HIV Counselling for Children, Adolescents and Caregivers

Table of Contents

TOPIC 1: HIV Testing for Children (General profile) 1
1A: How HIV affects children 2
1B: Assessing risk 3
1C: Pre-test counselling 4
1D: Post-test counselling 5
1E: Reducing risk of transmission through breastfeeding 6
CLOSING for HIV exposed or positive infants 7
CLOSING for HIV positive children 8
CLOSING for HIV negative children 9

TOPIC 2: Starting and Adhering to ARVs 10
2A: How ARVs work 11
2B: How to take ARVs 12
2C: How to manage side effects 13
2D: How to plan for adherence 14
CLOSING for adherence 15

TOPIC 3: Caring for HIV Positive Children 16
3A: Getting regular medical checkups 17
3B: Taking Septrin to help prevent diseases 18
3C: Providing a healthy, balanced diet 19
3D: Coping with stigma and discrimination 20
3E: Psychosocial support 21
3F: Disclosure 22
CLOSING for HIV positive children 23

TOPIC 4: HIV Positive Adolescents 24
4A: Caring for HIV positive adolescents 25
4B: Growing up: Physical changes 26
4C: Growing up: Emotional changes 27
4D: Being safe: Delaying and abstaining 28
4E: Being safe: Using condoms 29
4F: Reducing risk: Sexual 30
4G: Reducing risk: Substances 31
CLOSING Part I: Being emotionally healthy 32
CLOSING Part II: Being physically healthy 33

TOPIC 5: Special Topics 34
5A: Children’s rights and caregivers’ responsibilities 34
5B: Sexual abuse 35
5C: Crisis intervention 36
5D: Care and support in illness and death 37

Ministry of Health
Children’s HIV Services
Be their key to life
HIV Counselling
for Children, Adolescents and Caregivers
Using this counselling tool

**About the tool:** This tool was developed to assist health workers in counselling children and adolescents with HIV and their caregivers. Within each topic, you can cover all the sessions in that topic or, if you have less time, use the profiling questions at the beginning of each topic to find the most important content for the client during that session. At any time if your client has a specific counselling need, you can flip to the beginning of the tool to find the Table of Contents and identify the exact topic needed.

**Using the tool:** Hold the tool in your hands or place it on a desk near you. Maintain eye contact with the caregiver and the child. Point to the illustrations or start a discussion by asking the child about the illustrations. Most of the flipchart is written as if talking to a caregiver, so rephrase questions and other information when talking with a child. Use the questions in bold to help you start discussions and assess the client’s knowledge on the topics. All text in italics is meant for you, the counsellor.

**About counselling:** The tool will assist you to follow the counseling process, including the 5 As: **ASSESS, ADVISE, AGREE, ASSIST** and **ARRANGE.** The assessment begins as you build rapport and encourage the client to tell their story.

**Step 1: Build Rapport:** Welcome and warmly introduce yourself to both caregiver and child. Explain confidentiality. Sit face to face, and if possible, be on the same level as the child. Make sure to establish the relationship between your clients.

- **Who is the primary caregiver?**
  
  *If the primary caregiver is not present in this session ASSESS whether you need to reschedule or plan a second session with the primary caregiver, especially if you are counselling for the start of ARVs.*

- **How old is the child?**
  
  *Ask the age, but also assess the child’s developmental milestones. The age of the child impacts who should be present for HIV testing and post-test counselling. Children 12 years and older can both assent to an HIV test and receive test results without a caregiver present. Children **under 12** need to be with a caregiver for an HIV test; their HIV results should be given to caregivers without the child present, unless the caregiver has agreed to the child being present. The counsellor could then assist with disclosure to the child or caregiver.*

**Step 2: Encourage the client to tell their story:** Use good counselling tactics, such as: listening actively, using open-ended questions, using silence for client self-expression, clarifying issues and paraphrasing, using age and developmentally appropriate language and providing age appropriate play materials for the child.
Using this counselling tool

HIV testing

ARV adherence

Caring for HIV-exposed and positive children

Caring for HIV positive adolescents
Using this counselling tool

**Step 3: Assess the session’s purpose and process**

- **Have you come to talk about any of these things today?** (Refer to the pictures.)

  HIV TESTING FOR CHILDREN (TOPIC 1) on page 1, STARTING AND ADHERING TO ARVs (TOPIC 2) on page 10, CARING FOR HIV POSITIVE CHILDREN (TOPIC 3) on page 16, HIV POSITIVE ADOLESCENTS (TOPIC 4) on page 24 or SPECIAL TOPICS on page 34. If at any point your client requires a special topic, turn straight to that session.

- **How should we conduct the session today?**

  Caregiver and child can remain together or go apart and then come together again. Assess if disclosure should be the first topic you discuss.

**Step 4: Use the tool to follow the 5 As**

Here is a general description of the 5 As. At the beginning of the session, assess the client’s needs and knowledge. Use the pages of this tool to provide accurate information to the client without judging them. By the end of each page or series of pages, agree with the client about the next steps based on the information provided. Then, assist the client with key planning such as risk reduction, disclosure, adherence and positive living. Finally, arrange for the necessary follow up actions. This tool will guide you through this process.

<table>
<thead>
<tr>
<th>ASSESS</th>
<th>ADVISE</th>
<th>AGREE</th>
<th>ASSIST</th>
<th>ARRANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who is the client? (age, developmental level, relationship to caregiver)</td>
<td>Provide judgment-free, relevant, correct and simple information. Use language the client understands. Use tools to help you (flipchart, Lukia Story, Caregiver Booklet, Adolescent Booklet).</td>
<td>Have the client repeat the key information they heard. Have the client decide on appropriate next steps.</td>
<td>Help the client plan their next steps according to their needs. Assist with: • Reduction of transmission through infant feeding • Reduction of adolescent SRH risk • Disclosure planning • Planning to abstain • Adherence planning</td>
<td>Review plans made in the session. Provide referrals and arrange followup appointments. Remind them to keep appointments and take all medication given. Provide IEC resources. Document session in the client file.</td>
</tr>
</tbody>
</table>
How is your child coping?

HIV testing for children (General profile)

Tell me what you know about HIV and children.

Do you know if your child is at risk of HIV?

Do you know your child’s HIV status?

Is your child HIV positive?

Has your child started on ARVs?

