in someone already infected with the TB bacteria.   |
| Flies or dust can infect people.                                    | Flies and dust do not transmit TB.   |
| TB is hereditary.   | TB is not hereditary. If a member of a family has TB disease and is not treated, other family members who live together may also become infected if no precautionary measures are taken, because they are breathing the same air for prolonged periods of time, not because it was hereditary. |
| TB can turn into HIV and AIDS.                                      | TB is caused by bacteria and can be cured. TB does not turn into HIV and AIDS. People who have HIV have a weakened immune system, which increases the chance of developing TB disease.   |

8. **Explain** that TB is one of the most common infections in the world. Many people are infected with TB. There is a difference between being infected with TB and being sick with TB. Most people with a TB infection who have a healthy immune system will never become sick with TB. However, some people with a TB infection do become sick with TB. When people with TB infection become sick with TB, it is called TB disease. TB disease develops when the immune system can no longer fight the TB germs and the TB germs begin to grow quickly. When this happens, people start to have symptoms. The risk that a TB infection will become a TB disease is higher for people with HIV infection or other conditions that weaken the immune system.
9. **Ask:** If one of the ways that TB spreads is through the air, why do only some people become sick with TB disease? Allow participants to share their views, and then explain that TB infection leads to TB disease in people whose ability to fight disease is weak. Such people include malnourished or undernourished people, HIV-positive people, the elderly, and young children.
10. **Ask:** What are signs that someone has TB? [Answers: Cough for more than three weeks, blood in the sputum, chest pain for more than one month, increasing weakness, weight loss, had TB before or was treated for cough, night sweats, and fever.]
11. **Ask:** What about for children? Are their symptoms the same? [Answer: children usually do not produce sputum, so it is important to pay attention for other symptoms: close contact with a person with TB disease, weight loss for no obvious reason, or two or more episodes of fever for no obvious reason (they did not have malaria).]
12. **Ask:** What should people do who have those symptoms? Allow participants to discuss. Correct any incorrect information about taking medicines from a chemist or other treatments that are not from a health facility.
13. **Explain** that it is important for people with TB-like symptoms to go to a health facility as soon as possible to know if they have TB disease. At the facility, a doctor will take a sputum sample and examine it under a microscope.



Sputum is the mucus and saliva that comes up when a person coughs. Doctors may also do other tests, such as an x-ray. The only way to know if a person has TB disease is through a sputum test in a laboratory. People should not go to a chemist and buy medicine. Cough medicines do not cure TB. TB diagnosis and treatment is **FREE** at government facilities in Kenya. TB can be cured.

14. **Ask:** Have you ever heard of someone in our community who has TB that was in another part of the body outside of the lungs? Allow participants to share experiences.
15. **Explain** that although TB of the lungs is the most common form of TB, TB can infect almost anywhere in the body. Other common parts of the body that are affected are the lymph nodes and the spine. When someone has TB of the lymph nodes, they will often have a swollen neck. Although the swelling is painless, they may have a wound with pus coming out. TB of the spine is also common and can weaken the lower limbs or make people paralysed. TB can also cause fluid in the lungs. TB outside of the lungs can also be cured.



## Main messages

- Anyone can get TB.
- There is a difference between being infected with TB and being sick with TB. When people with TB infection become sick with TB, it is called TB disease. TB disease develops when the immune system can no longer fight the TB germs and the TB germs begin to grow quickly in the body.
- TB can be cured if people follow their doctors' instructions and take all of their medicine.
- TB testing and treatment are free and government health facilities. People with TB symptoms (cough for more than 3 weeks, etc) should go to a health facility for diagnosis. Cough medicines will not treat TB.



## Activities

### Activity: Shortest road to a cure

1. **Use the following questions** to generate a discussion and write participants' responses on a flipchart (if available) or note them to yourself:
  - What would you do if you coughed?
  - What would you do if the cough lasted for one week?
  - What would you do if the cough lasted for two weeks?
  - What would you do if the cough lasted for three weeks?
  - What would you do if you coughed up blood?
2. **Ask:** Where would you go for help if the cough lasted for more than three weeks? Encourage participants to brainstorm where they would go. [Possible responses: self-diagnosis and self-treatment, over-the-counter drugs, traditional healer, private clinics and government health facilities.]
3. **Read** the following scenario:
 

John has a cough for a week and does nothing. After another week he still has a cough but thinks it may go away. After another week he is still coughing and is feeling tired so he goes to the traditional healer and gets herbs.



By the fourth week he still is coughing and is starting to feel so bad he cannot work. The fifth week he goes to the chemist and buys cough medicine and is still not feeling better. The sixth week he is still coughing, he has lost weight, and every morning he wakes up and notices he has been sweating. He decides to go to the health facility where he is diagnosed with TB and then begins treatment.

4. **Ask:** How much money was spent? How long did he not feel well? How long did it take to get proper treatment? How long was he infecting other people?
5. **Ask:** How does the first scenario compare with someone who has a cough for three weeks and some chest pain so he goes to a health facility for free diagnosis. At the facility he is diagnosed with TB and starts free treatment immediately.
6. **Ask:** Does it matter how soon you treat an illness or infection? Why? What are the consequences if it is not treated quickly? Stress the following information: If you have a cough for more than three weeks, go to government health facility to get early diagnosis. If you get a positive result for TB start prompt treatment at the health facility where you had your diagnosis or go to a nearby health facility where they have free TB treatment.

### Activity: TB role plays

1. **Ask** for two volunteers to role play the following scene in front of the group. Two friends are talking, one is complaining about a cough that will not go away, sometimes he even coughs up blood, the other wants to convince him to go to the health centre for treatment. After the role play, ask participants the following questions:
  - Do you agree with what the characters decided to do?
  - Would you have done anything differently?
  - Is what happened similar to what would happen in real life?
  - How will the decisions the actors made influence their lives?
2. **Ask** for another set of volunteers to act out another situation. Two friends are talking and one friend says that he or she has TB disease and has to start treatment, the other one talks with him or her about what that means and is supportive.
3. After they have finished, **facilitate** a discussion about this role play using the questions above and comparing it to the one before.
4. **Summarize** the role plays and ask participants to talk about how it relates to issues in our own community.



## 2. Treating TB



### Session objectives

By the end of this session, participants will be able to:

- Explain that TB can be cured.
- Know that anyone can get TB, even if you are HIV positive or HIV negative.
- Understand the importance of completing treatment.
- Take steps to prevent TB.



### Session guide

1. **Ask:** Can TB be cured? Allow participants to discuss. Be sure that participants agree that TB can be cured.
2. **Explain** that to cure TB disease, patients take a combination of different drugs. These TB drugs are taken once a day for between six to eight months. It is best to take the drugs at the same time every day. This helps the drugs work together to fight TB. It is better to take TB drugs without food or after a small meal. TB can be cured if the patient takes the TB drugs regularly and on schedule, for the entire six to eight months, even if s/he feels better after having taken treatment for some of the time. TB can cause death if it is not correctly and completely treated. TB patients can continue to infect other people with TB if they do not take all their TB drugs. Taking only some of the drugs or not completing the whole treatment will not cure TB. For the first two months of treatment, it is important that a trained person watches the TB patient take his or her medicines. This person is there to watch and help the TB patient remember to take the pills every day.
3. **Ask:** What happens to people who do not take all of their TB medicines? [Answer: When people do not finish their complete TB treatment, it can cause drug resistance, which means that the drugs will no longer work to cure TB. To be cured patients must take all of the medicines prescribed by a doctor.]
4. **Ask:** What happens to people who wait to get diagnosed with and start treatment for TB? [Answer: People who wait to go to a health facility for TB diagnosis and treatment can die. Waiting to get treatment can also cause fluid in the chest and pus in the lungs.]
5. **Ask:** How can TB be prevented? [Answer: People with TB disease should go for treatment and be cured of TB so they cannot pass it to others, covering the mouth and nose when coughing and sneezing, and making sure that people who have spent time with TB patients, particularly children and adults who are coughing, are tested for TB.]
6. **Ask:** Do all people with TB have HIV? Allow participants to discuss and share their opinions.
7. **Explain** that some people are sick with only TB, some people are sick with only HIV, and some people are sick with TB and HIV at the same time. Having TB does not mean someone has HIV, and having HIV does not mean someone has TB. With the right medicine, TB can be cured whether or not someone has HIV. Because HIV weakens the immune system, someone who is HIV infected and infected with TB is more likely to become sick with TB than someone infected with TB who is not infected with HIV. TB speeds up the HIV disease. TB is a leading cause of death among people with HIV.

8. **Ask:** Why are the two diseases more dangerous together than they are on their own? Allow participants to discuss. They should mention the following information:

- TB is harder to diagnose in people who are HIV infected.
- TB progresses faster in HIV-infected people than people who are not HIV infected.
- TB in HIV-infected people is almost certain to cause death if not diagnosed or not treated.
- People who are HIV infected usually get TB before other opportunistic infections.

9. **Ask:** Is there anything that pregnant women with TB should or should not do? Allow participants to discuss.

10. **Explain** that it is important for women who think they may have TB to go for diagnosis as soon as TB is suspected. Not being treated for TB is much more dangerous to a pregnant woman and the foetus than taking the medications for TB. HIV-infected pregnant women who think they may have TB should be treated without delay. It is safe for women with TB to breastfeed their babies.



## Main messages

- Anyone can get TB; if you are HIV positive or HIV negative.
- TB patients can prevent spreading TB to others by being treated for TB, covering the mouth and nose when coughing and sneezing, and encouraging others to be tested and treated.





## Background notes

Tuberculosis, or TB, is a bacterial disease caused by germs that can settle anywhere in the body. We most often hear about TB of the lungs. TB can be cured with the right treatment, even if someone has HIV and AIDS. However, if a person who is sick with TB does not get the right treatment he or she can die. TB is dangerous for other people because it spreads easily from person to person.

### TB infection

People can be infected with TB at any age. Once infected with TB germs, a person can stay infected for many years, probably for life. People can be infected with TB, but not feel sick because their immune system is able to fight the TB. People with a TB infection cannot spread TB to other people. Many people who have a TB infection are healthy. Most people with a TB infection who have a healthy immune system will never become sick with TB.

Some people with a TB infection can become sick with TB, this is called TB disease. TB disease develops when the immune system can no longer fight the TB germs and the TB germs begin to grow quickly. When this happens, people start to feel sick. The risk that TB infection will become TB disease is higher for people with HIV infection or other conditions that weaken the immune system.

TB disease can affect most tissues and organs, but usually it affects the lungs. The chance of developing TB disease is greatest soon after someone becomes infected and becomes less as time goes by. Infected babies and young children have a greater risk of developing TB disease than older people because their immune system is not fully developed. TB is also more likely to spread from the lungs to other parts of the body in children. Although it is not common, it is possible for people who are infected with TB during childhood to develop TB disease later in life. The most common reason why people develop TB disease is a weak immune system, especially when they are infected with HIV.

### Differences between TB infection and TB disease

|                      | TB infection         | TB disease                                 |
|----------------------|----------------------|--|
| TB germs in the body | Few                  | Many                                       |
| Chest x-ray          | Usually normal       | Usually abnormal                           |
| Sputum test          | Negative             | Positive                                   |
| TB symptoms          | No symptoms          | Symptoms (cough, fever, weight loss)       |
| Infectious to others | Cannot infect others | Often can infect others (before treatment) |

A person's risk of TB infection is determined by 1) the amount of TB germs in the air, 2) the length of time he or she breathes in that air with the germs, and 3) how strong their immune system is. People who live with someone with TB disease are more at risk than those who live with someone who has TB infection.

It is easy to pass these germs on to family members, especially when there are many people living in a small closed-in space, and there is not enough fresh air. **Anyone can get TB.** TB is **not** transmitted through food and water or by sexual intercourse, blood transfusion, or mosquitoes.

### Sources of infection

Most people who are infected with TB were infected by a person with the TB disease who was coughing. When a person with TB disease coughs, spits, or sneezes without covering his or her mouth, people nearby can breathe in the air and the germs. When the germs get into the body they can infect the lungs or other parts of the body. The germs can remain in the air for long periods of time. Direct sunlight kills TB germs in 5 minutes, but they can survive in the dark for a long time. This is why transmission usually happens inside buildings or homes.

## TB symptoms

When TB is in the lungs, the major symptom is a cough that continues for a long time (more than 3 weeks). When people with TB disease cough, they produce a lot of sputum (mucous and saliva) that may contain blood. Some symptoms of TB can look like other illnesses, so it is important that the person gets a test at a health facility and does not treat the cough with medicines purchased at a chemist.

People who have any of the symptoms below should go to a health facility immediately for treatment:

- Coughing more than 3 weeks
- Coughing up blood
- Chest pain
- Trouble breathing
- Fever
- Sweating at night, even when the weather is cold
- Losing weight
- Loss of appetite
- Tiredness

**TB can be cured so it is important to go to a health facility immediately.**

## TB diagnosis

It is important for people with TB-like symptoms to go to a health facility as soon as possible to know if they have TB disease. At the facility, a doctor will take a sputum sample and examine it under a microscope. They may also do other tests, such as an x-ray. The only way to know if a person has TB is through a sputum test in a laboratory.

If the TB test is positive, the patient will need to follow the advice of the health staff and take TB drugs until they are cured. People should not go to a chemist and buy medicine. Cough medicines do **not** cure TB. TB diagnosis and treatment is **FREE** at government facilities in Kenya.

## Treating TB disease

To cure TB disease, patients take a combination of different drugs. These TB drugs are taken once a day for between six to eight months. It is best to take the drugs at the same time every day. This helps the drugs work together to fight TB. It is better to take TB drugs without food or after a small meal.

TB can be cured if the patient takes the TB medicine regularly and on schedule, for the entire six to eight months, even if he or she feels better after having taken treatment for some of the time. TB can cause death if it is not correctly and completely treated. TB patients can continue to infect other people with TB if they do not take all their TB medicine. Taking only some of the medicine or not completing the whole treatment will not cure TB. It is dangerous not to follow the treatment correctly and take only some of the TB drugs because the disease may then become incurable. Most of the treatments to cure TB can be given at home, but must be taken as directed by a health care worker.

For the first two months of treatment, it is important that someone (a health worker or trained family member) watches the TB patient take his or her medicines. This person is there to watch and help the TB patient remember to take the tablets every day. This is called DOTS or Directly Observed Treatment, Short-Course. DOTS is a good approach because many people do not take their medicines on time because of side effects or because they forget. When people do not finish their complete TB treatment, it can cause drug resistance, which means that the medicines will no longer work to cure TB.



### **Drug-resistant TB**

Drug-resistant TB is a kind of TB that cannot be cured by the normal TB medicine. Patients can develop drug-resistant TB if they do not take all of their medicine for the time required or sometimes when health workers do not prescribe the proper treatment. When people do not take all the medicine, it allows the disease to fight back and eventually drugs will no longer work. One very dangerous type of drug-resistant TB is multidrug-resistant TB (MDR-TB). This specific TB is resistant to the two most powerful TB drugs. While drug-resistant TB can be treated, treatment lasts for much longer and is very expensive, and has very serious side effects for patients.

### **Preventing TB**

TB patients can prevent spreading TB to others in the family and community by:

- Going for treatment and being cured of TB.
- Covering the mouth and nose when coughing and sneezing.
- Making sure that people who have spent time with TB patients, particularly children and adults who are coughing, are tested for TB.

### **TB and HIV**

Some people are sick with only TB, some people are sick with only HIV, and some people are sick with TB and HIV at the same time. Having TB does not mean someone has HIV and having HIV does not mean someone has TB. With the right medicine, TB can be cured whether or not someone has HIV.

HIV weakens the immune system. Someone who is HIV infected and infected with TB is more likely to become sick with TB than someone infected with TB who is not infected with HIV. TB speeds up the HIV disease. TB is a leading cause of death among people with HIV.

### **Pregnancy and TB**

Women who think they may have TB should go for diagnosis as soon as TB is suspected. Not being treated for TB is much more dangerous to a pregnant woman and the foetus than taking the medications for TB. HIV-infected pregnant women who think they may have TB should be treated without delay. It is safe for women with TB to breastfeed their babies.



### **Gender and tuberculosis**

Gender awareness plays a role in the event of any type of illness. Men, women, boys, and girls of a family should have equal access to health services, as well as the ability to seek out those services. One sex should not be favored over another. Women often wait to seek health services for their own symptoms. Oftentimes, women must seek their husbands' permission to go to a health facility. It is important for women to pay attention to their health, go to a health facility if they think they may be sick, and have husbands who support them and allow them to make decisions about their own health.

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# I Malaria



Malaria is a common, and often deadly, disease, but it can be prevented and cured. It is important for people with symptoms to get prompt treatment from a health facility. With proper treatment, malaria can be cured, but waiting to get treatment can lead to death. This chapter will focus on preventing, recognising and treating malaria.

# 1. Malaria



## Session objectives

By the end of this session, participants will be able to:

- Explain how malaria is transmitted.
- Recognize symptoms of malaria.
- Explain why pregnant women and children are particularly at risk.
- List ways to prevent malaria.



## Session guide

1. **Ask:** Who has had malaria? Who has known someone who has had malaria?
2. **Ask:** What is malaria? Allow participants to discuss.
3. **Ask:** What is a parasite? Allow participants to discuss. [Answer: A parasite is an organism that lives on or in another organism.] **Explain** that malaria is an infection caused by a parasite that is carried from person to person by a certain type of female mosquito. Malaria can make people very sick or die. Malaria is usually found in places with warmer temperatures. Malaria parasites, which develop and live inside the mosquito, need warm temperatures to grow before they are old enough to be transmitted to humans. Although malaria can cause illness and death, it can be prevented and treated.
4. **Ask:** What are the symptoms of malaria? [Answers: high fever, shaking chills, and flu-like symptom, joint aches, and headaches.]
5. **Ask:** How can you know for sure that you have malaria? Allow participants to discuss.
6. **Explain** that the only way to know if someone has malaria is for a health worker to examine a blood sample. It is a simple test that only needs a finger prick of blood that a health worker looks at under a microscope. Fever can be a symptom of many other illnesses and infections. It is important to be examined in a facility to know for sure if it is malaria so it can be treated properly. Some medicines can no longer be used to treat malaria because the parasites have become used to them, which is why it is important to go to a health facility rather than treating yourself with medicines.
7. **Ask:** How do people get malaria? Allow participants to discuss.
8. **Explain** that people get malaria when one kind of a female mosquito that has the malaria parasites bites them and malaria parasites enter the person's blood. Once in a person's blood, the parasites travel to the liver and enter liver cells to grow and multiply. During this time, the infected person has no symptoms. After some time (one week to several months), the parasites leave the liver cells and enter red blood cells. Once in the cells, the parasites continue to grow and multiply. After the parasites are finished growing, the infected red blood cells break open, freeing the parasites to attack and enter other red blood cells. Parasites are released when the red cells burst and they cause the fever, chills, and other malaria symptoms.