How is your child coping?
TOPIC 1 Profile questions

Tell me what you know about HIV and children.

- Limited knowledge
  - Go to 1A on page 2
- Good knowledge
  - Do you know if your child is at risk of HIV?
    - No (or limited explanation)
      - No (or limited explanation)
        - Go to 1B on page 3
    - Yes (with good explanation)
      - Go to 1C on page 4

Do you know your child’s HIV status?

- No
  - No
    - Go to CLOSING on page 9
- Yes
  - Is your child HIV positive?
    - No
      - No
        - Go to CLOSING on page 9
    - Yes
      - Has your child started on ARVs?
        - Starting today/Yes
          - Go to TOPIC 2 on page 10
        - No
          - How is your child coping?
            - Positive living issues
              - Go to TOPIC 3 on page 16
            - Adolescent or SRH issues
              - Go to TOPIC 4 on page 24
How HIV affects the child’s body
How HIV affects the child’s body

**KEY MESSAGE:** Testing children who are at risk can save their lives.

**How do children get HIV?**
- From HIV positive mothers during birth or breastfeeding
- From unprotected sex with a partner who is HIV positive
- From sharing sharp objects or knives
- From using injectable drugs or getting tattoos

**How does HIV affect the body?**
- The immune system fights diseases in the body. There are cells in your immune system called CD4s that make sure the immune system is working properly. It is good to have many CD4s.
- HIV kills CD4s. The immune system becomes weak and other diseases come that the body does not have the strength to fight. Once the body is too weak to fight off these diseases, then the person has AIDS.

**How can you tell if a child has HIV?**
- The only way to know for sure is to take your child for an HIV test.
- It is especially important to get an HIV test for children who have TB, often fall sick, do not eat well, have skin rashes, stay thin and weak as they grow, or have a white coating in their mouths.
- Even babies can get tested. A DNA PCR test works for babies from 6 weeks to 18 months.

**Why should your child get tested?**
- If your child is tested and found to be positive, then the child can start treatment.
- Early treatment can save children’s lives and keep them healthy so their minds and bodies develop properly.
- A child with HIV can have a normal, productive and healthy life. You can prevent HIV leading to AIDS.

Talking with children:
- What do you see in the picture?
  - CD4s are soldiers in your body. They fight diseases that come into your body.
  - HIV are enemies. They want to kill the soldiers so they can take over your body.
  - But you can help your soldiers fight HIV if you take care of your body and take medicine when you are supposed to. They help your soldiers fight well. It’s called positive living.

Go to the next page on ASSESSING RISK.
Assessing risk
Assessing risk

KEY MESSAGE: Some children are more at risk of HIV than others.

Why do you think your child is at risk of HIV? (ASSESS if testing is in the best interests of the child. If you already know the risk, you can go to the next page.)

- Is the child’s mother HIV positive?
- Is the child breastfeeding from an HIV positive mother?
- Did either parent die of HIV/AIDS or for unknown reasons?
- Is the child’s mother’s HIV status unknown?
- Has your child ever had a transfusion?
- Has your child ever had a tattoo?
- Has your child ever had a tooth extracted locally?
- Has your child ever used a sharp object or knife that other people used to cut themselves?
- Has your child been traditionally circumcised?
- Has your child ever been abused? (If you suspect sexual abuse, talk to your supervisor so that the child can be referred to an appropriate counsellor or go to page 35 for more information.)
- Do you think your child has ever had sex?
- Has your child had a tattoo or local tooth extraction?

- **If the client answers “yes” to any of the questions and the child is under 18 months**, go to **1E on page 6** to discuss reducing the risk of transmission through breastfeeding.
- **If the client answers “yes” to any of the questions and the child is older than 18 months**, go to **1C on page 4** to conduct pre-test counselling.
- **If the client answers “no” to all of the questions**, probe further as to why they are there. Depending on the needs of your client, either conduct pre-test counselling or go to CLOSING for HIV negative children on page 9.
Pre-test counselling
Pre-test counselling

**KEY MESSAGE:** If your child tests positive, s/he can get effective treatment.

**Talking with children:**
- How does the test work?
  - A health worker will take some blood.
  - The lab tests your blood for **antibodies**. Your blood makes antibodies if there is a disease in your body.
  - If there are antibodies, it means there is HIV in your blood.

**What do you know about the testing process?**
- Explain the testing procedure. For children under 18 months, explain the DNA PCR test.
- Explain what a positive or negative result means.
- For exposed infants, use the Testing Algorithm.
- If relevant, discuss the window period.
- Explain when to expect the results.

**Who will receive the results?**
- Results for children under 12 should be given to the primary caregiver, who decides whether to disclose.
- Results for children 12 and older go directly to the child, who decides whether the caregiver will be present for the post-test.

**What will you do if the results come back positive? What if they come back negative?**

**Who will you share the results with?**
- The client should begin considering who to disclose to and know what support systems are available.
- Children over 12 should consider disclosing to a trusted adult for further support.
- Disclosure options will be discussed again during the post-test.

- **For exposed infants, go to 1E on page 6 to discuss reducing the risk of transmission through breastfeeding.**
- All other children should go for testing. **STOP**
Post-test counselling
Post-test counselling

**KEY MESSAGE:** No matter the result, you have the power to improve your health.

**Talking with children:**
- If there are no antibodies, you may not have HIV but there is a window period.
- No matter what the result is, you have people who will support you.
- Who do you usually talk to when you have problems?

**What is your name? Who should receive the results?**
- Check who should be in the session: the child, the caregiver or both.
- Check that the name of the client is the same as the name on the test results.

**Are you ready to receive the results?**
- Review pre-test counselling as necessary.
- Tell the client the results.

**What do you think these results mean?**
- For children under 18 months, use the Testing Algorithm for exposed infants to interpret the results.
- For children over 18 months, positive means the child has HIV.
- Negative means the child does not have HIV as of today, but there may be a need to retest after 4 weeks. Retesting should be scheduled if there are signs or symptoms of TB, the child has recently had unprotected sex or if there has been other recent exposure to HIV.
- **If the test was positive:**
  - Children under 2 years old, go to CLOSING for HIV exposed or positive infants on page 7.
  - Children 2-18 years old, go to CLOSING for HIV positive children on page 8.
- **If the test was negative:**
  - Go to CLOSING for HIV negative children on page 9.
Reducing risk of transmission through breastfeeding
Reducing risk of transmission through breastfeeding

KEY MESSAGE: With careful feeding, HIV positive mothers can prevent spreading HIV to their babies.

Talking with caregivers:

Replacement feeding:
• To be able to replacement feed your baby, you must have the money, time and safe space to be able to feed your baby up to 12 times a day. You must be able to pay for the formula for a year and have access to a refrigerator.
• Do you feel that you can replacement feed?

How do you feed your baby?
• Although there are two ways to feed your baby, most people breastfeed. If you are HIV positive, either way of feeding can be OK, but you need help to make sure you are providing the best option for you and your baby.

Exclusive breastfeeding means giving ONLY breast milk for the first 6 months and then complementary foods from 6-12 months.
• You or your child will need to be on ARVs to prevent transmission from you to your child. You must see a health worker if you are having any problems with breastfeeding.
• 0-6 months: Either exclusively breastfeed or provide safe alternative feeding (see left).
• 6-12 months: Add complementary feeding with safe and nutritious foods.
• 12 months: You need to come back to a health care worker before stopping breastfeeding. This process of weaning should be completed over the course of one month. The infant needs to be on Nevaripine for six weeks and then retested for HIV.

• If this is a post-test counselling session, go to CLOSING for HIV-exposed or positive infants on page 7.
• If this is a pre-test session, send the client for testing.
Closing for HIV-exposed or positive infants
Closing for HIV-exposed or positive infants

KEY MESSAGE: A caregiver is a tower of strength for any infant, but infants who are HIV-exposed or positive need extra support.

Who can be the caregiver for an HIV positive or exposed infant?
- Anyone who is looking after an HIV-exposed or positive infant and taking an interest in the infant’s wellbeing is a caregiver. One person should be the primary caregiver who communicates to all the other caregivers about the infant’s needs.
- You and your child can get support from family, friends, church, health workers, counselors and support groups, once you have told them (disclosed) about the infant’s HIV status.

What are healthy practices for infants?
- Bring the infant for regular check-ups for monitoring height and weight and to receive all immunizations.
- Make sure the infant gets between 12-14 hours of sleep a day. Have the infant sleep under an insecticide-treated mosquito net every night. Go to the health centre to test fevers for malaria.
- Prevent infections by providing clean, safe water and practicing good handwashing.
- Adhere to all medication. Infants who are HIV positive and under the age of 2 should begin ARVs as soon as possible. If your infant is HIV-exposed, one of you must be taking ARVs. Get advice before weaning.
- Provide good nutrition: Either exclusively breastfeed or provide safe alternative feeding for the first 6 months. For HIV-exposed infants, add complementary feeding with safe and nutritious foods from 6-12 months. For HIV positive infants, add complementary feeding with safe and nutritious foods from 6-24 months.

Closing for HIV positive children
Closing for HIV positive children

KEY MESSAGE: A caregiver is a tower of strength for any child, but a child living with HIV especially needs your support to survive and have a good life.

Who can be the caregiver for an HIV positive child?

- Anyone who is looking after and taking an interest in the child’s well-being can be called a caregiver. One caregiver should be the primary caregiver, who communicates to all other caregivers about the child’s needs.

How should I care for my child?

1. Get regular medical checkups for your child.
2. Give Septrin everyday at the same time to prevent infections.
3. Provide a healthy diet with 3 meals and 2 nutritious snacks a day.
4. Have your child sleep under an insecticide treated mosquito net. Go to the health centre to test all fevers for malaria.
5. Encourage the child to be part of a support group if there is one. Encourage the child to go to school, play and exercise as well as get enough rest and sleep.

Who should I tell about my child’s status?

- Disclosure means telling others about your or your child’s HIV status.
- Once you have disclosed to people you can trust, you and your child can get the support that you need from family, friends, church, health workers, counselors and support groups.
- Children old enough and mature enough to understand should be told their HIV status. It is recommended to disclose by the time they are 10, but if your child asks earlier, you should explain that many other HIV positive children are healthy and happy.
- It is critical that your child knows his/her HIV status before puberty and before he/she might start spreading the disease.

ARRANGE: Review plans. Make and inform client of appointments or referrals (missed appointments need to followed up with a phone call or home visit). Remind client to keep appointments and take all medicine as prescribed. Provide resources (Caregiver Booklet or Lukia’s Story). Document session on client card.

CLOSING: HIV Testing for Children

STOP
Closing for HIV negative children
Why might you have to retest after 4 weeks?
- When you test HIV negative, there is a possibility that you have been exposed to the virus but that it is not showing in your blood yet. This is called a window period.
- Why did you decide to test? What do you think are your greatest risk factors? Is there a possibility you have been exposed to the virus in the last six weeks?

How can young people prevent contracting HIV?
- Delay sexual activity until you are older. Make an abstinence plan.
- If you are in a relationship, show affection by doing things together, buying gifts, holding hands or hugging. Talk openly about the disease with your partners before becoming sexually involved.
- If you are sexually involved, use a condom correctly every time you have sex to prevent infection, STIs and pregnancy.
- Avoid sharing sharp objects or needles.

What is Safe Male Circumcision (SMC)?
- SMC is an operation to remove the foreskin on the tip of the penis. The operation is done in a health facility.
- SMC greatly reduces the risk of getting HIV. Even though SMC is effective, safer sex practices are still important for HIV prevention.

ARRANGE: Review plans, provide referrals, remind of instructions, provide IEC resources and document in the client’s file.
Tell me about your adherence plan.

How is your child coping?

Is this your first counselling session about ARVs?

Has your child missed any doses?

Is your child having any side effects?

Tell me about your adherence plan.

How is your child coping?
TOPIC 2 Profile questions

Is this your first counselling session about ARVs?
- Yes
  - Go to 2A on page 11
- No

Has your child missed any doses?
- Yes
  - Go to 2B on page 12
- No

Is your child having any side effects?
- Yes
  - Go to 2C on page 13
- No

Tell me about your adherence plan.
- Incomplete
  - Go to 2D on page 14
- Complete

How is your child coping?
- Living positively
  - Go to TOPIC 3 on page 16
- Adolescent issues
  - Go to TOPIC 4 on page 24

SUBTOPICS
- 2A: How ARVs work
- 2B: How to take ARVs
- 2C: How to manage side effects
- 2D: How to plan for adherence

CLOSING for adherence
How ARVS work
How ARVs work

**KEY MESSAGE:** Help children live healthy lives by starting them on ARVs when a healthcare provider says they need them.