Since the malaria parasite is found in red blood cells, malaria can also be transmitted through blood transfusion, organ transplant, or the shared use of needles or syringes contaminated with blood. Malaria may also be transmitted from a mother to her foetus before or during delivery.



Malaria is not transmitted from person to person like a cold (homa). You cannot get malaria from touching malaria-infected people. Anyone can get malaria. People who have many bites from mosquitoes infected with the malaria parasite are most at risk of becoming ill or dying.

9. **Ask:** When and where do people usually get malaria? [Answer: Indoors between the hours of 10:00 p.m. and 6:00 a.m.]
10. **Ask:** How can malaria be prevented? Participants should mention the following:
  - Sleep under insecticide treated bed nets and re-treat them regularly .(If a family has a pregnant woman or young children, it is very important that they use the nets before anyone else. They are most at risk.)
  - Do not wash insecticide treated nets until it is time for the next treatment.
  - Removing empty containers (like tins) where mosquitoes can breed.
  - Draining nearby pools of water.
  - Screening doors and windows against mosquitoes if possible.
  - Spray insecticides on your home's walls to kill mosquitoes that come inside.
  - Wear insect repellent and long-sleeved clothing when you are outside at night.
11. **Ask:** Who here sleeps under a bed net? **Ask** participants who do sleep under a bed net: Why do you sleep under a bed net? Does everyone in your family sleep under one? Is it a treated bed net? **Ask** participants who do not sleep under a net: Why don't you sleep under a bed net?
12. **Ask:** How do insecticide-treated bed nets benefit the community? [Answer: They kill mosquitoes which means there are less mosquitoes to infect people.]
13. **Ask:** Why is malaria so dangerous for pregnant women and young children? [Answer: Young children and pregnant women are very vulnerable to malaria because their bodies have little or no immunity to malaria, so they are more likely to become very ill if infected and possibly die.]
14. **Ask:** What advice would you give to a pregnant woman about malaria? [Answer: go for antenatal care and get medicine to prevent malaria, sleep under an insecticide-treated bed net.]
15. **Ask:** Why is it important to go for treatment quickly if someone has malaria? [Answer: Infection with malaria, if not promptly treated, may cause kidney failure, seizures, mental confusion, coma, and death. Mild malaria should always be treated quickly because it can quickly develop into severe illness and death. It is important for people with malaria to take all the medication they are given.



## Main messages

- Malaria is easy to treat in all age groups.
- It is important to take all drugs prescribed by a health care provider to be cured.
- Malaria can be prevented by taking action at the home.
- Pregnant women and children are most at risk of getting malaria and should sleep under insecticide treated nets.
- Pregnant women should go for antenatal visits and take two doses of SP.



## Activity: Malaria role plays

Ask for volunteers to role play the following scenes in front of the group.

- Father has bought one insecticide treated bed net for the family, but he insists on using it. His wife is pregnant and he has a young daughter. His brother tries to convince him to share the net with his pregnant wife and child or to buy another net.
- A mother and her neighbour are talking. The neighbour notices the child seems to have a fever, be very tired, and have trouble breathing. The mother also mentions that the child has not been eating well. The neighbour talks with the mother about taking her child for treatment and why it is important not to wait.
- Two friends are talking. One friend complains of having a fever and joint pain. He says that he has gone to the traditional healer for herbs but is still feeling sick. The other friend gives suggestions for what to do.

After each role play, ask participants the following questions:

- Do you agree with what the characters decided to do?
- Would you have done anything differently?
- Is what happened similar to what would happen in real life?
- How will the decisions the actors made influence their lives?

After all role plays have been performed, summarize the role plays and ask participants to talk about how it relates to issues in our own community.





## Background notes

Malaria is an infection caused by a parasite and carried from person to person by a certain type of mosquito. Malaria can make people very sick or die. People with malaria are usually sick with high fevers, shaking chills, and flu-like illness. Although malaria can cause illness and death, it can be prevented.

Malaria is usually found in areas with warmer temperatures, which is where mosquitoes usually live. Malaria parasites, which develop and live inside the mosquito, need warm temperatures to grow before they are old enough to be transmitted to humans.

### ***Malaria transmission***

Malaria is transmitted when a female anopheles mosquito carrying malaria parasites bites a person and passes on the parasite. When a mosquito bites, it takes a small amount of blood from the person that can have tiny malaria parasites. The parasite grows in the mosquito's stomach for a week or more, then travels to the mosquito's salivary glands. The next time the mosquito bites someone, these parasites mix with the mosquito's saliva and are injected into the bite. Mosquitoes that transmit malaria mostly bite people indoors between 10.00 p.m. and 6.00 a.m.

Once in a person's blood, the parasites travel to the liver and enter liver cells to grow and multiply. During this time, the infected person has no symptoms. After some time (one week to several months), the parasites leave the liver cells and enter red blood cells. Once in the cells, the parasites continue to grow and multiply. After the parasites mature, the infected red blood cells break open, freeing the parasites to attack and enter other red blood cells. Parasites are released when the red cells burst and they cause the fever, chills, and other malaria symptoms. When a mosquito bites an infected person, it ingests malaria parasites and the cycle of transmission continues.

The malaria parasite is found in red blood cells and can be transmitted through blood transfusions, organ transplants, or the shared use of needles or syringes contaminated with blood. Malaria may also be transmitted from a mother to her foetus before or during delivery.

Malaria is not transmitted from person to person like a cold. You cannot get malaria from touching malaria-infected people. Anyone can get malaria. People who have many bites from mosquitoes infected with the malaria parasite are most at risk of becoming ill or dying. Young children and pregnant women are also very vulnerable to malaria because their bodies have little or no immunity to malaria, so they are more likely to become very ill if infected and possibly die.

### ***Preventing malaria***

The following things can help you and your family prevent malaria:

- Sleep under insecticide treated bed nets and re-treat them at regularly. If a family has a pregnant woman or young children, it is very important that these people use the nets before anyone else. They are most at risk.
- Do not wash insecticide treated nets until it is time for the next treatment.
- Reduce the number of mosquitoes in and around your home by:
  - Removing empty containers (like tins) where mosquitoes can breed.
  - Draining nearby pools of water.
  - Screening doors and windows against mosquitoes if possible.
- Spray insecticides on your home's walls to kill mosquitoes that come inside.
- Wear insect repellent and long-sleeved clothing when you are outside at night.

The table below compares insecticide treated nets with untreated nets.

| Insecticide Treated Nets  | Untreated Nets  |
|---|---|
| <ul style="list-style-type: none"><li>• Provide a high level of protection from mosquitoes.</li><li>• Kill mosquitoes that touch the net.</li><li>• Reduce the number of mosquitoes in the house, inside and outside the net.</li><li>• Also kill lice, ticks, and pests such as bedbugs and cockroaches.</li><li>• Are safe for people to use.</li></ul> | <ul style="list-style-type: none"><li>• Provide some protection from mosquitoes.</li><li>• Let mosquitoes in to bite:<ul style="list-style-type: none"><li>• When a person enters or leaves.</li><li>• If there is a hole or tear in the net.</li><li>• If the net is badly hung.</li><li>• When skin touches the net.</li></ul></li><li>• Do not kill or repel mosquitoes.</li></ul> |

In addition to nets that have to be treated with insecticide, there are now new long-lasting insecticide-treated nets that can repel and kill mosquitoes for up to 3 years or for about 20 washes. These nets do not have to be retreated during this time. The long-lasting insecticide-treated net for sale in Kenya is called PermaNet.

When whole communities use insecticide treated nets there are fewer mosquitoes carrying malaria parasites. The advantages for the community are that there is less severe malaria and fewer children die, fewer children become sick from malaria, and young children are healthier and grow better.

Treating nets with insecticide is simple and quick, but it is important to do it correctly:

- Only use recommended insecticides and re-treat nets at the right time.
- Mix insecticide in the right amount of water for the net.
- Dip and dry the net so that the whole net is treated.
- Always read the instructions on the pack of insecticide and follow them carefully.

Mosquitoes breed wherever there is still water; in ponds, swamps, puddles, pits, drains and in the moisture on long grass and bushes. They also breed along the edges of streams and in water containers, tanks and rice fields. The number of mosquitoes can be reduced by:

- Filling in or draining places where water collects.
- Covering water containers or tanks.
- Clearing bushes around houses.

Malaria affects the entire community. Everyone can work together to reduce the places where mosquitoes breed and to organize regular treatment of mosquito nets with insecticide. Communities should ask all health workers and political leaders in their regions to help them prevent and control malaria.

### **Signs and symptoms of malaria**

Malaria can vary from mild to serious disease. Most people with malaria have:

- Fever (hot body) or a history of fever lasting a few days.
- Headache.
- Body and joint pains.
- Feeling cold and sometimes shivering.
- Loss of appetite.

Sometimes they will have abdominal pains, diarrhoea, nausea and vomiting.

Malaria may cause anaemia and jaundice (yellow coloring of the skin and eyes) because of the loss of red blood cells. Infection with malaria, if not promptly treated, may cause kidney failure, seizures, mental confusion, coma, and death.



For most people, symptoms begin 10 days to 4 weeks after infection, although a person may feel ill as early as 7 days or as late as 1 year after. If you think you, or someone you are caring for, has malaria, go to a health facility immediately.

### ***Treating malaria***

Malaria can be treated. If the right medicines are used, people who have malaria can be cured. However, the disease can continue if it is left untreated or if it is treated with the wrong medicine. Some medicines are no longer effective because the parasite is resistant to them, which is why it is important to go to a health facility rather than treating yourself with medicines.

Malaria should be treated as soon as possible, before it becomes life threatening. People who have any of the above symptoms should go to a health centre as soon as possible. Mild malaria should always be treated quickly because it can quickly develop into severe illness and death. It is important for people with malaria to take all the medication they are given.

To be sure someone is treated properly, it is important that caregivers recognize early symptoms and danger signs. For children, danger signs include:

- Looking unwell.
- Not eating or drinking.
- Being tired.
- Losing consciousness.
- Having fits (convulsions).
- Vomiting.
- Having a high fever.
- Breathing fast or having difficulty breathing.

It is important that caregivers get care immediately from a health care provider if a child is experiencing any of the above symptoms.

### ***Malaria during pregnancy***

Pregnant women are at special risk from malaria infection. Malaria infection during pregnancy can have dangerous effects on both the mother and foetus, including anaemia (thin blood) in the mother, miscarriage, premature delivery, and delivery of low birth-weight infants (less than 2500 g). Babies who are born underweight are more likely to be sick or die during their first year. Malaria during pregnancy is particularly dangerous for women with their first pregnancies and for women who are HIV-positive.

### ***Prevention and control of malaria during pregnancy***

Pregnant mothers should go for four (4) antenatal visits. During antenatal visits, pregnant women will be given two doses of SP to prevent malaria. These drugs are not harmful to the mother or the baby. Often a pregnant woman can have malaria but shows no signs of having malaria. For example, she may not have a fever or any other symptoms. This is very dangerous because she can still pass malaria onto the foetus. To protect the mother and the foetus from possible malaria, the Ministry of Health recommends that all pregnant women receive two treatment doses of SP when they attend the antenatal clinic during the pregnancy, whether they appear to have malaria or not.

**It is especially important for pregnant women and children to sleep under insecticide treated bed nets.**



## Gender and malaria

Gender awareness plays a role in the event of any type of illness. Men, women, boys, and girls of a family should have equal access to health services, as well as the ability to seek out those services. One sex should not be favoured over another. Pregnant women and children under five years of age are very vulnerable to malaria- it can be dangerous to their health and can cause them to die. A protective measure like a bed net is often used by the male in the household so that he can go to work without sickness. However, these resources need to be shared and used to protect the pregnant women and children who face more danger if they get malaria. It is also important for pregnant women to receive medicine that would help prevent malaria during pregnancy, but this requires resources that are often controlled by the husband. A husband's understanding, involvement, and support in health care decisions and prevention measures is very important.

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# Sexuality and relationships



This chapter provides information on sexuality, being sexually healthy, enhancing relationships with our partners and our children, and improving communication skills.



# 1. Sexuality



## Session objectives

By the end of this session, participants will be able to:

- Explain the difference between sexuality and sex
- List the different parts of sexuality
- Describe what it means to be sexually healthy.



## Session guide

1. **Ask:** What first comes to your mind when you hear the word sexuality? Allow participants to discuss.
2. **Explain** that sexuality is more than sexual intercourse and sexual feelings. Sexuality exists throughout a person's life and is the total expression of who we are as human beings, male or female. It is an important part of who a person is and it is always changing as we grow and develop. It is a part of us from birth to death. Sexuality can be complicated to understand. Sexuality includes our thoughts and feelings about sex, feeling attractive, being in love, religious and cultural views on sexual activity, feelings about our bodies, sexual fantasies, being attracted to someone, kissing, touching, how we define what is male or female, how we love, and being physically and emotionally close to another person. Just like there are many parts that make up our personality, there are many parts that make up sexuality. Our culture, traditional beliefs, and gender roles play an important part in defining what we consider normal sexual feelings and behaviour for men and women.
3. **Ask:** What first comes to when you hear the word sex?
4. **Explain** that sex is a word used to describe whether a person is male or female, but sex is also used to talk about sexual intercourse. Sexual intercourse is when a penis goes into the vagina. Other sexual activities are oral sex, when a person touches their partner's genitals with their mouth, and anal sex, when a penis goes into the anus. All of these sexual activities can put people at risk for HIV and other sexually transmitted infections. Sexual intercourse puts a woman at risk for pregnancy. Sex is both emotional and physical. In addition to physical risks, there are emotional risks. Sex is attached to many emotions, and after sex people can feel disappointed. Sex is one part of sexuality. Emphasize that sexual intercourse is an activity done by the body, whereas sexuality is in the mind and is about the whole person.
5. **Ask:** What are other parts of our sexuality? Allow participants to discuss. [Answers: body image, gender roles, relationships, intimacy, love, attraction, sexual arousal, social roles, and sex (either male or female).]
6. **Explain** that sex and sexuality are often thought to mean sexual intercourse and other sexual activities. However, sex is whether a person is male or female. Sex is one part of sexuality. Sexuality includes thinking of oneself as sexual, feeling attractive, or communicating in a sexy way. Our sexuality influences how we behave. Our culture, traditional beliefs, and gender roles play an important part in defining what we consider normal sexual feelings and behaviour for men and women.



For example, some cultural traditions recognize that women have sexual desires and urges whereas other cultures do not. In some cultures it is very important for girls to be virgins when they get married, whereas men are expected to be sexually active by the time they are married.

7. **Explain** that there are many parts that make up our sexuality. Each of these parts make a person who he or she is. Divide participants into eight groups and assign one of the following words to each group. Ask each group to discuss what they understand their word to mean and how it relates to sexuality.
  - Body image
  - Gender roles
  - Relationships
  - Intimacy
  - Love and affection
  - Sexual arousal
  - Social roles
  - Genitals
8. After five minutes, **bring** the groups back together and facilitate a discussion. Ask a representative from each group to share what they discussed about their word. Allow other learners to add additional information.
9. **Facilitate** a discussion with the following questions:
  - Are there any parts that they did not think of as being “sexual” before?
  - Which of the parts feel most familiar? Why?
  - Which part is the most important?
  - How do these different parts influence our lives? Our relationships?
10. **Explain** that it is normal to have many different feelings about sexuality, including fear, frustration, uncertainty, embarrassment, confusion, shame, guilt, curiosity, satisfaction, or pride.
11. **Ask:** What does it mean to be sexually healthy? Allow participants to discuss.
12. **Explain** that there are things we can do to be sexually healthy. We can learn as much as possible about sex and reproduction. Most importantly, we can take the time to think about choices related to sexual activity. When we decide to have sexual intercourse, we can remain faithful to one partner, as well as protect ourselves from pregnancy and infections. Before acting on sexual feelings, it can help to think about what could happen if you do something. We can ask ourselves:
  - Will I or anyone else be put at risk for unwanted pregnancy, HIV, or other sexually transmitted infections (STI)?
  - Will acting on my sexual feelings cause any other problems, such as misunderstandings or miscommunication in our relationship?
  - Will it make me or my partner feel uncomfortable?
  - Will anyone’s feelings get hurt?
13. **Explain** being sexually healthy means taking the time to think about these things before acting on sexual feelings. Being sexually healthy also includes our emotional health. Sex is attached to many emotions. Sometimes you might want to have sex to feel closer, but you can end up feeling disappointed. Sex should be between two people who respect and care for each other. Sex is an emotional act. It should feel good to both people. Sex should not be used as a reward or to get something from someone. Sex should be agreed on by both people. If one person says no or stop, then it should stop. No one should be forced to have sex.

14. **Facilitate** a discussion using the following questions:

- How does our sexuality affect our relationships?
- How does our sexuality affect our lives?
- What can we do to be more sexually healthy?
- How can we talk with our partners about our sexuality?



### Main messages

- Sexuality is more than sexual intercourse and sexual feelings. Sexuality includes our thoughts and feelings about sex, including feeling attractive, being in love, religious and cultural views on sexual activity, feelings about our bodies, sexual fantasies, how we define what is male or female, and being physically and emotionally close to another person.
- Culture, tradition, and gender roles define what is considered normal sexual feelings and behaviour for men and women.
- Being sexually healthy means thinking about the potential risks to our physical and emotional health before acting on sexual feelings.



## 2. Good communication



### Session objectives

By the end of this session, participants will be able to:

- List qualities of good communication.
- Explain the importance of good communication in relationships.
- Use effective communication tips to become better communicators.



### Session guide

1. **Ask:** What are different ways we communicate? [Answers: words, sounds, silence, voice, body, eyes, and face.]
2. **Ask** for volunteers to act out different emotions in front of the group by moving their bodies and facial expressions and not speaking. The other participants will try to guess what emotion is being acted out. **Whisper** one of the emotions to each of the volunteers so the other participants cannot hear: anger, happy, sad, confused, tired, disappointment.
3. **Explain** that as we just saw, communication is made up of things we say and things we do not say. **Ask:** Why is good communication important in relationships? Allow participants to discuss.
4. **Ask:** What do you think is meant by good communication? Allow participants to discuss.
5. **Explain** that listening to another person is important for good communication. Often, we spend more time talking and less time really listening. Divide participants into pairs and give them the following instructions:
  - One person is Person A and one person is Person B.
  - Person A should talk for 2 minutes about some problem or concern they have. For example, a girl could be talking to her friend about her concerns that her husband has a girlfriend in town, or a man could be talking to his brother about his desire to stop drinking so much.
  - Person B should try to communicate interest, understanding and help in any way they wish without speaking.
  - At the end of 2 minutes, have pairs switch roles and repeat the exercise.
  - At the end of the second 2 minutes, the pairs should talk freely for another minute about the problems previously discussed.
6. **Bring** participants back together and **facilitate** a discussion about the exercise using the following questions:
  - How did you feel?
  - How was it when you switched roles?
  - Was your partner able to communicate without talking?
  - Did you feel that your silent partner helped you?
  - Did you feel that you listened better when you knew that you could not speak?

7. **Explain** that good communication is essential for happy relationships and it is important that we learn how to talk and listen successfully. Try to find time each day to talk with your partner. Talking about your lives is one way to feel closer and understand each other better. When you are listening, make your partner the centre of attention. Face him or her and try not to think about other things and just listen. Show that you are listening by nodding or smiling; it can help your partner feel like you are interested and appreciate what he or she is saying. If you are talking about something emotional or private, try to be on your own so there are no other distractions. Being a good listener can encourage your partner to talk with you more often.
8. **Explain** that just as listening is important, it is also important that we say what we think and feel to our partners. The following are ways we can do that:
  - If there is an issue you want to talk about, say it. Do not wait to talk about things that are important to you.
  - When you start to talk about an issue, stay focused on that issue until the two of you solve it or both agree to talk about it later.
  - Let your partner know about how important an issue is to you.
  - Say "yes" when you mean yes; say "no" when you mean no.
  - If your partner wants to talk about an issue, talk about it until you both solve it or decide to talk about it more later. Also, try not to point out your partner's guilt for doing the same thing or something worse.
  - Try to understand your partner's point of view.
  - Make an agreement that when you are talking either one of you can ask to talk about something later to give yourselves time to calm down and avoid having a conversation that is becoming destructive.
9. **Ask:** What are some common situations that cause married couples to not communicate effectively? Write down at least four examples.
10. **Divide** participants into pairs and ask each pair to role play one of the situations mentioned and how they would communicate effectively to solve it.
11. After 5-10 minutes, **bring** participants back to the group and have pairs share how they talked about the situation.
12. **Ask:** What can we do to become better at communicating in our own relationships? Allow participants to discuss.



### Main messages

- Listening to the other person is important for good communication.
- Good communication is essential for happy relationships. It is important to listen carefully to our partners, as well as share our thoughts and feelings with them.



### 3. Healthy relationships



#### Session objectives

By the end of this session, participants will be able to:

- Identify qualities that make a marriage good.
- List the 3 C's for a good marriage.
- List things they can do to improve their own marriages.



#### Session guide

1. **Ask:** What are some of the different kinds of relationships that we have? [Possible answers: husband/wife, parents/children, brothers/sisters, friends, and colleagues.]
2. **Ask:** What are qualities that make a relationship good? Allow participants to discuss.
3. **Explain** that today we are going to talk about marriage and what makes a marriage healthy. Since a marriage is different from other relationships – it has different expectations and responsibilities – we are going to focus on it.
4. **Ask:** What does it mean to be married? Allow participants to discuss. They should mention the following:
  - *Commitment:* Spouses view their relationship as permanent and are willing to sacrifice and compromise personal needs for each other. Marriage is not only a commitment to another person but also to the community.
  - *Satisfaction:* Overall, individuals are happy with the relationship.
  - *Communication:* Couples share their feelings and thoughts.
  - *Effective conflict resolution:* Even though couples do not always agree, they handle disagreements in a productive and healthy way.
  - *Lack of violence and abuse:* Conflict is normal, but aggressive behaviour and violence are signs of an unhealthy marriage.
  - *Fidelity:* Spouses are sexually faithful to one another.
  - *Friendship:* Spouses respect each other and enjoy spending time together.
  - *Intimacy:* Couples are physically and emotionally intimate.
  - *Commitment to children:* The couple is committed to the well-being of all their children.
5. **Explain** that it is normal for marriages to be good sometimes and not as good other times. It is normal to have disagreements, in good marriages we solve disagreements in a positive and healthy way. Couples have to work to have a healthy marriage. Marriages are different for each couple, it is important for each of us to focus on what is important for our own marriages. **Review** the "3 C's" for a healthy marriage:
  - *Companionship:* holding deep respect for each other, enjoying one another's company, and sharing similar views on how the relationship should be.



- **Communication:** avoiding criticism and anger; disagreeing in a nice and respectful way, understanding that some problems cannot be solved immediately, solving problems together, knowing when to calm down, accepting differences, and being willing to forgive.
  - **Commitment:** Most marriages go through difficult times, but many times overcoming a difficult situation can make a relationship stronger.
6. **Ask:** Who is responsible for making a marriage work? Allow participants to discuss.
  7. **Ask** for volunteers to conduct a role play. One volunteer will play the wife and the other will play the husband in the following situation. Ask them to act out how they will solve the disagreement.
 

*A husband and wife have a daughter, who is in standard 8. She has been accepted at a good national school. The wife wants the daughter to go to the school even though it will mean leaving the family. The husband wants the daughter to stay at home so she can be married soon.*
  8. **Ask** participants the following questions:
    - Was the role play realistic?
    - Do you agree with how the dilemma was solved?
    - Would anyone like to take the place of the actors and show us how you would have solved it?
    - Do you know couples who have had a similar situation? How did they solve it?
  9. **Ask** for two new volunteers to conduct a different role play. One volunteer will play the wife and the other will play the husband in the following situation. Ask them to act out how they will solve the disagreement.
 

*A husband and wife have five children, all daughters. The wife has been hearing about family planning at her women's group and she wants to go for female sterilization. The husband wants a son and does not want to use a contraceptive method until he has a boy.*
  10. **Ask** participants the following questions:
    - Was the role play realistic?
    - Do you agree with how the dilemma was solved?
    - Would anyone like to take the place of the actors and show us how you would have solved it?
    - Do you know couples who have had a similar situation? How did they solve it?
  11. **Ask** for two new volunteers to conduct a different role play. One volunteer will play the wife and the other will play the husband in the following situation. Ask them to act out how they will solve the disagreement.
 

*A husband went away on a trip where he got drunk and had sex with another woman. Now that he is back home he is afraid to have sex with his wife because he is worried he may have an infection and does not want to pass it to her. She is beginning to become suspicious now that he has been back almost two weeks.*
  12. **Ask** participants the following questions:
    - Was the role play realistic?
    - Do you agree with how the dilemma was solved?
    - Would anyone like to take the place of the actors and show us how you would have solved it?
    - Do you know couples who have had a similar situation? How did they solve it?
  13. **Ask** for two new volunteers to conduct a different role play. One volunteer will play the wife and the other will play the husband in the following situation. Ask them to act out how they will solve the disagreement.



*A pregnant wife went for antenatal care where she was tested for HIV. Her results were positive. Since she has been married, she has been faithful to her husband, but before they were married she had engaged in unprotected sex. She is afraid to tell her husband and does not know what to do. She wants him to go for testing. She also wants him to start to wear condoms to protect him (if he is not infected) and to protect them both against re-infection (if he is infected).*

14. **Ask** participants the following questions:

- Was the role play realistic?
- Do you agree with how the dilemma was solved?
- Would anyone like to take the place of the actors and show us how you would have solved it?
- Do you know couples who have had a similar situation? How did they solve it?

15. **Summarize** the comments made during the role plays. **Ask:** Does anyone have any advice to share about how to improve communication between husbands and wives? Allow participants to discuss.



### Main messages

- In order to have a healthy marriage, both partners should: be committed, share their feelings and thoughts, resolve conflicts in a positive way, not use violence, be faithful to each other, respect each other, be intimate (physically and emotionally), and be committed to the well-being of all their children.
- It is normal for marriages to be good sometimes and not as good other times. Couples have to work to have a healthy marriage.
- The "3 C's" for a healthy marriage are companionship, communication and commitment.

## 4. Talking with our children



### Session objectives

By the end of this session, participants will be able to:

- Explain why it is important to talk with our children about sexuality.
- List ways to make talking with our children easier.



### Session guide

1. **Ask** participants to stand in the middle of the meeting space. **Explain** that you will read different statement about young people. After each statement, people who agree should move to the right and people who disagree should move to the left. After participants have moved, ask a couple participants from each side to share their views. **Remind** participants that these are opinions and there are not right or wrong answers. Then bring participants back to the centre of the space and read another statement.
  - Contraceptives should be available to young people of any age.
  - Talking with young people about sex can lead to early sex and promiscuity.
  - It is worse for an unmarried girl to have sex than for an unmarried boy.
  - Condoms are the best contraceptive for youth because they protect against STIs, including HIV.
  - Young people do not like to talk with adults about sexuality and reproductive health.
  - Girls who become pregnant should be thrown out of their homes for shaming their families.
  - Teachers should not talk to our children about sex.
2. **Ask** participants to sit back down and facilitate a discussion by asking the following questions. Allow several participants to share their thoughts and feelings.
  - How did it feel to agree or disagree with these statements?
  - Were any statements easier or harder to make a decision about?
  - How do our values and attitudes affect our ability to talk with our children?
3. **Explain** that it is normal for people to have strong opinions about sexuality and reproductive health issues especially when talking about young people. Young people will be more likely to talk honestly and openly about their own values, opinions, and experiences if they feel that they are being accepted and not judged. What you think and feel will have a strong influence on how you respond to their questions. Try to be tolerant and accept that they may not share your values. Young people often ask influential adults about their own values related to sexuality and reproductive health. It can be helpful to share some of your own values and values that you learned.
4. **Facilitate** a discussion by asking participants to think back to when they were young and their bodies were changing. **Ask** the following questions to generate discussion:
  - Did your parents talk with you about puberty?
  - Where did you learn about sex?
  - Did you have access to accurate information about sex and relationships?
  - How would your life have been different if you had access to accurate information?



5. **Ask:** How many of you have children? How many of you have talked with your children about body changes during puberty, sex, relationships, and preventing pregnancy and STIs, including HIV? Allow participants to share their experiences.
6. **Explain** that parents want to protect their children against sexually transmitted infections, HIV, and pregnancy. But, many parents worry that talking with young people about sex will lead them to have sex. **Emphasize** that research from all over the world has shown that talking with young people about sex does not lead to sexual activity. In fact, it often leads to more responsible and safer attitudes towards sex, and can even cause young people to wait to have their first sexual experience.
7. **Explain** that it is normal for parents to feel uncomfortable talking with their children about sex. Some parents may be afraid they do not know the right answers or feel uncertain about the amount of information to share. It is normal to feel uncomfortable, but that should not keep you from talking with your children. Children are naturally curious about sex. When they ask you a question about sex, puberty, reproduction, or AIDS you should give honest answers without passing judgement. You can start by asking them what they already know. This gives you a chance to correct any incorrect information they have and know what other information they need.
8. **Divide** participants into pairs and explain that they will practice talking with their children using a role play. One person will play the role of the parent and the other will play the role of the child (participants can decide on the child's age and gender). **Explain** that there are many ways to use questions to talk with your children about relationships, puberty, sex, and HIV and AIDS.  
Read the following questions and ask the person playing the parent to use one of the questions to start a conversation with their child.
  - Have you noticed any changes in your body?
  - Do your friends have boyfriends and girlfriends?
9. After 5 to 10 minutes, **ask** participants to switch roles. Read the following questions and ask the person playing the parent to use one of the questions to start a conversation with their child.
  - Your cousin is getting married, what are some of the qualities you would want in a husband or wife?
  - Did you see that signboard about Ukimwi? What have you heard about AIDS?
10. After 5 to 10 more minutes, **bring** participants back to the larger group. Use the following questions to facilitate a discussion about the role plays:
  - Did anyone feel like their partner did a good job in the role as a parent? Why did you think it worked so well?
  - Did asking questions seem like a good way to start a conversation?
  - Why is it difficult to talk with our children?
  - What do you think could make talking with our children easier?
11. **Explain** that if you let your children know that they can talk to you and ask you questions about any topic, including sex from an early age, you can talk with them about making good decisions about sex and preparing for how they would get out of risky situations or protect themselves. You can influence your children's health and behaviour by sharing your values, giving information, listening to their concerns, answering their questions, and helping them develop skills to avoid behaviours that may lead to HIV infection. **Remind** them that most people are infected with HIV through sexual activity, so talking with your children about sex can protect their health and well-being.
12. **Ask:** Do you think telling children not to have sex will keep them from having sex? Allow participants to discuss.



13. **Explain** that it is also important to talk with children in a way that shows that you respect them and have confidence in their ability to make decisions. If you tell young people, "Don't have sex!" they may not listen or feel comfortable talking with you. Admit that sex can be positive if it is at the right time with the right person. Explain that sex is both physical and emotional. It can bond people deeply, but it can also make people feel badly if they are not ready. Also, talk about the health and other consequences of sex. Girls and boys may need different information. For example, girls need to learn to say no firmly looking a boy in the eye when they do not want to have sex. Boys need to be told that they should never assume that girls want to have intercourse just because they do not say no.
14. **Ask:** Should children of all ages be given the same information about sex? What is appropriate for different ages? Allow participants to discuss and refer to the information in the table on the following page.
15. **Ask:** What would you say to someone who said that talking with young people about reproductive health and sex encourages promiscuity? Allow participants to discuss.
16. **Ask:** Do you think schools should teach children about reproductive health? Allow participants to discuss.



### Main messages

- It is normal for parents to feel uncomfortable talking with their children about sex, but that should not keep you from talking with them.
- Research from around the world has shown that giving children accurate information about sex does not increase sexual activities, and can even delay sexual activity.



### Background notes

#### Sexuality

Sexuality can be complicated to understand. Sexuality includes our thoughts and feelings about sex, feeling attractive, being in love, religious and cultural views on sexual activity, feelings about a changing body during adolescence, sexual dreams, crushes, hugging, kissing, touching, how we define what is male or female, how we love, and being physically close in other ways. Just like there are many parts that make up our personality, there are many parts that make up sexuality. Our culture, traditional beliefs, and gender roles play an important part in defining what we consider normal sexual feelings and behaviour for men and women.

#### What is sex?

Sex is a word used to describe whether a person is male or female, but sex is also used to talk about sexual intercourse. Sexual intercourse is when a penis goes into the vagina. Other sexual activities are oral sex, when a person touches their partner's genitals with their mouth, and anal sex, when a penis goes into the anus. All of these sexual activities can put people at risk for HIV and other sexually transmitted infections. Sexual intercourse puts a girl at risk for pregnancy. Sex is both emotional and physical. In addition to physical risks, there are emotional risks. Sex is attached to many emotions, and after sex people can feel disappointed.



Sex should be between two people who respect and care for each other. Sex is an emotional act. It should feel good to both people. Sex should not be used as a reward or to get something from someone. Sex should be agreed on by both people. If one person says no or stop, then it should stop. No one should be forced to have sex.

### **Being sexually healthy**

There are things we can do to be sexually healthy. We can learn as much as possible about sex and reproduction. Most importantly, we can take the time to think about choices related to sexual activity. One of our choices is to say no to sex. When we decide to have sexual intercourse, we can remain faithful to one partner, as well as protect ourselves from pregnancy and infections.

Most people feel shy or even embarrassed about some aspects of sexuality and may not want to ask questions or talk about changes in their bodies. It is important to know that these feelings are completely normal. Many young people also feel guilty, ashamed, or bad about their sexuality. If you feel guilty feelings, ask yourself if what you are feeling guilty about is something that is harmful (or could be) to yourself or others. If it is not, then let go of the guilty feelings.

Sometimes it is hard to remain sexually healthy. We are not taught in school or at home what this means. Most young people get their information from friends, older brothers or sisters, music, and magazines, which can be incorrect and confusing. An important part of healthy sexuality is being able to tell the difference between sexual behaviours that are healthy and those that are harmful. Before acting on sexual feelings, it can help to think about what could happen if you do something. We can ask ourselves:

- Will I or anyone else be put at risk for unwanted pregnancy, HIV, or other sexually transmitted infections (STI)?
- Will acting on my sexual feelings cause any other problems, such as misunderstandings or miscommunication in our relationship?
- Will it make me or my partner feel uncomfortable?
- Will anyone's feelings get hurt?

Being sexually healthy means taking the time to think about these things before acting on sexual feelings. Being sexually healthy also includes our emotional health. Sex is attached to many emotions. Sometimes you might want to have sex to feel closer, but you can end up feeling disappointed.

### **Communication**

Communication is the process of sending and receiving information or thoughts through words, actions, or signs. People communicate to share knowledge and experiences, give information, express feelings, and solve problems or arguments. Communication is a skill and forms the basis of all relationships. The quality of communication affects the quality of a relationship.

Non-verbal communication or body language gives meaning to what is said and includes tone of voice, facial expressions (smiling or frowning), eye contact, body position (sitting, standing, pacing, leaning forward or backward), touch, and actions. Body language can influence communication negatively or positively.

Verbal communication is when one person talks and others listen and react. The conversation can be informative, in the form of questions, a negotiation, statements, instructions, or a story. In relationships communication is usually informal. Communication misunderstandings and problems can happen when one person talks for too long, speaks too softly, interrupts the speaker, does not listen carefully, or when there are loud noises in the background or other distractions.



Listening carefully is essential for good communication. Many times the listener is busy thinking about what they are going to say and does not pay close attention to what the speaker is saying. This can cause misunderstandings and confusion. It is important to listen closely to everything that is said without interrupting and then react afterwards.

## Relationships and marriage

Good relationships are based on love, mutual respect and willingness to work at the relationship. In a good relationship, both people are honest with each other. Both people feel safe in the relationship and do not worry that the other will betray their trust. Both people usually find enjoyment and pleasure in the relationship and neither person tries to control the other person or to pressure him or her into doing things. Neither person takes advantage of the other in any way.