**Talking with children:**
- The disease in your body is the red monsters trying to hurt the good green ones in the picture.
- The medicine is the yellow people defeating the red ones.
- If you feel sick, tell your caregiver. You might need to come back to the health centre.

**What does it mean to be HIV positive?**
- Being positive means the child has the virus and it will always be there.
- HIV weakens the body’s immune system by killing the CD4 cells that are meant to fight off diseases.
- When the CD4 count is low, then a person is eligible to start ARVs.

**What are ARVs?**
- ARVs are drugs that slow down the virus from multiplying in the child’s body and prevent a child from getting sick with AIDS.
- If they are taken correctly, ARVs allow a child to live a longer, healthier life.
- ARVs are not a cure for HIV. The virus will still be in the child’s blood. Once started on ARVs, a child will be on them for the rest of his/her life.

**When should HIV positive children start on ARVs?**
- A doctor/clinician is the only person who can tell you it is the right time to start ARVs.
- Starting ARVs is a big responsibility for children’s families since the tablets have to be taken every day and the client has to return to the health centre regularly to get the tablets.
- A healthcare provider will check if the child has enough family support to start taking the medicine. Once the tablets are started, the child cannot stop taking them or they might not work very well.

**What is antiretroviral therapy?**
- ART includes taking ARVs as well as following all of the positive living practices.

Go to the next page on HOW TO TAKE ARVS or skip to CLOSING on page 15.
How to take ARVs
How to take ARVs

KEY MESSAGE: Be your child’s key to life by learning how to give the medicine in the best way.

How should you give the doses?
- Follow the health worker’s instructions carefully.
- Your child needs to take ARVs every day at the same time each day in order for them to work. Use daily routines to help remind you to regularly give the medicine. Mark a calendar or use an alarm clock to help remind you.
- Give the medicines with or without food, but watch the child to make sure the medicines are taken as prescribed.
- Never miss giving the child the medicine. If you miss doses, the medicine will stop working.

What should you do if you miss giving a dose?
- If you forget one dose, give the next dose as normal. If you miss giving your child the drugs and remember after 4 hours, skip the missed dose and return to the regular schedule.
- If your child vomits within 30 minutes, you can give the full dose again. If your child vomits after 30 minutes, do not give the dose again as it will already have been absorbed.

How should the medicine be cared for?
- Store the ARVs in a dry, cool place that is out of children’s reach. Store them in a pillbox to keep the treatment regular.
- Never share these medicines with anyone.
- Come back to the clinic before you finish the medicine for each month. Bring the remaining medicine.
- In case you travel, always take the medicine with you.

How often do you need to visit the health centre?
- You should return every month or on appointment dates for a general checkup and to get more medicine.
- You should return whenever the child is having any health problem.

Talking with children:
- Help your family remember to take care of the medicines.
- Make sure the medicine is stored in the right place and you take it at the right time in the right dose.

Go to the next page on MANAGING SIDE EFFECTS or skip to the CLOSING on page 15.
How to manage side effects

1. Monitor for side effects.
2. Infuse with a saline solution.
3. Communicate with a healthcare provider.
4. Hydrate the patient.
5. Consult a doctor.
How to manage side effects

**KEY MESSAGE:** Return to a health centre if you experience any side effects.

How will your child react to the ARVs?
- Some children will have no problems with the medicines, but it often takes 4-6 weeks for a child’s body to get used to ARVs.
- Children can have different side effects, such as: tiredness, headache, vomiting, nausea, diarrhoea, skin rashes, poor sleep, dizziness, loss of appetite or increase in appetite.
- If your child has any side effects, go to the health centre right away.

When should you seek care?
- Some side effects from ARVs are minor and can be managed or will go away. Others are serious and need medical attention. Either way, if the child has a reaction, go see a healthcare worker immediately. A doctor may need to adjust or change the medication.
- All children on ARVs should visit a healthcare provider regularly to be thoroughly checked and to have a CD4 count. When the drugs are working, the child’s CD4 count will rise.

Why should the child continue taking ARVs even with side effects, once a clinician has determined that it is safe?
- If they do not, the child’s immune system will get weaker and he/she will get opportunistic infections.
- If they do not, the child will have to go on new drugs that may be more expensive or harder to find.
- The side effects will go away after 4-6 weeks and the child will begin to feel much better.
How to plan for adherence
How to plan for adherence

**KEY MESSAGE:** ARVs can help children live healthy lives, but only if they adhere.

Talking with children:
- Who helps you take your medicine?
- How do you feel about taking your medicine?
- Why do you think it is a good idea to take your medicine?
- A **treatment buddy** is someone who helps you take your medicine and who you can talk to about things. Do you have a treatment buddy?

What is adherence and why is it important?
- Adherence means taking the right medicine and the right dose at the right time in the right way so that they work well. Follow your health care worker’s instructions.
- When the child does not adhere to ARVs, they become less effective. Eventually, they will stop working and the child will get opportunistic infections.
- Creating a plan on how you will manage the medicine will help you adhere.

Why should you have an adherence plan?
- Making an adherence plan helps you think about the barriers you and your child face as well as possible solutions. For example, if the primary caregiver cannot give the medicine, find another person who could be a treatment supporter.
- Your adherence plan should include the child. A child can help remember to take medicine, if you have disclosed to him/her. Be sure to disclose the HIV status to the child before the age of 10. A counsellor can help you. Use make-believe play, storytelling, toys, drawing, games or drama to help explain.
- Your adherence plan includes disclosure to your partner, family members and other caregivers.

How can you plan for adherence?
- Who is the primary caregiver of the child?
- Who have you disclosed to?
- Who do you plan to disclose to?
- Who is your child’s treatment buddy?
- When will you give the medicine?
- How will you remember to give the medicine?
- How will you know the time to give medicine?
- Where will you keep the medicine?
- Who will come with the child each month to get the medicine?
- How will you get to the health centre each month?

Go to the CLOSING on the next page.
Closing for adherence
Closing for adherence

**KEY MESSAGE:** Although taking ARVs can be difficult at first, creating a routine and finding the support you need will help your child adhere to the life-saving medicine.

**What should you do if your child does not like or refuses to take the medicine?**
- If the child does not like the taste of the medicine, try giving it with juice or fruit to hide the flavour.
- If the child refuses to take the medicine, try not to get angry. Try to find out why your child is refusing the medicine and help them understand that the medicines are making them healthy so they don't get sick.
- You can set up a reward system so that when they adhere every day for a week, they get a reward such as being allowed to do a favorite activity or skip something they do not like, such as a chore.

**When will your child start ARVs?**
- Once a clinician has determined the child is eligible to start, they will have counselling sessions and start as both child and caregiver are ‘ready’.
- A caregiver/child is considered ‘ready’ when they have an adherence plan with a committed primary caregiver who will give the medicine according to instructions, keep appointments, and make a long-term commitment to treatment.
- Although the goal is to have your child start ARVs as soon as possible, it must be with support.
- Follow-up counselling sessions will give you an opportunity to continue addressing issues of adherence as they come up.

*At any counselling session that the client is ‘ready’ as explained above, refer them to the clinician for ART initiation on that day. If you determine the client is not ‘ready’, schedule another appointment within a week (or shorter as determined by the clinician in the case of sick clients or children under 2 years). Missed appointments should be followed up with a phone call or a home visit.*

**ARRANGE:** Review plans, provide referrals, remind of instructions, provide IEC resources and document in client’s file.
Caring for HIV positive children

- How often does your child go to the health centre?
- Is your child following his/her Septrin schedule?
- What foods did your child eat yesterday?
- Is your child facing stigma or discrimination?
- Have you disclosed the status to your child?
TOPIC 3 Profile questions

How often does your child go to the health centre?
- Not regularly: Go to 3A on page 17
- Monthly

Is your child following his/her Septrin schedule?
- No: Go to 3B on page 18
- Yes

What foods did your child eat yesterday?
- Unbalanced diet: Go to 3C on page 19
- Balanced diet

Is your child facing stigma or discrimination?
- Yes: Go to 3D on page 20
- No

Have you disclosed the status to the child?
- No: Go to 3F on page 22
- Yes

SUBTOPICS
3A: Getting regular medical checkups
3B: Taking Septrin to help prevent diseases
3C: Providing a healthy, balanced diet
3D: Coping with stigma and discrimination
3E: Psychosocial support
3F: Disclosure

CLOSING for HIV positive children on page 23
Getting regular medical checkups
Getting regular medical checkups

KEY MESSAGE: HIV positive children need regular medical checkups to monitor their growth and make sure the virus is not multiplying quickly.

Why does an HIV positive child need regular checkups?
- Your child needs to be monitored to see the disease’s progress and whether they are eligible to start ARVs (if they are not already on them).
- Once started, the treatment also needs to be monitored to ensure it is still working well to control the disease.
- The child’s height and weight must be measured to ensure they are growing well and to adjust medicine doses as they grow.
- The child needs to be monitored to identify any opportunistic infections early.

What will the healthcare provider do during the checkups?
- Check the child’s height and weight.
- Look for signs of any infections, such as constant oral thrush (white patches in the mouth) or recurring diarrhoea.
- Check for a CD4 count that falls rapidly or fails to go up.
- Check immunisation history, since HIV-positive children should receive the same vaccinations as other children. (HIV positive children in stage 3 or 4 should not receive the BCG or Yellow Fever vaccines.)
- Look for side effects of any medicine.
- Prescribe medicine.

How often should you bring the child to the health centre?
- Your healthcare provider will tell you how often you should come back, but usually every month for monitoring. Once the child has started on ARVs, you will need to come every month to collect the medication.
- Make sure to keep your appointments.
- Bring your child with you to appointments so the child can be assessed by a healthcare worker.
- Always go to the health centre if the child is sick.
Taking Septrin to help prevent diseases
Taking Septrin daily helps protect your child from infections that can make him/her sick.

Why should your child take Septrin?
- Taking Septrin protects your child from getting opportunistic infections. Specifically, it is effective against pneumonia, diarrhoea and malaria.
- Since HIV attacks the body’s immune system, the opportunistic infections take advantage of the body’s weak defenses and cause HIV positive people to become sick more often.
- The infections wear the body down and allow HIV to become stronger and progress to AIDS faster.
- Taking Septrin helps the body fight off infections before they have a chance to wear the body down.

How should your child take Septrin?
- Take the correct dose at the same time every day.
- Be your child’s “treatment buddy”. Help him/her take the drugs every day on time.
- Use daily routines to help remind you to regularly give the medicine. Mark a calendar or use an alarm clock to remind you.
- Some people are allergic to Septrin. If your child gets an itchy rash or other bad feeling, tell a health worker immediately. People who are allergic have other options.

How else can you help your child keep his/her immune system strong to avoid infections?
- Give healthy foods to eat and clean water to drink.
- Wash your hands and your child’s hands after using the toilet, before preparing food and before eating.
- Ensure he/she sleeps under a long-lasting insecticide-treated mosquito net.
- Ensure he/she exercises and gets enough rest and sleep.
- Seek treatment in a health centre when he/she feels sick.
Providing a healthy, balanced diet

Energy Giving Foods

Body Building Foods

Protective Foods
Providing a healthy, balanced diet

**KEY MESSAGE:** A balanced diet gives your child strength, energy and protection from illnesses.

**Why should your child eat a balanced diet?**
- It gives your child strength, energy and protection from illnesses.
- It strengthens your child’s immune system.
- It makes your child’s drugs more effective.

**What are the 4 types of foods in a balanced diet?**
- **Energy-giving foods:** flours, potatoes, matooke, yams, rice and posho. They give us energy to work, play and exercise. Which of these energy-giving foods has your child eaten in the past week?
- **Body-building foods:** beans, peas, groundnuts, cowpea, soya beans, meat, chicken, fish, eggs and mukene. They help our muscles grow and give us strength. Which of these body-building foods has your child eaten in the past week?
- **Protective foods:** (vegetables) pumpkin leaves, cowpea leaves, cassava leaves, spinach, tomatoes, eggplant, carrot, okra, mushrooms; (fruits) passion fruit, mangoes, pawpaw, oranges, bananas, watermelon, sweet melon, pineapple and avocado. Fruits and vegetables make our immune systems strong and protect us from diseases. Which of these protective foods has your child eaten in the past week?
- **Fats and oils:** groundnut, sunflower, sesame, palm and shea oils or fats from animal sources (ghee and lard). These foods should be taken in moderation.