There are several qualities that make a relationship healthy. The best relationships result from both people contributing all of these qualities:

- **Respect:** To respect another person means to honour them, to hold them in high regard or esteem, and to treat them as if they are worthwhile even if they are different from you.
- **Responsibility:** To be responsible means that others can depend and rely on you, that you do as you said you would, and you are able to distinguish right from wrong. For example, you take responsibility for taking care of your own health and well-being and that of your partner and your family.
- **Understanding:** To be understanding means to be knowledgeable about another person, to try to understand his or her position or feelings, or to listen and support someone. It means trying to put yourself in someone else's shoes, in order to understand what life looks like from their point of view.
- **Cooperation:** To work at a relationship means to put effort into the relationship, and not take the other person for granted. It involves willingness to work with someone to be in a relationship and sustain it.
- **Caring:** To be concerned and interested in another person's feelings and needs, and to want what is best for that person. It means feeling love or a liking for a person and wanting to protect that person.

## Talking with our children

It is normal for people to have strong opinions about sexuality and reproductive health issues especially when talking about young people. Young people will be more likely to talk honestly and openly with adults and parents about their own values, opinions, and experiences if they feel that they are being accepted and not judged. Many people worry that talking with young people about sex will lead to sexual activity. Research from all over the world has shown that talking with young people about sex does not lead to sexual activity.

In fact, it often leads to more responsible and safer attitudes towards sex, and can even cause young people to wait to have their first sexual experience. It is normal for parents to feel uncomfortable talking with their children about sex. Some parents may be afraid they do not know the right answers or do not know how much information to share. It is normal to feel uncomfortable, but that should not keep you from talking with your children. Children are naturally curious about sex. When they ask you a question about sex, puberty, reproduction, or AIDS you should give honest answers without passing judgement. You can start by asking them what they already know. This gives you a chance to correct any incorrect information they have and know what other information they need.

Encourage your children to talk with you by letting them know that they can talk to you and ask you questions about any topic, including sex.

- **Start early.** If you start talking with children about relationships and sex from a young age they will be comfortable coming to you with questions and will more likely have correct information.
- **Look for chances to talk.** A relative's pregnancy, a newspaper article, or a radio show can help start a conversation about relationships and sex.



- Listen more than you talk. Think about what you're being asked. Listen carefully and repeat questions and comments to be sure that you understand.
- Express your values. As a parent, you can be the first person to talk with your children about these topics. When you are talking share your values and beliefs with them, but also respect their views.
- Reassure young people that they are normal - from bodily changes during puberty to their questions and thoughts about sex and relationships.
- Don't make assumptions. If a young person asks you about sex, it does not mean they are having or even thinking about having sex.
- Answer questions simply and directly. Give factual, honest, short, and simple answers.

Whatever your children's ages, they deserve honest answers and explanations. When parents do not provide children with honest answers, they may make up their own fantasy explanations, which can be more frightening than any honest answer you might offer. While you may not want or need to share all the details, try to include the information most important to them. Teach your children ways to make good decisions about sex and help them prepare for how they would get out of risky situations or protect themselves. Admit if you don't know the answer to a question. Suggest the two of you find the answer together. Your children may feel more comfortable talking with someone other than you at times. Together, think of other trusted adults with whom they can talk.

You can help your children protect themselves against HIV infection. As a parent you can influence your children's health behaviors by sharing your values, giving information, listening to their concerns, answering their questions, and helping them develop skills to avoid behaviors that may lead to HIV infection. Talking with your children about HIV and AIDS is not a conversation you have once. It is a discussion that begins in early childhood and continues throughout adolescence.

Most people are infected with HIV through sexual activity. Talking with your children about sex can protect their health and well-being. Admit that sex can be positive if it is at the right time with the right person. If you simply tell young people, "Don't have sex!" they may not listen or feel comfortable talking with you. Ask your children how someone decides it is the right time to have sex. Discuss typical reasons and share your values about when and why someone would have sex. Talk about sexual behaviour in steps. Explain that attraction begins with a smile and then can lead to holding hands, kissing, touching and onto intercourse. This means that one can stop at any step. Ask them to think about when and why you would go from one step to the next. Explain that sex is both physical and emotional. It can bond people deeply, but it can also make people feel badly if they are not ready. Also, talk about the health and other consequences of sex. Girls and boys may need different information. For example, girls need to learn to say no firmly, looking a boy in the eye when they do not want to have sex. Boys need to be told that they should never assume that girls want to have intercourse just because they do not say no.

Children will begin hearing words about sex and using sexual language as early as age five. As they grow older, they will begin learning about sex from their peers and hear random and sometimes incorrect information about sex that they may not completely understand.

Adolescents are going through dramatic biological and psychological changes and may not be comfortable talking about these changes and other issues related to their reproductive health. When young people feel comfortable and safe they are more likely to talk about issues related to their changing bodies and their reproductive health. It is important to interact with young people in a helpful, non-judgemental way in order to build a trusting relationship and rapport. The more comfortable adolescents feel, the more likely they will be to speak openly about their concerns and ask questions that are important to them. When people feel safe they speak more freely, give honest answers, ask questions and learn more.



## Talking about uncomfortable topics

Young people will often giggle with embarrassment or excitement when you talk about anything to do with sex or reproduction. Do not let this discourage you or make you uncomfortable. They need accurate information on these subjects in order to make healthy choices and feel more comfortable with the changes they are experiencing. Let the embarrassment or excitement pass, wait for them to settle down, and then focus on providing them with the information they need. Young people can ask difficult questions and make shocking statements. Answer questions honestly, and if you do not have the answer, tell them you will find out and get back to them, or help them to find it. Try and see if there seems to be more to their question. You could say, "You seem bothered about . . ." or "I am wondering what made you ask that . . .?"



## Gender and sexuality and relationships

Sexuality is still considered a taboo subject in many communities, especially for women and girls. Girls are expected to remain virgins until they get married, and are not expected to explore their sexuality. They are also expected to be passive and submissive in relationships. Because of these gender norms, girls and women are discouraged from exploring healthy sexual relationships and from developing the negotiating skills essential in practicing safer sex.

Parents need to familiarize themselves with the range of issues facing their daughters and sons and be comfortable addressing them. Girls face particular health concerns, especially as they approach adolescence. Puberty, sex, and relationship issues can be difficult for adolescent girls. Parents need to be sensitive to those concerns and to any accompanying emotional issues their daughters may encounter.

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# Reporting

Summary Report

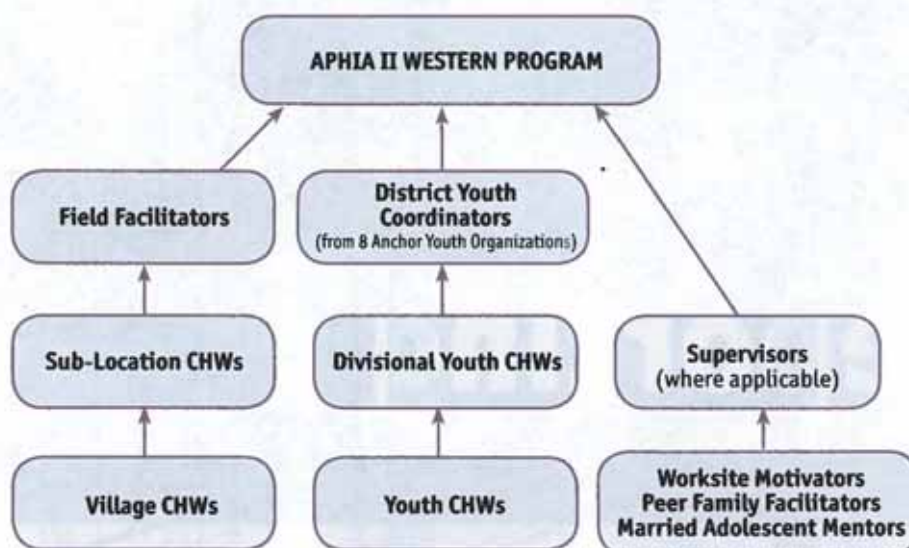
Dialogue

Training Register

| No. | Name | Title | Org/Company | Days Attended | Officer | Officer's Signature | Officer's Date |
|-----|------|-------|-------------|---------------|---------|---------------------|----------------|
| 16  |      |       |             |               |         |                     |                |
| 17  |      |       |             |               |         |                     |                |
| 18  |      |       |             |               |         |                     |                |
| 19  |      |       |             |               |         |                     |                |
| 20  |      |       |             |               |         |                     |                |
| 21  |      |       |             |               |         |                     |                |
| 22  |      |       |             |               |         |                     |                |
| 23  |      |       |             |               |         |                     |                |
| 24  |      |       |             |               |         |                     |                |
| 25  |      |       |             |               |         |                     |                |
| 26  |      |       |             |               |         |                     |                |
| 27  |      |       |             |               |         |                     |                |
| 28  |      |       |             |               |         |                     |                |
| 29  |      |       |             |               |         |                     |                |
| 30  |      |       |             |               |         |                     |                |
| 31  |      |       |             |               |         |                     |                |
| 32  |      |       |             |               |         |                     |                |
| 33  |      |       |             |               |         |                     |                |
| 34  |      |       |             |               |         |                     |                |
| 35  |      |       |             |               |         |                     |                |

## Reporting mechanism: Who reports to who?

The chain of reporting looks like this:



### Why report?

It is important to monitor the reach and impact of the programs within each community, not only to measure success but also to understand areas that may need improvement. The APHIA II Western program is also required to report about its programming to the donor, USAID, on a regular basis. This requires all volunteers and staff to complete monthly reporting forms about their activities.

### When do we report?

1. Every month Village CHWs & Youth CHWs will have informal meetings with those CHWs residing in the same sub-location. The purpose of this meeting is to share ideas, discuss problems and generally support one another. The group can choose the meeting time and place, as well as the facilitator for the meeting. No supervisors need to be present.
2. Every S/L CHW and Divisional Youth CHW will supervise approximately 20 Village CHWs or Youth CHWs. Once a month, these supervisors will conduct a formal meeting with their group of CHWs. During this meeting, monthly summary reports from CHWs will be submitted, discussion of problems or concerns, sharing of experiences or new ideas/activities and additional training will take place.
3. S/L CHWs will then attend a monthly meeting with the Field Facilitators. Divisional Youth CHWs will attend a monthly meeting with the District Youth Coordinators. During this meeting, monthly summary reports from S/L CHWs or Divisional Youth CHWs will be submitted, discussion of problems or concerns, sharing of experiences or new ideas/activities and additional training will take place.
4. Field Facilitators will then attend a monthly meeting with the APHIA staff. District Youth Coordinators will attend a monthly meeting with APHIA staff. Sometimes these meetings may occur together. During these meetings, monthly summary reports from the Field Facilitators and the District Youth Coordinators will be submitted for data entry at APHIA, discussion of problems or concerns, sharing of experiences or new ideas/activities and additional training will take place.

*All of these feedback meetings will take place towards the end of each month and in successive order so that feedback occurs up the chain in a timely fashion on a monthly basis.*



## What are the reporting forms?

The forms that will be used include:

1. Training Register
2. Dialogue Group Profile Form
3. Dialogue Group Reporting Form
4. CHW or Facilitator Monthly Summary Form
5. Success Story Nomination
6. Sub-location or Divisional Youth CHW Monthly Summary Form

## 1. TRAINING REGISTER

### When do you use this form?

The training register form should be completed any time a training workshop is conducted. A training workshop is an intensive review or study of concepts, technical information and knowledge. It could also include building specific skills. Training could take place over 1 day or several days depending on the need. A training workshop is different from a dialogue or discussion group. Potential trainings could occur with women's groups, VHCs, Sub-location CHWs, Divisional Youth CHWs, Village CHWs, Youth CHWs, facility management committees and sub-location health coordinating committees and cover topics like the CHWs manual, action planning or resource mobilization.

### Who fills out this form?

The person(s) who facilitates training under the guise of APHIA II Western should fill out this form. The form should be given to your supervisor directly after the training.

### How do you fill out this form?

At the top of the document, the training facilitator should complete the following information:

**TRAINING REGISTER**

Training Course: \_\_\_\_\_ Dates of Training: \_\_\_\_\_ to \_\_\_\_\_ Total no. days: \_\_\_\_\_

Topics Covered: \_\_\_\_\_ Names of Trainers: \_\_\_\_\_

Location (venue, u/L district): \_\_\_\_\_

| Name | Title | Org/Company | Days Attended (Provide initials for proof of attendance) |   |   |   |   |   |   |   |   |    |
|------|-------|-------------|--|---|---|---|---|---|---|---|---|----|
|      |       |             | 1  | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|      |       |             |  |   |   |   |   |   |   |   |   |    |

List the health content covered in the training, i.e., HIV prevention. Be as specific as possible.

Below these items is a register to capture the name, title, and organization of each individual trained, as well as a space for their initials each day they attend the training.

**TRAINING REGISTER**

| No. | Name | Title | Org/Company | Days Attended (Provide initials for proof of attendance) |   |   |   |   |   |   |   |   |    |
|-----|------|-------|-------------|--|---|---|---|---|---|---|---|---|----|
|     |      |       |             | 1  | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 19  |      |       |             |  |   |   |   |   |   |   |   |   |    |
| 20  |      |       |             |  |   |   |   |   |   |   |   |   |    |
| 21  |      |       |             |  |   |   |   |   |   |   |   |   |    |
| 22  |      |       |             |  |   |   |   |   |   |   |   |   |    |
| 23  |      |       |             |  |   |   |   |   |   |   |   |   |    |
| 24  |      |       |             |  |   |   |   |   |   |   |   |   |    |

## 2. DIALOGUE GROUP PROFILE FORM

### When do you use this form?

This form is completed during the first meeting of any dialogue group that intends to meet over an extended period of time. The purpose is to capture basic demographic information about participants in the group.

### Who fills out this form?

This form will be used by anyone who meets with a dialogue group. This will include S/L CHWs, Divisional Youth CHWs, Village CHWs, Youth CHWs, Peer Family Facilitators, Worksite Motivators, Married Adolescent Mentors, etc. Every dialogue group should have a profile form. For example, if a Village CHW has 5 dialogue groups, then he or she will complete 5 profile forms, 1 per group. This form should be given to your supervisor after it is completed.

### How do you fill out this form?

This form should be filled out during a one-on-one conversation with each participant in the dialogue group. Try not to collect this information during a general group session.

At the top, please fill out the following information:

**DIALOGUE GROUP PROFILE FORM**

Name of CHW/Facilitator: \_\_\_\_\_ Sublocation: \_\_\_\_\_

Name of Site (location/work site/institution): \_\_\_\_\_ Village: \_\_\_\_\_

Name or Type of Dialogue Group: \_\_\_\_\_ Total No. of People: \_\_\_\_\_

**Name of the Site:** location where the dialogue group is being held i.e., name of company, church, or institution.

**Name/Type of Dialogue Group:** Women's Group, Worksite, Peer Family, Married Adolescents, Networked group, etc.

List each person's name, age, sex and the highest level of education obtained (P=primary, S=secondary, T=tertiary).

List marital status (S=single, M=married or live-in long time partner, W=widowed), and number of living children.

| No | Name | Age      |           |         | Sex | Education Level |   |   | Marital Status |   |   | No. of living children | Employment |                |                  |        |             |          |
|----|------|----------|-----------|---------|-----|-----------------|---|---|----------------|---|---|------------------------|------------|----------------|------------------|--------|-------------|----------|
|    |      | 0-14 yrs | 15-24 yrs | 25+ yrs |     | P               | S | T | S              | M | W |                        | Formal     | Skilled Worker | Unskilled Worker | Farmer | Petty Trade | Domestic |
| 1  |      |          |           |         |     |                 |   |   |                |   |   |                        |            |                |                  |        |             |          |
| 2  |      |          |           |         |     |                 |   |   |                |   |   |                        |            |                |                  |        |             |          |
| 3  |      |          |           |         |     |                 |   |   |                |   |   |                        |            |                |                  |        |             |          |
| 4  |      |          |           |         |     |                 |   |   |                |   |   |                        |            |                |                  |        |             |          |

☒ Check the most appropriate box for employment.

**Formal** = Permanent engagement at a workplace, preferably in an office with defined duties in relation to one's skills/profession, e.g., office workers, business owners, government officials;

**Skilled Worker** = Persons engaged in work related to their professional skills or training, i.e., artisan, pastor, counsellor, tailor, mechanic, truck driver;

**Unskilled Worker** = Persons with no professional skills or job tailored training, e.g., construction, labour, factory workers, security guard;

**Farmer** = People who grow crops;

**Petty Trade** = People working in a small-scale business or trading, e.g., hawkers, vegetable vendor, tea room, kiosks;

**Domestic** = People who work around a home, e.g., cook, maid, house girl/boy, garden help; or

**Not employed**



### 3. DIALOGUE GROUP REPORTING FORM

#### When do you use this form?

This form should be completed after every dialogue group discussion that is conducted.

It is a way to summarize what was discussed during the session, key questions asked, gaps of information, problems or challenges faced, as well as recommendations for improvements or new activities.

#### Who fills out this form?

This form is completed by anyone who is conducting regular dialogue groups with community members, e.g., Village CHW, Youth CHW, S/L CHW, Divisional Youth CHW, Peer Family Motivator, Worksite Facilitator, Married Adolescent Mentor, or other.

**Please note:** This form is designed to help a group facilitator or CHW take note of what happened during a dialogue group. These forms are **not** submitted to your supervisor, but rather used as reference and summarized at the end of the month in a Monthly Summary Report which is given to your supervisor.

#### How do you fill out this form?

This form should be filled out during and/or directly after the dialogue group discussion.

#### Top Section

At the top of this page fill in your name, district and date.

The diagram shows the top section of the form with the title "DIALOGUE GROUP REPORTING FORM" centered. Below the title are three fields: "Name:", "District:", and "Date:", each followed by a horizontal line for text entry.

#### Next fill in:

Name or type of dialogue group, for example, Women's Group or Wamalwa Village Women's Group.

State the sub-location & village for that particular group.

Name/Type of Dialogue Group:

Sub-location:

Nearest Health Facility:

Village:

Name the nearest health facility for the group.

List the topic you discussed with the dialogue group. Be as specific as possible. If you used a session guide from the CHW manual you could write for example – "Reproductive Health Chapter, Session 1" or you could just write "male and female reproductive health systems."