**How should you plan a balanced diet?**
- Be sure to eat at least one item from each of the four food types each day.

---

3C: Caring for HIV Positive Children

**Talking with children:**
- Which of these foods do you eat at home?
- All of these foods are different and help your body in different ways.
- When you eat many different foods it is called a **balanced diet**.
Coping with stigma and discrimination
Coping with stigma and discrimination

**KEY MESSAGE:** Stigma and discrimination come from ignorance about HIV. You can help others understand the truth about HIV.

**Talking with children:**
- Do you ever feel left out of activities?
- Being left out because you have HIV is called **discrimination**. It means treating others unfairly because they are different in some way.
- People discriminate because of **stigma**. These are negative thoughts about a person who they think is different from “normal.” But the truth is: everyone is unique.
- You can stop stigma. Tell people the facts about HIV. Tell your caregiver if someone is treating you badly.

**Why do some people stigmatise or discriminate against people with HIV?**
- People discriminate because of ignorance and fear. They do not know the facts about HIV.

**What are some of the ways people stigmatise or discriminate against people with HIV?**
- Refusing to share cups, plates or utensils because of fear of infection
- Teasing children with HIV and calling them bad names
- Excluding students who are HIV positive from taking part in activities, learning or participating in a group
- Some children will even stigmatise themselves and may need emotional support to learn to feel better about themselves.

**How can caregivers stop stigma and discrimination?**
- Be a good listener and comfort your child when they are sad.
- Talk to teachers who mistreat children. Tell them the facts about HIV.
- Support your child in standing up to those who mistreat them.
- As your child gets older, talk with them about stigma.
- Teach others the facts about HIV so they will be less likely to discriminate against HIV positive people.
- Tell trusted family members about your child’s status so they can offer support.
Psychosocial support
Psychosocial support

**KEY MESSAGE:** Seek support from different sources: family, friends, church, health care provider, counsellor and peer support groups.

**Talking with children:**
- Who do you really like talking to?
- What types of things do you talk about?
- Do you think you could talk about having HIV?

**How can you provide emotional support to your child?**
- Show your love for your HIV positive child.
- Demonstrate that your child’s status does not mean you love them less.
- Be a good listener and comfort your child when they are sad.
- Encourage your child to play and have fun with other children.
- Allow your child to go to school like any other child.
- Encourage your child to join a support group for young people with HIV. It allows them to share their worries and relieve stress.
- Don’t overprotect your child.
- Show appreciation for your child’s achievements.
- Provide babies with things to see, touch and hear.
- Smile and talk to babies. Give them safe and clean places to move around.

**Why is it important to deal with stress?**
- Stress affects children even more than adults.
- Stress can make your child physically sick.
- Stress can lead to other health problems like fatigue, which make it harder to live in a healthy way.

**Where do you think you could find a support group?**
- Provide information specific to your location.
**Disclosure**

**KEY MESSAGE:** Disclosure can help create strong social support.

**What is disclosure?**
- Disclosure means telling others about your status or your child’s HIV status. Disclosure can happen between parents, caregivers, other family members or friends, between a caregiver and an HIV positive child and between partners before becoming sexually involved.
- Disclosure to at least one other person is important because we all need someone to support us on our journey. You can do this on your own (self-disclosure) or with the support of a counsellor (counsellor-supported).

**Why should you disclose your child’s HIV status?**
- Disclose to significant people in the child’s life. They can provide support if they understand the child’s needs.
- Disclose to the child because children who know their status are more likely to adhere to ARVs.
- Disclosure helps you and your child get support from family, friends, church, health workers, counsellors and support groups.

**When should I tell my child about their HIV status?**
- Children who are mature enough to understand should be told about their HIV status so they can understand why they have to take their medicine every day. It is recommended that you disclose by the time they are 10, but if your child asks earlier then you should explain.
- Children must know their HIV status as they enter puberty—before they might start transmitting the disease to others.

---

**Talking with caregivers:**
- How should you tell your child about his/her status?
  - Be honest.
  - Use make believe, storytelling, toys, drawings, games or drama to help.
  - Ask a counsellor to help you.
  - Be supportive. Many positive children are healthy and happy.
  - If you need to disclose your own status as well, you can ask for help from a counsellor.

---

3F: Caring for HIV Positive Children

Go to the CLOSING on the next page.
Closing for HIV positive children
Closing for HIV positive children

**KEY MESSAGE:** A caregiver is a tower of strength for any child, but a child living with HIV especially needs your support to survive and have a good life.

**How can you support your child to live positively?**
- Your child should come for regular checkups to monitor height and weight and receive all immunizations.
- Prevent infections by giving Septrin, providing clean, safe water, teaching the child good hand washing habits and having the child sleep under an insecticide-treated mosquito net every night.
- Provide a healthy, balanced diet for your child with 3 meals and 2 nutritious snacks a day.
- Help your child cope with stigma and discrimination. Provide psychosocial support. Encourage the child to be in a support group if there is one, so that they have friends who are going through some of the same issues.
- Send the child to school and encourage playing and having fun.

**How can you help your children adhere to medication?**
- If the child does not like the taste of the medicine, try giving it with juice or fruit to hide the flavour.
- If the child refuses to take the medicine, try not to get angry, but explain that the medicines are making them healthy. Remind them of when they were sick.
- Try to find out why so you can help them understand the importance of the medicine and that it is not a punishment, but that it is keeping him/her healthy.
- You can set up a reward system so that when they adhere every day for a week, they get a reward, such as being allowed to do a favorite activity or skip something that they do not like such as a chore.

**ARRANGE:** Review plans, provide referrals, remind of instructions, provide IEC resources and document in the client file.
HIV positive adolescents

Are you a caregiver or adolescent?

What can you tell me about changes during puberty?

How can HIV stop with you?