Topic/Chapter-Session:

Activities Used:

Write the type of activity used during the discussion. Possible activities might include brainstorm, role play, story-telling, timeline, interactive game, quiz, true-false, figureheads, etc.

## Middle Section

This part of the page will help to capture what happened during the discussion group. Please fill in the following information:

**Key Issues Discussed/Questions Asked** Note some of the important things that were discussed by participants during your dialogue group, as well as some of the questions that were being raised.

**Questions Unanswered/More Information Needed** In this space list any questions that participants asked you, but you were unable to answer OR write down what additional information you need about a certain topic. Your supervisor will review this information and in a future meeting provide you with the information you require.

Key Issues Discussed / Questions Asked:

Questions Unanswered or More Information Needed:

Problems/Challenges Faced:

1  
2  
3  
4

Possible Solutions:

1  
2  
3  
4

Recommendations for Improvement / Suggestions for New Activities

### Problems/Challenges Faced & Possible Solutions

In this section, list any problems you faced during the dialogue group. Examples might include people not speaking, people talking out of turn, the group did not focus on the topic at hand, few people showed up to the meeting, one participant was rude to another, etc.

After you list the problem, write out a possible solution to the situation. If you don't know how to solve the problem you might write a solution that involves more training or guidance on facilitating groups or talking with fello CHWs.

This section is meant to help you in your work. What you write here will be reviewed by your supervisor and then he/she can speak with you directly about other possible solutions or tips for solving the problem in the future.

### Recommendations for Improvement/ Suggestions for New Activities

In this space, we would like you to share input on the participatory activities you conduct with the dialogue groups. What activities did not work very well and could use improvement? Please note any suggestions you have for how to improve an activity. Also, you may have created a new activity to do with the group. That is wonderful! Please explain the details in the report so that we can share this idea with other facilitators and CHWs.

## Bottom Section

Record the number of people who attended your discussion group by age and gender.

| Total No. Pyle Attending |   |           |   |         |   |
|--------------------------|---|-----------|---|---------|---|
| 0-14 yrs                 |   | 15-24 yrs |   | 25+ yrs |   |
| M                        | F | M         | F | M       | F |
|                          |   |           |   |         |   |

| Referrals |     |      |     |     |    |    |              |         |
|-----------|-----|------|-----|-----|----|----|--------------|---------|
| VCT       | ART | PMCT | ANC | MAL | TB | FP | IMMUNIZATION | CONDOMS |
|           |     |      |     |     |    |    |              |         |

Note the number of people you referred for services during this session. Referrals might happen during a group discussion or before or after a meeting during individual conversation. Please record any referrals you make to available services. In the condom column, write the number of condoms distributed.



## 4. CHW OR FACILITATOR MONTHLY SUMMARY REPORT

### When do you use this form?

This form should be completed at the end of each month and given to your supervisor. It is a summary report of all the dialogue groups you conducted during the month.

### Who fills out this form?

This form is completed by anyone who is conducting regular dialogue groups with community members, e.g. Village CHW, Youth CHW, Peer Family Motivator, Worksite Facilitator, Married Adolescent Mentor or other. (Please note S/L CHW and Divisional Youth CHW will fill out a different summary report.)

Youth CHWs and Village CHWs are paired to work together in 1 village. As a result, the 2 Youth CHWs in a given village should complete 1 form together and turn this summary report in to their supervisor. The 2 Village CHWs should also complete 1 form together and turn it in to their supervisor.

The person(s) filling out the form should use their Dialogue Group Reporting Forms to help complete this form. Essentially, the monthly summary report is a summary of the Dialogue Group Reporting Forms.

### How do you fill out this form?

This form is two pages. The first page is very similar to the Dialogue Group Reporting Form. Essentially, you should review your Dialogue Group Reporting Forms and combine all the information from those forms onto this Monthly Summary Report.

#### First Section

Fill in the name(s) of the CHW(s) or Facilitator(s) and month/year.

**CHW OR FACILITATOR MONTHLY SUMMARY REPORT**

|   |                |                   |                               |                    |                     |       |
|---|----------------|-------------------|-------------------------------|--------------------|---------------------|-------|
| Name of 2 CHWs or Facilitator(s): _____ |                | Month/Year: _____ |                               |                    |                     |       |
| We are or I am as:<br>(circle one)      | Village CHW(s) | Youth CHW(s)      | Peer Family Facilitator       | Worksite Motivator | Married Adol Mentor | Other |
| District:                               | S/L:           | Village:          | Organization (if applicable): |                    |                     |       |

Circle the type of facilitator you are.

Fill in the district, sub-location, village and organization (if applicable).

## Second Section

In the table fill in the following information using your Dialogue Group Reporting Forms:

| No.    | Group Name/Type | Topic | Total No. of Participants |   |           |   |         |   | Referrals |     |       |     |     |    |    |                 |         |  |
|--------|-----------------|-------|---------------------------|---|-----------|---|---------|---|-----------|-----|-------|-----|-----|----|----|-----------------|---------|--|
|        |                 |       | 0-14 yrs                  |   | 15-24 yrs |   | 25+ yrs |   | VCT       | ART | PMTCT | ANC | MAL | TB | FP | IMMUNIZ. STATUS | CONDOMS |  |
|        |                 |       | M                         | F | M         | F | M       | F |           |     |       |     |     |    |    |                 |         |  |
| 1      |                 |       |                           |   |           |   |         |   |           |     |       |     |     |    |    |                 |         |  |
| 2      |                 |       |                           |   |           |   |         |   |           |     |       |     |     |    |    |                 |         |  |
| 3      |                 |       |                           |   |           |   |         |   |           |     |       |     |     |    |    |                 |         |  |
| 4      |                 |       |                           |   |           |   |         |   |           |     |       |     |     |    |    |                 |         |  |
| 5      |                 |       |                           |   |           |   |         |   |           |     |       |     |     |    |    |                 |         |  |
| 6      |                 |       |                           |   |           |   |         |   |           |     |       |     |     |    |    |                 |         |  |
| 7      |                 |       |                           |   |           |   |         |   |           |     |       |     |     |    |    |                 |         |  |
| 8      |                 |       |                           |   |           |   |         |   |           |     |       |     |     |    |    |                 |         |  |
| 9      |                 |       |                           |   |           |   |         |   |           |     |       |     |     |    |    |                 |         |  |
| 10     |                 |       |                           |   |           |   |         |   |           |     |       |     |     |    |    |                 |         |  |
| TOTALS |                 |       |                           |   |           |   |         |   |           |     |       |     |     |    |    |                 |         |  |

Fill in name or type of your dialogue group, (for example Women's Group or Wamalwa Village Women's Group) and topic. For each group list the total number of participants and referrals.

At the bottom of the table is a row for totals. Please add up all the numbers for each column and write in the total figure.

If you are a Village CHW you will report on 5 dialogue groups each month. Since 2 CHWs complete the form, there are 10 spaces – 5 per CHW. If you are another type of facilitator, you may not have 10 groups. You will probably have less. Fill in the lines for the appropriate number of groups you work with.

## Third Section

Summarizing from your Dialogue Group Reporting Forms, fill in the following information (See page 6 for detailed descriptions):

|  |                     |
|--|---------------------|
| Key Issues Discussed / Questions Asked:                          |                     |
|  |                     |
| Questions Unanswered or More Information Needed:                 |                     |
|  |                     |
| Problems/Challenges Faced:                                       | Possible Solutions: |
| 1  | 1                   |
| 2  | 2                   |
| 3  | 3                   |
| 4  | 4                   |
| Recommendations for Improvement / Suggestions for New Activities |                     |
|  |                     |



## Fourth Section

At the bottom of the second page, there is space to provide information about other activities you may have conducted during the month. This might include additional meetings you attended, health education talks or activities you organized. You may not have any extra activities to report. That's ok. However, Youth CHWs are required to conduct 2 activities a month with youth in their village. This is the space where they can report on that activity.

| Other Activities Conducted<br><i>(This might include youth activities conducted in the village, additional health education talks or meetings, or other activities organized.)</i> | Name of Activity | Description | Total Number of Participants |   |           |   |         |   |  |
|--|------------------|-------------|------------------------------|---|-----------|---|---------|---|--|
|  |                  |             | 0-14 yrs                     |   | 15-24 yrs |   | 25+ yrs |   |  |
|  |                  |             | M                            | F | M         | F | M       | F |  |
|  |                  |             |                              |   |           |   |         |   |  |
|  |                  |             |                              |   |           |   |         |   |  |
|  |                  |             |                              |   |           |   |         |   |  |
|  |                  |             |                              |   |           |   |         |   |  |
|  |                  |             |                              |   |           |   |         |   |  |
|  |                  |             |                              |   |           |   |         |   |  |
|  |                  |             |                              |   |           |   |         |   |  |
|  |                  |             |                              |   |           |   |         |   |  |
| Additional Comments:   |                  |             | Total                        |   |           |   |         |   |  |

At the bottom of the table is a row for totals. Please add up all the numbers for each column and write in the total figure.

## 5. SUCCESS STORY NOMINATION

APHIA II Western wants to capture stories of individuals or groups of people who have made positive, sustainable changes in their lives which impact their own health and that of their family. These stories will be used to demonstrate behaviour change that is occurring at the community level and also for magnification to a larger audience.

Magnification is presenting an individual who has changed behaviour to a larger audience so that many people can witness and celebrate the adoption of a positive behaviour. Seeing and listening to someone who has changed behaviour can motivate others to adopt a new behaviour, creating a multiplier effect. Magnification increases the target audience's awareness of their peers and other individuals who have successfully changed their behaviour. It is called magnification because the successful behaviour change of a few people is magnified to reach many people. Through magnification, the benefits of that change are shared or demonstrated with the target audience, which can lead to behaviour change.

Individuals who have adopted a new behaviour, have been able to sustain it, and are willing to promote the behaviour in their community are ideal success story candidates.

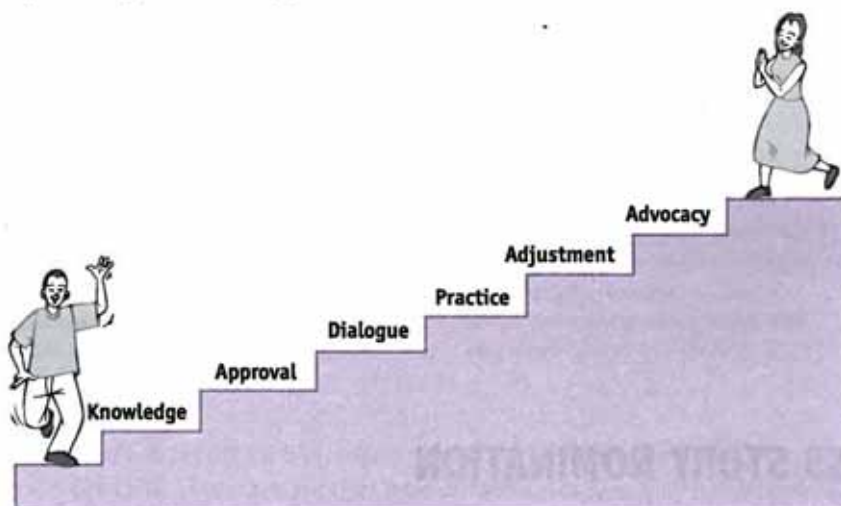
### What qualifies as a success story?

A success story should be about an individual or family who:

- Adopted a new healthy behaviour or changed an old behaviour for a positive result
- Who made an actual change
- Shows evidence of success or positive impact
- Has practiced the changed behaviour over time
- Whose changed behaviour has had an impact on him/herself and potentially other people
- Whose changed behaviour was made with much thought (a conscientious decision)
- Whose behaviour can or has been replicated

Changing behaviour is something that each of us does as a human being. Changing behaviour can be something as simple as eating a new food or it can require more time and effort such as trying to lose weight. We all change behaviour at different times for different reasons. Speaking with one person or listening to/watching a program may trigger a change. Other times, behaviour change takes longer and requires the person to process more information, consider the options and then decide whether or not the change is appropriate for him/her.

There are many theories about behaviour change and how a person goes through this process. What's most important for a success story is identifying someone who has passed through various stages of change and can now be considered practicing or advocating for the new behaviour.



At the **knowledge** state, someone is aware of the practice, understands how it works and can name products, methods, and other practices.

During the **approval** stage a person has a favourable attitude towards the practice. The person thinks the practice works and thinks it is doable. The individual also thinks family, friends and community approve of the practice.

At the **dialogue** step, the person has recognized that the practice or behaviour can meet a personal need. He or she might consult an expert or health care provider. The person might also discuss the behaviour with family members or friends.

Now the person begins to **practice** the new behaviour.

Sometimes, an **adjustment** period is required. The person might experience new challenges as a result of new practice and so they might seek support from friends, other adopters or health care providers to cope. During this period, the person has generally adopted the new behaviour.

Finally, the individual begins **advocacy** for the new behaviour. The person has experienced and acknowledges the benefits of practice, so he/she advocates the practice to others and supports programs in the community.

**Success story nominations should focus on people who are practicing, adjusting and advocating for the new behaviour. Anyone who has not reached those stages should not be considered a success story.**

### When do you use this form?

This form should be used when you feel there is someone in your dialogue groups who has adopted a new healthy behaviour or changed their behaviour for a positive impact. You do not have to nominate someone every month. A person's success occurs over time and requires that you know the person well. You should only fill out this form when you feel you have a strong candidate to nominate. If you have more than 1 candidate to nominate in a month, please fill out additional forms and submit them to your supervisor.



## Who fills out this form?

Anyone who is working with dialogue groups on a regular basis can fill out this form and submit it to their supervisor. This includes Village CHWs, Youth CHWs, S/L CHWs, Divisional Youth CHWs, Field Facilitators, Peer Family Facilitators, Worksite Motivators, Married Adolescent Mentors, etc.

## How do you fill out this form?

Fill in the details for the candidate you are nominating for a success story as follows:

### Top Section

Write name of candidate, gender, age and district, sub-location and village where candidate lives.

Indicate telephone number and/or physical address of candidate.

#### SUCCESS STORY NOMINATION

Name of Candidate: Gender: M / F Age: District: S/L: Village:

Contact Information (Telephone/Physical address/directions):

Background/Description of situation:

What behavior was changed/What action was taken by individual:

How long has the person been practicing the new behavior?

0-1 month

2-6 months

6 mths-1 yr

1 yr +

Don't Know

Describe the story. What is the background or history of the situation?

Describe the specific change in behaviour and how they achieved this new behaviour, e.g. the person went from doing X to doing X by doing X.

Circle the length of time the person has practiced the new behaviour. The longer someone has been practicing the behaviour, the more likely he/she is to sustain it over time.

### Bottom Section

State who or what influenced this person to change their behaviour. Then describe any negative or positive consequences to the behaviour change either for the person or his/her family or friends.

Indicate if the person encouraged others to change their behaviour. If yes, explain how this person has encouraged others to change their behaviour and reference those people the person has interacted with (family, friends, community).

What/who influenced the behavior change?

How did this behavior change impact his/her life or those around him/her?

Has this person advocated or encouraged others to change their behavior?  
If so, how?

YES

NO

Don't Know

Is this person willing to share their experience at a public forum?

YES

NO

Don't Know

Why is this a success story? (check all that apply)

☐

Adopted/changed to a healthy behavior  
New behavior has been practiced over time  
Other

☐

Evidence of positive impact  
Encourages others to change behavior

Comments:

Name of CHW/Facilitator:

Name of Supervisor:

Is the person willing to speak about their behaviour change with others?  
Circle Yes, No, or Don't know.

Please tick all the reasons why you think this is a success story and then write any other comments you would like to share about the nomination and fill in your name and the name of your supervisor.

## 6. SUB-LOCATION CHW, DIVISIONAL YOUTH CHW OR SUPERVISOR MONTHLY SUMMARY REPORT

### When do you use this form?

This form should be completed at the end of each month by a S/L CHW, Divisional Youth CHW or other Supervisor. The purpose of this report is to summarize all the reports this person has received from the Village CHWs, Youth CHWs or Facilitators (Peer Family, Married Adolescent, Worksite) they supervise, as well as to summarize the dialogue groups and health education activities conducted during this month.

### Who fills out this form?

Sub-locational CHW, Divisional Youth CHW or Supervisors of other Facilitators.

### How do you fill out this form?

This form is two pages. The first page is very similar to the Dialogue Group Reporting Form. Please review your Dialogue Group Reporting Forms and combine all the information from those forms onto this Monthly Summary Report. In addition, please review the reporting forms from the Village CHWs, Youth CHWs or Facilitators that you supervise, tally the information and report it here as well. The second page is about health education activities you and the CHWs/Facilitators conducted during the month plus information about supervision and monitoring of the CHWs.

#### PAGE 1 Top Section

Fill in your name, district, sub-location and date.

| Name: _____                     |                 |          | District: _____           |   |           | S/L: _____ |         |   | Month/Year: _____ |     |      |     |     |    |    |              |         |  |
|---------------------------------|-----------------|----------|---------------------------|---|-----------|------------|---------|---|-------------------|-----|------|-----|-----|----|----|--------------|---------|--|
| No.                             | Group Name/Type | Topic    | Total No. of Participants |   |           |            |         |   | Referrals         |     |      |     |     |    |    |              |         |  |
|                                 |                 |          | 9-14 yrs                  |   | 15-24 yrs |            | 25+ yrs |   | VCT               | ART | PNCT | ANC | IMR | TS | IP | IMMUNIZATION | CONDOMS |  |
| 1                               |                 |          | M                         | F | M         | F          | M       | F |                   |     |      |     |     |    |    |              |         |  |
| 2                               |                 |          |                           |   |           |            |         |   |                   |     |      |     |     |    |    |              |         |  |
| 3                               |                 |          |                           |   |           |            |         |   |                   |     |      |     |     |    |    |              |         |  |
| 4                               |                 |          |                           |   |           |            |         |   |                   |     |      |     |     |    |    |              |         |  |
| CHW/Facilitator Dialogue Groups |                 | Total #: |                           |   |           |            |         |   |                   |     |      |     |     |    |    |              |         |  |
| <b>TOTALS</b>                   |                 |          |                           |   |           |            |         |   |                   |     |      |     |     |    |    |              |         |  |

In the first four lines of the table fill in the following information using your Dialogue Group Reporting Forms: name or type of your dialogue group (for example Women's Group or Wamaliwa Village Women's Group), topic, total number of people attending the group by age and referrals.