How can teens reduce risky behaviours?
**TOPIC 4 Profile Questions**

---

**Caregiver or adolescent?**

- Caregiver
  - Go to 4A on page 25
- Adolescent
  - Go to 4B on page 26

---

**What can you tell me about changes during puberty?**

- Poor Answer
  - Go to 4D on page 28
- Good Answer

---

**How can HIV stop with you?**

- Poor Answer
- Good Answer

---

**How can teens reduce risky behaviours?**

- Poor Answer
  - Go to 4F on page 30
- Good Answer

---

**SUBTOPICS**

- **4A:** Caring for HIV positive adolescents
- **4B:** Growing up: Physical changes
- **4C:** Growing up: Emotional changes
- **4D:** Being safe: Abstaining
- **4E:** Being safe: Using condoms
- **4F:** Reducing risk: Sexual
- **4G:** Reducing risk: Substances

---

**CLOSING PART I:** Being emotionally healthy

**CLOSING PART II:** Being physically healthy

---

**CLOSING**

on page 32
Caring for HIV positive adolescents
Caring for HIV positive adolescents

**KEY MESSAGE:** Young people are a key part of preventing HIV from spreading in Uganda.

**What is adolescence and when does it occur?**
- Children develop at different rates, but they typically enter adolescence at between 10 and 14 years of age.
- Some youth with HIV may experience delays in puberty, but puberty will come.
- Children's bodies and emotions change, which can be both exciting and confusing.
- Adolescents are aware of their sexuality and naturally curious. An HIV positive adolescent needs straightforward information to avoid re-infection, STIs and pregnancy by abstaining or using condoms.

**How can you support your HIV positive adolescent?**
- By the age of 10 children should know their HIV status. If you wait too long, adolescents may discover their status and feel they have been lied to.
- Although in the past being HIV positive seemed like a death sentence, with ARVs all that has changed. There is no reason that your young person should not be able to reach dreams, have a loving marriage one day and even have healthy HIV negative children, if they:
  - take medicine every day
  - follow positive living practices
  - prevent infecting others (and re-infecting themselves), especially through sexual transmission
- Adolescents desire more independence. Support them by encouraging them to take charge of their medicine and positive living practices.
- Encourage them to join a support group for young people living with HIV.
- Talk to your young person about sex or find a support group, counsellor, young peer educator or some other trusted person to have those conversations. Be honest and open with your young person. They need your support, affection and love.

**Talking with caregivers:**
- Have you disclosed?
- Is your child showing signs of wanting independence?
- How do you give them more freedom?
- Do you think your child knows what sex is?
- Do you think your child is sexually active?
- Have you talked about sex?
- What are your biggest concerns about your child?
- What are your biggest dreams for your child?
Growing up: Physical changes

**KEY MESSAGE:** Understanding that the changes going on in your body are normal will help you make healthy choices about your life.

**What is puberty?**
- Puberty is when boys start to look like men and girls start to turn into women. Their reproductive systems begin to mature. Girls usually begin puberty earlier than boys. Puberty can begin as early as age 9 or as late as 16. Either way is normal.
- For teens living with HIV, puberty may happen later. You should not worry as long as you regularly get care and treatment.

**What kinds of changes take place during puberty? (refer to illustrations)**
- **Boys:** testicles grow; hair grows on the face, underarms and pubic area; grow taller; shoulders widen; may have ‘wet dreams’
- **Girls:** get taller; hips widen; grow pubic hair; breasts grow, which can be tender and sometimes grow at different rates; menstruation begins (information below)

**What are ‘wet dreams’?**
- Wet dreams are the release of semen from the penis during sleep. Semen is a whitish fluid. Wet dreams are caused by sexual excitement from dreams, and/or physical stimulation like rubbing against bedding or even having a full bladder. It does not necessarily mean you are thinking about having sex. Not all boys have wet dreams and that’s okay too. Wet dreams just mean your body is maturing sexually, which is a step toward becoming an adult. Make sure to dispose of the semen carefully.

**What is menstruation?**
- During puberty, hormones (chemicals) are produced that trigger the ovaries to start releasing one egg every month. The egg will travel from the ovary to the womb through the fallopian tube. Every month the womb (uterus) prepares itself for a possible pregnancy. The lining (or the wall) of the womb thickens for the preparation of a baby in case of pregnancy. If the girl doesn’t get pregnant, the thickening breaks down and leaves the body through the vagina as blood. This is called “menstruation” or “having a period”. Periods will come approximately once every month. Young women often have irregular and sometimes painful periods. Also, their breasts can be sore a few days before. Be sure to practice good hygiene and dispose of the blood carefully.

Talking with youth:
- Have you noticed any changes to your body?
- How are you feeling about those changes?
- What would you do if you were having a problem?
- Who can you talk to about your questions and worries?
Growing up: Emotional changes
Growing up: Emotional changes

KEY MESSAGE: All of the physical changes to your body can affect how you feel from one minute to the next. It is normal.

What emotional changes happen during puberty?
• Some other emotional changes young people go through during puberty include being angry at their parents, rebelling at home or school and not wanting to hang out with their friends.
• As these changes occur, sexual feelings are also likely to arise. Boys may start to like girls and girls may feel attracted to boys.
• As a result some teens may start getting closer to the opposite sex, while others may even start experimenting with sex.

What is sex?
• When a man gets sexually excited, his penis fills with blood, which makes the penis bigger and hard so that it can stand up. The hardness enables the man to put his penis inside the vagina of the woman to ‘have’ or ‘play’ sex.
• A whitish fluid will come out of the man's penis and go into a woman's vagina. The moment that the whitish fluid comes out is called a ‘climax’ or ‘ejaculation’. Sex can be a pleasurable experience for both people.
• The whitish fluid contains sperm. It is what causes a woman to become pregnant.
• When someone has HIV, the HIV is in this fluid. That is how HIV can be transmitted during unprotected sex.

What are some of the reasons why some teens have sex?
• There are many reasons that teens might decide to have sex. Some teens say they have had sex to: feel loved, keep a boyfriend/girlfriend, enjoy life, feel more grown up, get back at parents, prove their body works, have a baby, satisfy curiosity, express feelings to a partner or get something. Others have sex because of problems at home, loneliness, alcohol/drug use, low self esteem or because they were forced.
• However, many young people decide to wait to have sex until they finish school. That way they have a chance to know their dreams and understand how their choices about sex could ruin their dreams.

Talking with youth:
• Have you ever thought about having sex?
• Sometimes people will say: ‘If you love me you will have sex with me’ but that is not true. Respond with ‘If you love me, you will wait for sex until I am ready.’ If you ever feel forced or pressured into sex, it is abusive and you should get help.

Go to the next page on ABSTAINING or skip to CLOSING on page 32.
Being safe: Abstaining
Being safe: Abstaining

KEY MESSAGE: Remember, HIV stops with me!