A S/L CHW should meet with 4 dialogue groups per month: the sub-location health coordinating committee, one community-based organization and 2 women's groups at the sub-locational level. A Divisional Youth CHW meets with one youth group per month.

In the fifth line of the table, please write the total number of dialogue groups reported from the CHWs or facilitators you supervise. Then tally all the numbers from the CHW reports that were submitted that month and write the totals across in that row.

At the bottom of the table is a row for TOTALS. Please add up all the numbers for each column and write in the total figure.



## Bottom Section

Summarizing from your own Dialogue Group Reporting Forms **and** the Monthly Summary Reports from the Village CHWs, Youth CHWs or Facilitators fill in the following information:

For all the questions below, please summarize from your 4 dialogue groups, as well as the CHWs/Facilitators monthly reporting form.

|   |                            |
|---|----------------------------|
| <b>Major Key Issues Discussed / Questions Asked:</b>                    |                            |
| <br><br><br>  |                            |
| <b>Questions Unanswered or More Information Needed:</b>                 |                            |
| <br><br><br>  |                            |
| <b>Problems/Challenges Faced:</b>                                       | <b>Possible Solutions:</b> |
| 1   | 1                          |
| 2   | 2                          |
| 3   | 3                          |
| 4   | 4                          |
| <b>Recommendations for Improvement / Suggestions for New Activities</b> |                            |
| <br><br><br>  |                            |

PAGE 2

## Top Section

Write information in the table about any other activities you have been involved with over the month: attending meetings, conducting health education talks, etc. Please note the date, describe the activity and the audience members. Record the number of people attending and any other general comments you feel are important.

**Health Education/Other Activities Conducted** (Please include your own activities and summarize CHW/Facilitator activities.)

| Date                         | Describe Activity | Audience | Total No. of Participants |   |           |   |         |   | Comments |
|------------------------------|-------------------|----------|---------------------------|---|-----------|---|---------|---|----------|
|                              |                   |          | 0-14 yrs                  |   | 15-24 yrs |   | 25+ yrs |   |          |
|                              |                   |          | M                         | F | M         | F | M       | F |          |
|                              |                   |          |                           |   |           |   |         |   |          |
|                              |                   |          |                           |   |           |   |         |   |          |
|                              |                   |          |                           |   |           |   |         |   |          |
|                              |                   |          |                           |   |           |   |         |   |          |
|                              |                   |          |                           |   |           |   |         |   |          |
|                              |                   |          |                           |   |           |   |         |   |          |
|                              |                   |          |                           |   |           |   |         |   |          |
|                              |                   |          |                           |   |           |   |         |   |          |
| CHWs/Facilitator Activities: |                   |          |                           |   |           |   |         |   |          |
| <b>Totals</b>                |                   |          |                           |   |           |   |         |   |          |

In the last row input any information obtained from the CHWs/Facilitators Monthly Summary Report. Please tally and summarize the information from these reports into this row.

List dates, describe activities and audience, as well as the total number of participants. Sometimes this may be left blank if your CHWs/Facilitators reported no activities that month.

At the bottom of the table is a row for TOTALS. Please add up all the numbers for each column and write in the total figure.

## Bottom Section

This section should be completed only by S/L CHWs or Divisional Youth CHWs. Indicate how many CHWs you currently supervise. Then fill in information about your monthly feedback meeting with the CHWs. Each S/L CHW and Divisional Youth CHW will supervise approximately 20 Village CHWs or Youth CHWs. A formal meeting with these CHWs must be conducted every month to collect reports and solicit feedback, as well as discuss problems. Please report on the number of CHWs at the meeting, date of meeting and important issues discussed or reviewed.

**CHWs Supervision & Monitoring only**

1. I currently supervise \_\_\_\_\_ Village CHWs / Youth CHWs (circle one)

2. Monthly Feedback Meeting with CHWs  
No. CHWs attending: \_\_\_\_\_ Date: \_\_\_\_\_

**Key Things Discussed/Issues/Problems:**

3. Nomination(s) for Outstanding Village or Youth CHWs

| Name | Village | Reasons Why This Person Should Be Acknowledged |
|------|---------|--|
|      |         |  |
|      |         |  |
|      |         |  |

PAGE 2

When appropriate, please take the time to nominate Village or Youth CHWs who are doing outstanding work. These people will be considered in the annual award program for CHWs. You do **not** have to nominate someone every time. Please do so when you think there is a reason to acknowledge someone for their hard work and dedication to the program. Be specific in your reasoning.

## References

Change Theories, *Stages of Change Model page*. The Communication Initiative website. Available at: <http://www.commit.com/changetheories/ctheories/changetheories.56.html>. Accessed May 30, 2007.

Communication for Development Foundation Uganda. *What Changes Behavior? Behavior Change Theories*. Presented at Uganda Red Cross Strategy Development Workshop, June 2003; Kampala, Uganda.

Samuelson M. *Stages of Change: From Theory to Practice. The Art of Health Promotion: Practical Information to Make Programs More Effective*. 1998; 2(5):1-12. Available at: <http://www.hivinfo.org/docs/pdf/stages.pdf>. Accessed May 30, 2007.



# TRAINING REGISTER

Training Course: \_\_\_\_\_ Dates of Training: \_\_\_\_\_ to \_\_\_\_\_ Total no. days: \_\_\_\_\_

Topics Covered: \_\_\_\_\_ Names of Trainers: \_\_\_\_\_

Location (venue, s/l, district): \_\_\_\_\_

|    | Name | Title | Org./Company | Days Attended (Provide initials for proof of attendance) |   |   |   |   |   |   |   |   |    |
|----|------|-------|--------------|--|---|---|---|---|---|---|---|---|----|
|    |      |       |              | 1  | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 1  |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 2  |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 3  |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 4  |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 5  |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 6  |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 7  |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 8  |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 9  |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 10 |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 11 |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 12 |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 13 |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 14 |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 15 |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 16 |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 17 |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 18 |      |       |              |  |   |   |   |   |   |   |   |   |    |

**TRAINING REGISTER**

| No. | Name | Title | Org/Company | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|-----|------|-------|-------------|---|---|---|---|---|---|---|---|---|----|
| 19  |      |       |             |   |   |   |   |   |   |   |   |   |    |
| 20  |      |       |             |   |   |   |   |   |   |   |   |   |    |
| 21  |      |       |             |   |   |   |   |   |   |   |   |   |    |
| 22  |      |       |             |   |   |   |   |   |   |   |   |   |    |
| 23  |      |       |             |   |   |   |   |   |   |   |   |   |    |
| 24  |      |       |             |   |   |   |   |   |   |   |   |   |    |
| 25  |      |       |             |   |   |   |   |   |   |   |   |   |    |
| 26  |      |       |             |   |   |   |   |   |   |   |   |   |    |
| 27  |      |       |             |   |   |   |   |   |   |   |   |   |    |
| 28  |      |       |             |   |   |   |   |   |   |   |   |   |    |
| 29  |      |       |             |   |   |   |   |   |   |   |   |   |    |
| 30  |      |       |             |   |   |   |   |   |   |   |   |   |    |
| 31  |      |       |             |   |   |   |   |   |   |   |   |   |    |
| 32  |      |       |             |   |   |   |   |   |   |   |   |   |    |
| 33  |      |       |             |   |   |   |   |   |   |   |   |   |    |
| 34  |      |       |             |   |   |   |   |   |   |   |   |   |    |
| 35  |      |       |             |   |   |   |   |   |   |   |   |   |    |
| 36  |      |       |             |   |   |   |   |   |   |   |   |   |    |
| 37  |      |       |             |   |   |   |   |   |   |   |   |   |    |
| 38  |      |       |             |   |   |   |   |   |   |   |   |   |    |
| 39  |      |       |             |   |   |   |   |   |   |   |   |   |    |
| 40  |      |       |             |   |   |   |   |   |   |   |   |   |    |



## DIALOGUE GROUP PROFILE FORM

Name of CHW/Facilitator: \_\_\_\_\_ Sublocation: \_\_\_\_\_  
 Name of Site (location/work site/institution): \_\_\_\_\_ Village: \_\_\_\_\_  
 Name or Type of Dialogue Group: \_\_\_\_\_ Total No. of People: \_\_\_\_\_

| No | Name | Age      |           |         | Sex | Education Level |   |   | Marital Status |   |   |        | No. of living children | Employment     |                  |        |             |          |              |
|----|------|----------|-----------|---------|-----|-----------------|---|---|----------------|---|---|--------|------------------------|----------------|------------------|--------|-------------|----------|--------------|
|    |      | 0-14 yrs | 15-24 yrs | 25+ yrs |     | P               | S | T | S              | M | W | Formal |                        | Skilled Worker | Unskilled Worker | Farmer | Petty Trade | Domestic | Not employed |
| 1  |      |          |           |         |     |                 |   |   |                |   |   |        |                        |                |                  |        |             |          |              |
| 2  |      |          |           |         |     |                 |   |   |                |   |   |        |                        |                |                  |        |             |          |              |
| 3  |      |          |           |         |     |                 |   |   |                |   |   |        |                        |                |                  |        |             |          |              |
| 4  |      |          |           |         |     |                 |   |   |                |   |   |        |                        |                |                  |        |             |          |              |
| 5  |      |          |           |         |     |                 |   |   |                |   |   |        |                        |                |                  |        |             |          |              |
| 6  |      |          |           |         |     |                 |   |   |                |   |   |        |                        |                |                  |        |             |          |              |
| 7  |      |          |           |         |     |                 |   |   |                |   |   |        |                        |                |                  |        |             |          |              |
| 8  |      |          |           |         |     |                 |   |   |                |   |   |        |                        |                |                  |        |             |          |              |
| 9  |      |          |           |         |     |                 |   |   |                |   |   |        |                        |                |                  |        |             |          |              |
| 10 |      |          |           |         |     |                 |   |   |                |   |   |        |                        |                |                  |        |             |          |              |
| 11 |      |          |           |         |     |                 |   |   |                |   |   |        |                        |                |                  |        |             |          |              |
| 12 |      |          |           |         |     |                 |   |   |                |   |   |        |                        |                |                  |        |             |          |              |

## DIALOGUE GROUP PROFILE FORM

for dialogue groups, peer family, worksite married adults programs

| No | Name | Age      |           |         | Sex | Education Level |   |   | Marital Status |   |   | No. of living children | Employment |                |                  |        |             |          |
|----|------|----------|-----------|---------|-----|-----------------|---|---|----------------|---|---|------------------------|------------|----------------|------------------|--------|-------------|----------|
|    |      | 0-14 yrs | 15-24 yrs | 25+ yrs |     | P               | S | T | S              | M | W |                        | Formal     | Skilled Worker | Unskilled Worker | Farmer | Petty Trade | Domestic |
| 13 |      |          |           |         |     |                 |   |   |                |   |   |                        |            |                |                  |        |             |          |
| 14 |      |          |           |         |     |                 |   |   |                |   |   |                        |            |                |                  |        |             |          |
| 15 |      |          |           |         |     |                 |   |   |                |   |   |                        |            |                |                  |        |             |          |
| 16 |      |          |           |         |     |                 |   |   |                |   |   |                        |            |                |                  |        |             |          |
| 17 |      |          |           |         |     |                 |   |   |                |   |   |                        |            |                |                  |        |             |          |
| 18 |      |          |           |         |     |                 |   |   |                |   |   |                        |            |                |                  |        |             |          |
| 19 |      |          |           |         |     |                 |   |   |                |   |   |                        |            |                |                  |        |             |          |
| 20 |      |          |           |         |     |                 |   |   |                |   |   |                        |            |                |                  |        |             |          |
| 21 |      |          |           |         |     |                 |   |   |                |   |   |                        |            |                |                  |        |             |          |
| 22 |      |          |           |         |     |                 |   |   |                |   |   |                        |            |                |                  |        |             |          |
| 23 |      |          |           |         |     |                 |   |   |                |   |   |                        |            |                |                  |        |             |          |
| 24 |      |          |           |         |     |                 |   |   |                |   |   |                        |            |                |                  |        |             |          |
| 25 |      |          |           |         |     |                 |   |   |                |   |   |                        |            |                |                  |        |             |          |

Date: \_\_\_\_\_



## DIALOGUE GROUP REPORTING FORM

**Name :** \_\_\_\_\_ **District:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name/Type of Dialogue Group:** \_\_\_\_\_ **Sub-location:** \_\_\_\_\_

**Nearest Health Facility:** \_\_\_\_\_ **Village:** \_\_\_\_\_

**Topic/Chapter-Session:** \_\_\_\_\_ **Activities Used:** \_\_\_\_\_

**Key Issues Discussed / Questions Asked:** \_\_\_\_\_

**Questions Unanswered or More Information Needed:** \_\_\_\_\_

**Problems/Challenges Faced:**

|   |                     |
|---|---------------------|
| 1 | Possible Solutions: |
| 2 |                     |
| 3 |                     |
| 4 |                     |

**Recommendations for Improvement / Suggestions for New Activities**

| Total No. Pple Attending |   |           |   |         |   |
|--------------------------|---|-----------|---|---------|---|
| 0-14 yrs                 |   | 15-24 yrs |   | 25+ yrs |   |
| M                        | F | M         | F | M       | F |
|                          |   |           |   |         |   |

| Referrals |     |      |     |     |    |    |
|-----------|-----|------|-----|-----|----|----|
| VCT       | ART | PMCT | ANC | MAL | TB | FP |
|           |     |      |     |     |    |    |
|           |     |      |     |     |    |    |

# CHW OR FACILITATOR MONTHLY SUMMARY REPORT

|   |              |                               |                     |
|---|--------------|-------------------------------|---------------------|
| Name of 2 CHWs or Facilitator(s): _____ |              | Month/Year: _____             |                     |
| We are or I am a:<br>(circle one)       |              | Peer Family Facilitator       |                     |
| Village CHW(s)                          | Youth CHW(s) | Worksite Motivator            | Married Adol Mentor |
| District:                               | S/L:         | Other                         |                     |
| Village:                                |              | Organization (if applicable). |                     |

| No.    | Group Name/Type | Topic | Total No. of Participants |   |           |   |         |   | Referrals |     |      |     |     |    |    |                   |         |
|--------|-----------------|-------|---------------------------|---|-----------|---|---------|---|-----------|-----|------|-----|-----|----|----|-------------------|---------|
|        |                 |       | 0-14 yrs                  |   | 15-24 yrs |   | 25+ yrs |   | VCT       | ART | PMCT | ANC | MAL | TB | FP | IMMUNIZ-<br>ATION | CONDOMS |
|        |                 |       | M                         | F | M         | F | M       | F |           |     |      |     |     |    |    |                   |         |
|        |                 |       |                           |   |           |   |         |   |           |     |      |     |     |    |    |                   |         |
| 1      |                 |       |                           |   |           |   |         |   |           |     |      |     |     |    |    |                   |         |
| 2      |                 |       |                           |   |           |   |         |   |           |     |      |     |     |    |    |                   |         |
| 3      |                 |       |                           |   |           |   |         |   |           |     |      |     |     |    |    |                   |         |
| 4      |                 |       |                           |   |           |   |         |   |           |     |      |     |     |    |    |                   |         |
| 5      |                 |       |                           |   |           |   |         |   |           |     |      |     |     |    |    |                   |         |
| 6      |                 |       |                           |   |           |   |         |   |           |     |      |     |     |    |    |                   |         |
| 7      |                 |       |                           |   |           |   |         |   |           |     |      |     |     |    |    |                   |         |
| 8      |                 |       |                           |   |           |   |         |   |           |     |      |     |     |    |    |                   |         |
| 9      |                 |       |                           |   |           |   |         |   |           |     |      |     |     |    |    |                   |         |
| 10     |                 |       |                           |   |           |   |         |   |           |     |      |     |     |    |    |                   |         |
| TOTALS |                 |       |                           |   |           |   |         |   |           |     |      |     |     |    |    |                   |         |

Key Issues Discussed / Questions Asked:



## CHW OR FACILITATOR MONTHLY SUMMARY REPORT

|  |   |  |
|--|---|--|
| <b>Questions Unanswered or More Information Needed:</b>  |   |  |
| <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Problems/Challenges Faced:</b><br/> <div style="display: flex; justify-content: space-between;"> <div>1</div> <div>Possible Solutions:</div> </div> <div style="display: flex; justify-content: space-between;"> <div>2</div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>3</div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>4</div> <div></div> </div> </td> <td style="width: 50%;"></td> </tr> </table> | <b>Problems/Challenges Faced:</b><br><div style="display: flex; justify-content: space-between;"> <div>1</div> <div>Possible Solutions:</div> </div> <div style="display: flex; justify-content: space-between;"> <div>2</div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>3</div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>4</div> <div></div> </div> |  |
| <b>Problems/Challenges Faced:</b><br><div style="display: flex; justify-content: space-between;"> <div>1</div> <div>Possible Solutions:</div> </div> <div style="display: flex; justify-content: space-between;"> <div>2</div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>3</div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>4</div> <div></div> </div>  |   |  |
| <b>Recommendations for Improvement / Suggestions for New Activities</b>  |   |  |

|   |                         |                    |                                     |  |  |  |  |  |  |  |
|---|-------------------------|--------------------|-------------------------------------|--|--|--|--|--|--|--|
| <b>Other Activities Conducted</b><br><i>(This might include youth activities conducted in the village, additional health education talks or meetings, or other activities organized.)</i> | <b>Name of Activity</b> | <b>Description</b> | <b>Total Number of Participants</b> |  |  |  |  |  |  |  |
|   |                         |                    |                                     |  |  |  |  |  |  |  |
|   |                         |                    |                                     |  |  |  |  |  |  |  |
|   |                         |                    |                                     |  |  |  |  |  |  |  |
|   |                         |                    |                                     |  |  |  |  |  |  |  |
|   |                         |                    |                                     |  |  |  |  |  |  |  |
|   |                         |                    |                                     |  |  |  |  |  |  |  |
|   |                         |                    |                                     |  |  |  |  |  |  |  |
| <b>Total</b>  |                         |                    |                                     |  |  |  |  |  |  |  |

**Additional Comments:**

## SUCCESS STORY NOMINATION

|                    |               |      |           |      |          |
|--------------------|---------------|------|-----------|------|----------|
| Name of Candidate: | Gender: M / F | Age: | District: | S/L: | Village: |
|--------------------|---------------|------|-----------|------|----------|

Contact Information (Telephone/Physical address/directions):

Background/Description of situation:

What behavior was changed/What action was taken by individual:

How long has the person been practicing the new behavior?

0-1 month      2-6 months      6 mths-1 yr      1 yr +      Don't Know

What/who influenced the behavior change?

How did this behavior change impact his/her life or those around him/her?

Has this person advocated or encouraged others to change their behavior?  
If so, how?

YES      NO      Don't Know

Is this person willing to share their experience at a public forum?

YES      NO      Don't Know

Why is this a success story? (check all that apply)

|  |   |  |
|--|---|--|
| <input type="checkbox"/> Adopted/changed to a healthy behavior<br><input type="checkbox"/> New behavior has been practiced over time<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Evidence of positive impact<br><input type="checkbox"/> Encourages others to change behavior |  |
|--|---|--|

Comments:

Name of CHW/Facilitator:

Name of Supervisor:



# SUB-LOCATION CHW, DIVISIONAL YOUTH CHW OR SUPERVISOR MONTHLY SUMMARY REPORT

| Name:  |                 | District: |        | S/L:  |    | Month/Year: |              |           |  |           |  |         |  |   |   |     |     |      |     |     |    |    |              |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|-----------------|-----------|--------|---|----|-------------|--------------|-----------|--|-----------|--|---------|--|---|---|-----|-----|------|-----|-----|----|----|--------------|---------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| No.  | Group Name/Type | Topic     |        | Total No. of Participants   |    |             |              |           |  |           |  |         |  |   |   |     |     |      |     |     |    |    |              |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1  |                 |           |        | <table border="1"> <tr> <th colspan="2">0-14 yrs</th> <th colspan="2">15-24 yrs</th> <th colspan="2">25+ yrs</th> </tr> <tr> <td>M</td> <td>F</td> <td>M</td> <td>F</td> <td>M</td> <td>F</td> </tr> </table> |    |             |              | 0-14 yrs  |  | 15-24 yrs |  | 25+ yrs |  | M | F | M   | F   | M    | F   |     |    |    |              |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 0-14 yrs   |                 | 15-24 yrs |        | 25+ yrs   |    |             |              |           |  |           |  |         |  |   |   |     |     |      |     |     |    |    |              |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| M  | F               | M         | F      | M   | F  |             |              |           |  |           |  |         |  |   |   |     |     |      |     |     |    |    |              |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2  |                 |           |        |   |    |             |              |           |  |           |  |         |  |   |   |     |     |      |     |     |    |    |              |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3  |                 |           |        |   |    |             |              |           |  |           |  |         |  |   |   |     |     |      |     |     |    |    |              |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4  |                 |           |        |   |    |             |              |           |  |           |  |         |  |   |   |     |     |      |     |     |    |    |              |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CHW/Facilitator Dialogue Groups  |                 | Total #:  | TOTALS |   |    |             |              |           |  |           |  |         |  |   |   |     |     |      |     |     |    |    |              |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1"> <tr> <th colspan="8">Referrals</th> </tr> <tr> <td>VCT</td> <td>ART</td> <td>PMCT</td> <td>ANC</td> <td>MAL</td> <td>TB</td> <td>FP</td> <td>IMMUNIZATION</td> <td>CONDOMS</td> </tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> |                 |           |        |   |    |             |              | Referrals |  |           |  |         |  |   |   | VCT | ART | PMCT | ANC | MAL | TB | FP | IMMUNIZATION | CONDOMS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Referrals  |                 |           |        |   |    |             |              |           |  |           |  |         |  |   |   |     |     |      |     |     |    |    |              |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| VCT  | ART             | PMCT      | ANC    | MAL   | TB | FP          | IMMUNIZATION | CONDOMS   |  |           |  |         |  |   |   |     |     |      |     |     |    |    |              |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                 |           |        |   |    |             |              |           |  |           |  |         |  |   |   |     |     |      |     |     |    |    |              |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                 |           |        |   |    |             |              |           |  |           |  |         |  |   |   |     |     |      |     |     |    |    |              |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                 |           |        |   |    |             |              |           |  |           |  |         |  |   |   |     |     |      |     |     |    |    |              |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                 |           |        |   |    |             |              |           |  |           |  |         |  |   |   |     |     |      |     |     |    |    |              |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                 |           |        |   |    |             |              |           |  |           |  |         |  |   |   |     |     |      |     |     |    |    |              |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                 |           |        |   |    |             |              |           |  |           |  |         |  |   |   |     |     |      |     |     |    |    |              |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                 |           |        |   |    |             |              |           |  |           |  |         |  |   |   |     |     |      |     |     |    |    |              |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p>For all the questions below, please summarize from your 4 dialogue groups, as well as the CHWs/Facilitators monthly reporting form.</p> <p><b>Major Key Issues Discussed / Questions Asked:</b></p>   |                 |           |        |   |    |             |              |           |  |           |  |         |  |   |   |     |     |      |     |     |    |    |              |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p><b>Questions Unanswered or More Information Needed:</b></p>   |                 |           |        |   |    |             |              |           |  |           |  |         |  |   |   |     |     |      |     |     |    |    |              |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p><b>Problems/Challenges Faced:</b></p> <p>1</p> <p>2</p> <p>3</p> <p>4</p>   |                 |           |        |   |    |             |              |           |  |           |  |         |  |   |   |     |     |      |     |     |    |    |              |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p><b>Recommendations for Improvement / Suggestions for New Activities</b></p>   |                 |           |        |   |    |             |              |           |  |           |  |         |  |   |   |     |     |      |     |     |    |    |              |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

# SUB-LOCATION CHW, DIVISIONAL YOUTH CHW OR SUPERVISOR MONTHLY SUMMARY REPORT

| Health Education/Other Activities Conducted (Please include your own activities and summarize CHW/Facilitator activities.) |                              |          |                           |   |           |   |         |   |  |  |          |
|--|------------------------------|----------|---------------------------|---|-----------|---|---------|---|--|--|----------|
| Date   | Describe Activity            | Audience | Total No. of Participants |   |           |   |         |   |  |  | Comments |
|  |                              |          | 0-14 yrs                  |   | 15-24 yrs |   | 25+ yrs |   |  |  |          |
|  |                              |          | M                         | F | M         | F | M       | F |  |  |          |
|  |                              |          |                           |   |           |   |         |   |  |  |          |
|  |                              |          |                           |   |           |   |         |   |  |  |          |
|  |                              |          |                           |   |           |   |         |   |  |  |          |
|  |                              |          |                           |   |           |   |         |   |  |  |          |
|  |                              |          |                           |   |           |   |         |   |  |  |          |
|  | CHWs/Facilitator Activities: |          |                           |   |           |   |         |   |  |  |          |
|  |                              |          | Totals                    |   |           |   |         |   |  |  |          |

CHWs Supervision & Monitoring only

1. I currently supervise \_\_\_\_\_ Village CHWs / Youth CHWs (circle one) Date: \_\_\_\_\_

2. Monthly Feedback Meeting with CHWs No. CHWs attending: \_\_\_\_\_

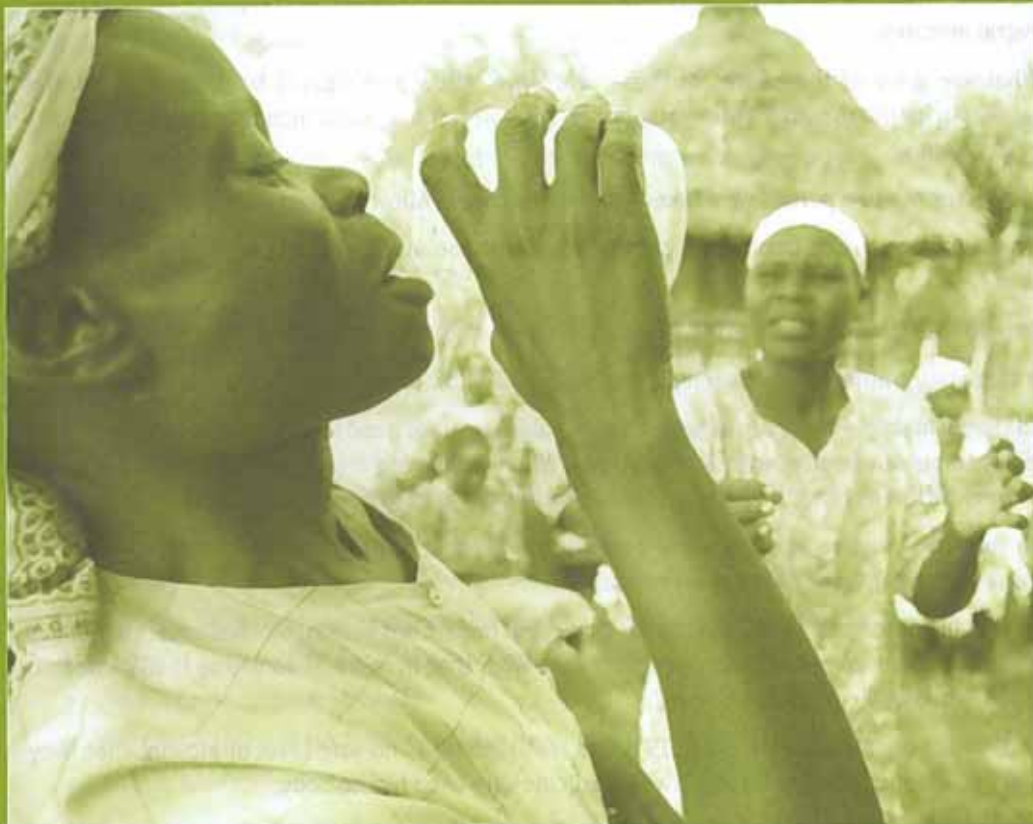
Key Things Discussed/Issues/Problems:

3. Nomination(s) for Outstanding Village or Youth CHWs

| Name | Village | Reasons Why This Person Should Be Acknowledged |
|------|---------|--|
|      |         |  |
|      |         |  |
|      |         |  |



# Alcohol and drug abuse



This chapter explores how alcohol abuse affects our families, relationships, and communities, as well as the health risks associated with drug and alcohol abuse.

# 1. Alcohol abuse



## Session objectives

By the end of the session, participants should be able to:

- List health risks associated with alcohol abuse.
- Describe how alcohol abuse can affect a family.



## Session guide

1. **Ask:** What are some of the problems in our families? Allow participants to discuss for several minutes.
2. **Ask:** What are some of the causes of these problems? Allow participants to discuss for several minutes. Participants should mention alcohol at this point, if not, ask if alcohol contributes to any of these problems.
3. **Ask:** What happens to a person who takes too much alcohol? Allow participants to discuss.
4. **Ask:** What happens to the family of a person who takes too much alcohol? Allow participants to discuss.
5. **Ask:** How does drinking alcohol affect our health? Allow participants to discuss.
6. **Ask:** Is there any connection between alcohol and HIV? Allow participants to discuss.
7. **Explain** that drinking alcohol can affect people's ability to make good decisions and can make them more likely to put themselves in risky situations. When people are drunk they may make decisions that are very different from the decisions they would make if they were not drinking.
8. **Ask:** Do you know anyone who has made a decision while drinking that affected them negatively? Encourage participants to share experiences.
9. **Explain** that in addition to making decisions that could impact our health, alcohol lowers immunity and can lead to alcohol-related malnutrition. **Ask:** With that in mind, if someone is HIV infected how would drinking alcohol affect them?
10. **Explain** that for people who are on AIDS drugs (ART), there is no safe level of alcohol that they should drink. Alcohol affects the way these medicines are used by the body.
11. **Ask:** What can we do to address the problem of alcohol in our families and community? Allow participants to discuss. Encourage them to come up with solutions they can actually use.
12. **Explain** that we will conduct a Timeline with a man who has been invited to go with some friends to drink some home brew. He has a wife and children at home waiting for him. He has been very stressed because the place where he works has been talking about having to reduce the workforce and people may be fired. He is very worried and thinks spending some time relaxing with his friends may help him feel better.

This man will be the key player for the Timeline activity. In this Timeline, the crisis is deciding whether or not to go drinking with his friends. Timeline will be used to examine both options. A crisis leads people to make behaviour choices that can change their lives permanently for the better or the worse. Timeline helps us to explore these options.



Take participants through all 9 steps in a Timeline session:

1. **Prepare** the setting. You will need a chair for the key players. Rearrange participants to clear space for a corridor equal to the length of the meeting space or room. This is called the Time Corridor. One end of the Time Corridor represents the moment the parents learned they were pregnant. The other end represents the key player's future and their child's future. Somewhere between these two is the present moment, in which the decision about going out drinking has to be made.
2. Set up the present moment. **Ask** questions to help participants imagine and describe the key player's current situation. Sample questions:
  - What is his name? Where does he live?
  - How old is he?
  - What does he do for a living?
  - What is his wife's name?
  - How many children does he have?

Place the chairs in the time corridor, with space to the front and the back. Explain that this position represents the present moment. Ask the key player to sit in the chair.

3. **Define** the crisis. The man decided to go for drinks with his friends. He thought it would help him relax and make him feel better about all the stress in his life. Now he is very, very drunk and heading home.
  - How does he feel?
  - What will he do when he gets home?
  - How will his family be affected by him making this decision?
  - What sort of life lies ahead for this person?
4. **Explore** the choices the key player has now.
  - What can this person do now?
  - What is the best choice for this person to make?
  - Why is it the best choice?
  - What choice will the person actually make?
5. **Explore** the key player's past. Move the chair back a few feet towards the past. Explore his life and experiences at that time. Sample questions:
  - Did his parents drink alcohol?
  - Was there abuse in his family growing up?
  - What is his family life now?
6. **Discuss** the causes of the current behaviour. Ask participants how the key player's experiences and attitudes have led to the decisions he makes now. Sample questions:
  - Why did he think that going to drink was a good idea?
  - How have his attitudes led to his current behaviour?
7. **Explore** the future Timeline: Move the chair well beyond the present moment, and explain that this is the future. Explore what life is like for him now. Sample questions:
  - What is the key player's life like now?
  - How is his family?
  - What is his health like?
  - What kind of risk behaviour does he practice?

- What kind of relationship does the key player have with his family?
  - How has their happiness and health been affected by the key player's behaviour choices?
  - How is the key player's current life the result of past behaviour decisions?
  - What is the best possible life situation for the key player today?
  - What behaviour option should he/she have chosen in the past to enjoy the best possible life today?
8. **Explore** the future Timeline: Now ask participants to talk about his and his family's future if he had not gone drinking that night.
9. **Discuss** consequences. Discuss how decisions about alcohol can affect an entire family.
13. **Ask:** How can we address alcohol abuse in families and in our community? Allow participants to discuss.
14. **Ask:** Are there any other drugs that are abused in our community? Allow participants to discuss. Use the information in the background notes to address any questions.



### Main messages

- Drugs are chemicals that change the way a person's body and mind work. Common drugs in Kenya are alcohol, marijuana or bhang, miraa, glue, and cigarettes.
- Abusing alcohol and drugs can damage the brain, heart, and other important organs.
- Drinking alcohol can make it difficult to think clearly and make good decisions.
- Alcohol and drug abuse can have serious emotional and social consequences in addition to physical ones.





## Background notes

### Alcohol

When a family member (especially a parent) drinks too much alcohol it can destroy a family. The other family members cannot easily predict how someone will behave when they are drunk. Families can fall apart when a parent is drinking too much alcohol. To keep alcohol abuse from destroying a family, family members should try to get outside help and support.

### **Drug and alcohol abuse**

Drugs are chemicals that change the way a person's body and mind work. When people talk about drugs, they usually mean abusing legal drugs or using illegal drugs. Common drugs in Kenya are marijuana or bhang, miraa, glue, alcohol, and cigarettes.

Not all drugs are bad or illegal. When we are sick, we may take medicines. Medicines are legal drugs that can help us. Doctors can recommend patients take them, stores can sell them, and people can buy them. But it's not legal, or safe, for people to use these medicines any way they want or to buy them from people who are selling them illegally. Cigarettes, alcohol, and miraa are legal drugs that can cause serious health problems.

### **Why are illegal drugs dangerous?**

Illegal drugs are not good for anyone, but they are very bad for a young person whose body is still growing. Illegal drugs can damage the brain, heart, and other important organs. Cocaine, for instance, can cause a heart attack - even in a young person. While using drugs, a person is also less able to do well in school, sports, and other activities. It's often harder to think clearly and make good decisions. People can do dangerous things that could hurt themselves - or other people - when they use drugs.

### **Why do people use illegal drugs?**

Sometimes young people try drugs because their friends are using them or they might be curious or just bored. A person may use illegal drugs for many reasons, but often because they help the person escape from reality for a while. If a person is sad, a drug can - temporarily - make the person feel better or forget about problems. But this feeling only lasts until the drug wears off.

Drugs do not solve problems and using drugs often causes even more problems than the person had in the first place. A person who uses drugs can become dependent on them, or addicted. This means that the person's body becomes so used to having this drug that he or she cannot function well without it. Once a person is addicted, it's very hard to stop taking drugs. Stopping can cause a person to feel sick until the person's body gets adjusted to being drug free again.

### **Can I tell if someone is using drugs?**

If someone is using drugs, you might notice changes in how the person looks or acts. Here are some of those signs, but it's important to remember that feeling sad or another problem could be causing these changes. A person using drugs may:

- Lose interest in school or work.
- Become negative, in a bad mood, or worried all the time.
- Ask to be left alone a lot.
- Have trouble concentrating.
- Sleep a lot (maybe even in class).
- Get in fights.
- Have red or puffy eyes.
- Lose or gain weight.
- Cough a lot.

### **How can you help?**

If you think someone is using drugs, the best thing to do is to tell an adult who you trust. This could be a parent, other relative, teacher, coach, or school counsellor. The person might need professional help to stop using drugs. An adult can help the person find the treatment he or she needs to stop using drugs. Another way young people can help each other is by choosing not to try or use drugs. It's a good way for friends to stick together.

### **Health risks**

The health risks of commonly used drugs are described below.

**Drinking alcohol** can affect your coordination, judgement, vision, and memory. Alcohol affects your brain and can damage every organ in your body. When you drink alcohol it goes straight into your blood and can increase your risk for a variety of diseases, including cancer. Alcohol affects your self-control and can lead to risky behaviours, such as having unprotected sex. Drinking large amounts of alcohol at one time or very fast can cause alcohol poisoning, which can lead to a coma or even death.

**Alcohol** that is made by people (and not bottled and sold by a company) is sometimes called kumi kumi or changaa. This is even more dangerous because it is not regulated. It can cause headaches, blindness, or even death.

**Using glue** can cause personality changes, memory loss, seeing things, loss of coordination, not speaking properly, feelings of numbness, paralysis, and weight loss. It also damages the nerves, blood, brain, heart, kidneys, liver, lungs, muscles, and skin.

**Smoking marijuana** (bhang) can cause memory loss, reduces learning skills, lead to chronic cough, bronchitis, and lung damage, and increases risk of cancer of the head, neck, and lungs.

**Chewing miraa** or (chat/khat) can cause sleeplessness, worry, loss of appetite, not being able to go to the toilet, bad dreams, and affect a man's ability to have sex. Soon after chewing, miraa can cause dizziness, fast heartbeat, and pain in the stomach. Chewing miraa can lead to reduced sperm count and increased risk of heart disease and liver problems.

**Cigarettes** have chemicals, like nicotine and cyanide, which are poisonous. The body knows when it is being poisoned, so many people find it takes several tries to get started smoking. First-time smokers often feel pain or burning in the throat and lungs, and some people feel sick or even throw up the first few times they try tobacco. Over time, smoking can cause cancer, and damages the lungs, heart, and other organs. It is hard for smokers to do well at sports. Smoking can make it difficult to become pregnant and can cause sexual health problems in men. Health problems from smoking may seem very far off when we are young, but smoking can affect a person's body quickly. Young smokers are sick more, do poorly at sports, become injured more, and take longer to get better after falling ill. Also, they have bad breath, bad skin, and bad smelling hair and clothes.



### **Gender and alcohol and drugs**

Gender can play a large role in alcohol abuse. Alcohol is an important part of male socializing. Alcohol abuse is also a common coping mechanism for men dealing with feelings of anger or sadness. Alcohol is often associated with violence against women and used to excuse such violence. It is critical to understand and address the underlying gender related roots of alcohol abuse.



## This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

# TRAINING REGISTER

Training Course: \_\_\_\_\_ Dates of Training: \_\_\_\_\_ to \_\_\_\_\_ Total no. days: \_\_\_\_\_

Topics Covered: \_\_\_\_\_ Names of Trainers: \_\_\_\_\_

Location (venue, s/l, district): \_\_\_\_\_

|    | Name | Title | Org./Company | Days Attended (Provide initials for proof of attendance) |   |   |   |   |   |   |   |   |    |
|----|------|-------|--------------|--|---|---|---|---|---|---|---|---|----|
|    |      |       |              | 1  | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 1  |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 2  |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 3  |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 4  |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 5  |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 6  |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 7  |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 8  |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 9  |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 10 |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 11 |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 12 |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 13 |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 14 |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 15 |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 16 |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 17 |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 18 |      |       |              |  |   |   |   |   |   |   |   |   |    |



# TRAINING REGISTER

| No. | Name | Title | Org./Company | Days Attended (Provide initials for proof of attendance) |   |   |   |   |   |   |   |   |    |
|-----|------|-------|--------------|--|---|---|---|---|---|---|---|---|----|
|     |      |       |              | 1  | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 19  |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 20  |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 21  |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 22  |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 23  |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 24  |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 25  |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 26  |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 27  |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 28  |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 29  |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 30  |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 31  |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 32  |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 33  |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 34  |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 35  |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 36  |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 37  |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 38  |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 39  |      |       |              |  |   |   |   |   |   |   |   |   |    |
| 40  |      |       |              |  |   |   |   |   |   |   |   |   |    |

## DIALOGUE GROUP PROFILE FORM

Name of CHW/Facilitator: \_\_\_\_\_ Sublocation: \_\_\_\_\_

Name of Site (location/work site/institution): \_\_\_\_\_ Village: \_\_\_\_\_

Name or Type of Dialogue Group: \_\_\_\_\_ Total No. of People: \_\_\_\_\_

| No | Name | Age      |           |         | Sex | Education Level |   |   |   | Marital Status |   |        | No. of living children | Employment     |                  |        |             |          |              |  |
|----|------|----------|-----------|---------|-----|-----------------|---|---|---|----------------|---|--------|------------------------|----------------|------------------|--------|-------------|----------|--------------|--|
|    |      | 0-14 yrs | 15-24 yrs | 25+ yrs |     | P               | S | T | S | M              | W | Formal |                        | Skilled Worker | Unskilled Worker | Farmer | Petty Trade | Domestic | Not employed |  |
| 1  |      |          |           |         |     |                 |   |   |   |                |   |        |                        |                |                  |        |             |          |              |  |
| 2  |      |          |           |         |     |                 |   |   |   |                |   |        |                        |                |                  |        |             |          |              |  |
| 3  |      |          |           |         |     |                 |   |   |   |                |   |        |                        |                |                  |        |             |          |              |  |
| 4  |      |          |           |         |     |                 |   |   |   |                |   |        |                        |                |                  |        |             |          |              |  |
| 5  |      |          |           |         |     |                 |   |   |   |                |   |        |                        |                |                  |        |             |          |              |  |
| 6  |      |          |           |         |     |                 |   |   |   |                |   |        |                        |                |                  |        |             |          |              |  |
| 7  |      |          |           |         |     |                 |   |   |   |                |   |        |                        |                |                  |        |             |          |              |  |
| 8  |      |          |           |         |     |                 |   |   |   |                |   |        |                        |                |                  |        |             |          |              |  |
| 9  |      |          |           |         |     |                 |   |   |   |                |   |        |                        |                |                  |        |             |          |              |  |
| 10 |      |          |           |         |     |                 |   |   |   |                |   |        |                        |                |                  |        |             |          |              |  |
| 11 |      |          |           |         |     |                 |   |   |   |                |   |        |                        |                |                  |        |             |          |              |  |
| 12 |      |          |           |         |     |                 |   |   |   |                |   |        |                        |                |                  |        |             |          |              |  |

Date: \_\_\_\_\_



## DIALOGUE GROUP PROFILE FORM

for dialogue groups, peer family, worksite married adols programs

| No | Name | Age      |           |         | Sex | Education Level |   |   | Marital Status |   |   |        | No. of living children | Employment     |                  |        |             |          |              |  |
|----|------|----------|-----------|---------|-----|-----------------|---|---|----------------|---|---|--------|------------------------|----------------|------------------|--------|-------------|----------|--------------|--|
|    |      | 0-14 yrs | 15-24 yrs | 25+ yrs |     | P               | S | T | S              | M | W | Formal |                        | Skilled Worker | Unskilled Worker | Farmer | Petty Trade | Domestic | Not employed |  |
| 13 |      |          |           |         |     |                 |   |   |                |   |   |        |                        |                |                  |        |             |          |              |  |
| 14 |      |          |           |         |     |                 |   |   |                |   |   |        |                        |                |                  |        |             |          |              |  |
| 15 |      |          |           |         |     |                 |   |   |                |   |   |        |                        |                |                  |        |             |          |              |  |
| 16 |      |          |           |         |     |                 |   |   |                |   |   |        |                        |                |                  |        |             |          |              |  |
| 17 |      |          |           |         |     |                 |   |   |                |   |   |        |                        |                |                  |        |             |          |              |  |
| 18 |      |          |           |         |     |                 |   |   |                |   |   |        |                        |                |                  |        |             |          |              |  |
| 19 |      |          |           |         |     |                 |   |   |                |   |   |        |                        |                |                  |        |             |          |              |  |
| 20 |      |          |           |         |     |                 |   |   |                |   |   |        |                        |                |                  |        |             |          |              |  |
| 21 |      |          |           |         |     |                 |   |   |                |   |   |        |                        |                |                  |        |             |          |              |  |
| 22 |      |          |           |         |     |                 |   |   |                |   |   |        |                        |                |                  |        |             |          |              |  |
| 23 |      |          |           |         |     |                 |   |   |                |   |   |        |                        |                |                  |        |             |          |              |  |
| 24 |      |          |           |         |     |                 |   |   |                |   |   |        |                        |                |                  |        |             |          |              |  |
| 25 |      |          |           |         |     |                 |   |   |                |   |   |        |                        |                |                  |        |             |          |              |  |

Date: \_\_\_\_\_

## DIALOGUE GROUP REPORTING FORM

Name :

District:

Date:

Name/Type of Dialogue Group:

Sub-location:

Nearest Health Facility:

Village:

Topic/Chapter-Session:

Activities Used:

Key Issues Discussed / Questions Asked:

Questions Unanswered or More Information Needed:

Problems/Challenges Faced:

1  
2  
3  
4

Possible Solutions:

1  
2  
3  
4

Recommendations for Improvement / Suggestions for New Activities

| Total No. Pple Attending |   |           |   |         |   |
|--------------------------|---|-----------|---|---------|---|
| 0-14 yrs                 |   | 15-24 yrs |   | 25+ yrs |   |
| M                        | F | M         | F | M       | F |
|                          |   |           |   |         |   |

| Referrals |     |      |     |     |    |    |
|-----------|-----|------|-----|-----|----|----|
| VCT       | ART | PMCT | ANC | MAL | TB | FP |
|           |     |      |     |     |    |    |
|           |     |      |     |     |    |    |

IMMUNI  
ZATION

CONDOMS



# CHW OR FACILITATOR MONTHLY SUMMARY REPORT

Name of 2 CHWs or Facilitator(s): \_\_\_\_\_ Month/Year: \_\_\_\_\_

We are or I am a: \_\_\_\_\_

(circle one) Village CHW(s) Youth CHW(s) Peer Family Facilitator Worksite Motivator Married Adol Mentor Other

District: \_\_\_\_\_ S/L: \_\_\_\_\_ Village: \_\_\_\_\_ Organization (if applicable): \_\_\_\_\_

| No.    | Group Name/Type | Topic | Total No. of Participants |   |           |   |         |   | Referrals |     |      |     |     |    |    |                   |         |
|--------|-----------------|-------|---------------------------|---|-----------|---|---------|---|-----------|-----|------|-----|-----|----|----|-------------------|---------|
|        |                 |       | 0-14 yrs                  |   | 15-24 yrs |   | 25+ yrs |   | VCT       | ART | PMCT | ANC | MAL | TB | FP | IMMUNI-<br>ZATION | CONDOMS |
|        |                 |       | M                         | F | M         | F | M       | F |           |     |      |     |     |    |    |                   |         |
| 1      |                 |       |                           |   |           |   |         |   |           |     |      |     |     |    |    |                   |         |
| 2      |                 |       |                           |   |           |   |         |   |           |     |      |     |     |    |    |                   |         |
| 3      |                 |       |                           |   |           |   |         |   |           |     |      |     |     |    |    |                   |         |
| 4      |                 |       |                           |   |           |   |         |   |           |     |      |     |     |    |    |                   |         |
| 5      |                 |       |                           |   |           |   |         |   |           |     |      |     |     |    |    |                   |         |
| 6      |                 |       |                           |   |           |   |         |   |           |     |      |     |     |    |    |                   |         |
| 7      |                 |       |                           |   |           |   |         |   |           |     |      |     |     |    |    |                   |         |
| 8      |                 |       |                           |   |           |   |         |   |           |     |      |     |     |    |    |                   |         |
| 9      |                 |       |                           |   |           |   |         |   |           |     |      |     |     |    |    |                   |         |
| 10     |                 |       |                           |   |           |   |         |   |           |     |      |     |     |    |    |                   |         |
| TOTALS |                 |       |                           |   |           |   |         |   |           |     |      |     |     |    |    |                   |         |

Key Issues Discussed / Questions Asked:

## CHW OR FACILITATOR MONTHLY SUMMARY REPORT

Questions Unanswered or More Information Needed:

Problems/Challenges Faced:

1  
2  
3  
4

Possible Solutions:

1  
2  
3  
4

Recommendations for Improvement / Suggestions for New Activities

Other Activities Conducted

*(This might include youth activities conducted in the village, additional health education talks or meetings, or other activities organized.)*

Name of Activity

Description

Total Number of Participants

0-14 yrs 15-24 yrs 25+ yrs

M F M F M F

Additional Comments:

Total



# SUCCESS STORY NOMINATION

|                    |               |      |           |      |          |
|--------------------|---------------|------|-----------|------|----------|
| Name of Candidate: | Gender: M / F | Age: | District: | S/L: | Village: |
|--------------------|---------------|------|-----------|------|----------|

Contact Information (Telephone/Physical address/directions):

|  |
|--|
| Background/Description of situation:                           |
| What behavior was changed/What action was taken by individual: |

How long has the person been practicing the new behavior?

|           |            |             |        |            |
|-----------|------------|-------------|--------|------------|
| 0-1 month | 2-6 months | 6 mths-1 yr | 1 yr + | Don't Know |
|-----------|------------|-------------|--------|------------|

What/who influenced the behavior change?

|  |
|--|
|  |
|--|

How did this behavior change impact his/her life or those around him/her?

|  |
|--|
|  |
|--|

Has this person advocated or encouraged others to change their behavior?

If so, how?

|     |    |            |
|-----|----|------------|
| YES | NO | Don't Know |
|-----|----|------------|

Is this person willing to share their experience at a public forum?

|     |    |            |
|-----|----|------------|
| YES | NO | Don't Know |
|-----|----|------------|

Why is this a success story? (check all that apply)

|                                       |   |                          |
|---------------------------------------|---|--------------------------|
| <input type="checkbox"/>              | <input type="checkbox"/>                  | <input type="checkbox"/> |
| Adopted/changed to a healthy behavior | New behavior has been practiced over time | Other                    |

Evidence of positive impact  
Encourages others to change behavior

Comments:

|  |
|--|
|  |
|--|

Name of CHW/Facilitator:

Name of Supervisor:

## SUB-LOCATION CHW, DIVISIONAL YOUTH CHW OR SUPERVISOR MONTHLY SUMMARY REPORT

| Name:   |                 |               |   |           |   | District: |   |  |  |           |     | S/L: | Month/Year: |     |    |    |              |         |
|---|-----------------|---------------|---|-----------|---|-----------|---|--|--|-----------|-----|------|-------------|-----|----|----|--------------|---------|
|   |                 |               |   |           |   |           |   |  |  |           |     |      |             |     |    |    |              |         |
| No.   | Group Name/Type | Topic         |   |           |   |           |   |  |  | Referrals |     |      |             |     |    |    |              |         |
|   |                 | 0-14 yrs      |   | 15-24 yrs |   | 25+ yrs   |   |  |  | VCT       | ART | PHCT | ANC         | MAL | TB | FP | IMMUNIZATION | CONDOMS |
| 1   |                 | M             | F | M         | F | M         | F |  |  |           |     |      |             |     |    |    |              |         |
| 2   |                 |               |   |           |   |           |   |  |  |           |     |      |             |     |    |    |              |         |
| 3   |                 |               |   |           |   |           |   |  |  |           |     |      |             |     |    |    |              |         |
| 4   |                 |               |   |           |   |           |   |  |  |           |     |      |             |     |    |    |              |         |
| CHW/Facilitator Dialogue Groups   |                 | Total #:      |   |           |   |           |   |  |  |           |     |      |             |     |    |    |              |         |
|   |                 | <b>TOTALS</b> |   |           |   |           |   |  |  |           |     |      |             |     |    |    |              |         |
| For all the questions below, please summarize from your 4 dialogue groups, as well as the CHWs/Facilitators monthly reporting form. |                 |               |   |           |   |           |   |  |  |           |     |      |             |     |    |    |              |         |
| <b>Major Key Issues Discussed / Questions Asked:</b>  |                 |               |   |           |   |           |   |  |  |           |     |      |             |     |    |    |              |         |
|   |                 |               |   |           |   |           |   |  |  |           |     |      |             |     |    |    |              |         |
| <b>Questions Unanswered or More Information Needed:</b>   |                 |               |   |           |   |           |   |  |  |           |     |      |             |     |    |    |              |         |
|   |                 |               |   |           |   |           |   |  |  |           |     |      |             |     |    |    |              |         |
| <b>Problems/Challenges Faced:</b>   |                 |               |   |           |   |           |   |  |  |           |     |      |             |     |    |    |              |         |
| 1   |                 |               |   |           |   |           |   |  |  |           |     |      |             |     |    |    |              |         |
| 2   |                 |               |   |           |   |           |   |  |  |           |     |      |             |     |    |    |              |         |
| 3   |                 |               |   |           |   |           |   |  |  |           |     |      |             |     |    |    |              |         |
| 4   |                 |               |   |           |   |           |   |  |  |           |     |      |             |     |    |    |              |         |
| <b>Recommendations for Improvement / Suggestions for New Activities</b>   |                 |               |   |           |   |           |   |  |  |           |     |      |             |     |    |    |              |         |
|   |                 |               |   |           |   |           |   |  |  |           |     |      |             |     |    |    |              |         |



# SUB-LOCATION CHW, DIVISIONAL YOUTH CHW OR SUPERVISOR MONTHLY SUMMARY REPORT

| Health Education/Other Activities Conducted (Please include your own activities and summarize CHW/Facilitator activities.) |                              |          |                           |   |           |   |         |   |          |
|--|------------------------------|----------|---------------------------|---|-----------|---|---------|---|----------|
| Date   | Describe Activity            | Audience | Total No. of Participants |   |           |   |         |   | Comments |
|  |                              |          | 0-14 yrs                  |   | 15-24 yrs |   | 25+ yrs |   |          |
|  |                              |          | M                         | F | M         | F | M       | F |          |
|  |                              |          |                           |   |           |   |         |   |          |
|  |                              |          |                           |   |           |   |         |   |          |
|  |                              |          |                           |   |           |   |         |   |          |
|  |                              |          |                           |   |           |   |         |   |          |
|  |                              |          |                           |   |           |   |         |   |          |
|  | CHWs/Facilitator Activities: |          |                           |   |           |   |         |   |          |
|  |                              |          | <b>Totals</b>             |   |           |   |         |   |          |

| CHWs Supervision & Monitoring only                                    |                           |
|---|---------------------------|
| 1. I currently supervise _____ Village CHWs / Youth CHWs (circle one) | Date: _____               |
| 2. Monthly Feedback Meeting with CHWs                                 | No. CHWs attending: _____ |
| Key Things Discussed/Issues/Problems:                                 |                           |
| 3. Nomination(s) for Outstanding Village or Youth CHWs                |                           |

| Name | Village | Reasons Why This Person Should Be Acknowledged |
|------|---------|--|
|      |         |  |
|      |         |  |
|      |         |  |