What does it mean to be ‘safe’?
- Delaying sex means choosing to not have sex (abstaining) until you are older. Even if you had sex before, you can still choose to abstain. Abstinence is the only 100% way to prevent HIV transmission, re-infection, STIs and pregnancy.
- However, if you choose to have sex, you need to use a condom every time you have sex. (See page 29 for more information.)

Why should you be safe?
- Having unprotected sex (sex without a condom) can lead to pregnancy. It also places you at a higher risk of getting sexually transmitted infections or giving HIV to your partner. These consequences can get in the way of your dreams:
  - If you infect someone you love, they may never forgive you.
  - If you get re-infected, your ARVs may stop working.
  - If you get pregnant, you will have parental responsibilities. You might also infect your child.
  - If you get an STI, it may be more difficult to treat and might make your HIV progress to AIDS quickly.

Why do many young people living with HIV choose to delay or abstain from sex?
- Young people sometimes find it hard to talk about their HIV status and being safe with their partners. For them, it is easier to abstain until they are ready for sex and can talk about these difficult topics.

How can you plan to delay or abstain from sex?
- Think through what you will do or how you will act in different situations so you are prepared to chose to abstain.
- Pay attention to your feelings: if you feel uncomfortable, trust those feelings and get out of the situation.
- Be honest by saying that you do not want to have sex early in a romantic relationship. Instead, do things that make you both happy without sex: hold hands, hug, give each other gifts, etc.
- Get involved in activities such as sports, clubs, church, or support groups.

Talking with youth:
- Are there people in your life who would help you abstain?
- Are there people who would make it hard for you?
- You can learn to be assertive against peer pressure: say ‘no’ clearly and consistently, change the subject, ignore the person and walk away, suggest other activities, give reasons or say that you are not permitted, explain that you will spend time with other people if this person keeps pressuring you.
Being safe: Using condoms

1. Open the condom package.
2. Remove the condom from the package.
3. Hold the condom by the tip and lubricate it.
4. Carefully insert the condom into the penis, ensuring it is inside-out.
5. Once inside, unfold the condom to cover the entire penis.
6. Withdraw the penis while still holding the condom.
7. Wrap the condom in your hand and pull it off the penis.
8. Dispose of the condom in the trash.
Being safe: Using condoms

KEY MESSAGE: Safer sex means using a condom correctly each and every time you have sex.

What is safer sex?
- Safer sex is using a condom correctly every time you have sex to avoid the consequences of unprotected sex.
- Disclose to your partner before having sex, or bring your partner for couple counselling. If you do not disclose, your partner may feel betrayed. If you cannot, have you considered lower risk activities like kissing until you are ready to talk about it?
- Do a condom demonstration or explain the key steps using the illustrations.

How can you talk to your partner about using condoms?
- Talk about a friend who got a sexually transmitted infection and how they could have avoided it by using a condom.
- Show your partner an article in a newspaper or magazine about condom use and discuss.
- Use the booklet ‘HIV Positive? Thinking about Sex?’ Read this first to start a discussion (if available).
- Wrap up some condoms and give them as a gift.
- Tell your partner that using a condom is a sign that you care about their health.
- Say that you will both enjoy sex more with a condom because you will not be afraid of pregnancy and STIs.

If you are not ready for condoms, how can you manage to control your sexual desires?
- When you identify sexual feelings as they occur, you can remind yourself of your plan to delay or abstain from sex.
- Just because you feel it does not mean you have to do it. If you stop yourself from acting on desires, the feelings will go away.
- Avoid watching sexy films or reading sexy books. This will reduce sexy thoughts.
- Play sports, be active or get involved in activities to keep your body and mind busy and healthy.
- Masturbate later when you are in a private place. Masturbation is when a person plays with their own genitals until they climax. Masturbation is not harmful to your health or your ability to have children in the future. Releasing sexual tension through masturbation is better than risking your partner’s health.

Talking with youth:
- Check expiration date.
- Tear packet without tearing condom.
- Squeeze tip.
- Roll down the right way.
- Have sex.
- Hold the bottom of the condom when pulling out.
- Take if off with semen inside.
- Tie and dispose.

Go to the next page on REDUCING SEXUAL RISK or skip to CLOSING on page 32.
Reducing risk: Sexual
Reducing risk: Sexual

KEY MESSAGE: Teens face many different situations, including being under pressure to have sex when they are not ready. Saying ‘no’ in such situations can be difficult.

Why should you avoid ‘Something for Something’ love?
- If you have sex to get money or gifts, you may not be able to say no to anything you don’t agree with. This will place you at risk of STIs, pregnancy and transmitting HIV to others. You may regret having sex for money or gifts and feel angry with yourself.
- Refuse gifts or money from someone you cannot trust, because it might mean they believe you now owe them sex. This could lead to you being sexually abused. It is not your fault if you have been abused. (For more information, go to page 35.)

Why should you avoid having sex with someone older than you?
- If the person is older, you may not be able to ask to use condoms. You will place yourself at risk of STIs, pregnancy and transmitting HIV to others.
- Some adults think young people are ready for sex as soon as they have an adult’s body, but that is not true. It is up to you to decide when you are ready.

What can happen to a teen who has sex in order to transmit HIV to others?
- Transmitting HIV deliberately to your partner is NEVER acceptable, is an offense and abusive. If you decide to have sex, you should be responsible and use a condom to prevent transmission of HIV to your partner, acquiring sexually transmitted infections or getting pregnant. Remember: HIV stops with me!

How can you reduce risk when you are married or in a long-term relationship?
- Even if you are in a committed relationship or married, you should still use a condom. If you think you might have a hard time convincing your partner to use a condom, then come together for counselling.
- Be faithful to your partner to avoid the sexual network where sexual diseases are transmitted from person to person.
- Some married/committed couples who have disclosed their HIV status might decide to use family planning to avoid pregnancy—you have a right to be informed of your options, so request a referral for family planning services. Others might decide to have children—you have a right to be informed of PMTCT options and should be encouraged to visit a health provider early in any pregnancy.
Reducing risk: Substances

KEY MESSAGE: Alcohol, drugs and cigarettes make your immune system weaker and allow HIV to multiply in your body.

Talking with youth:
- What do you see in the picture?
- How do you feel when you drink or smoke?
- How do you feel when you do not drink or smoke?
- Have you ever forgotten to do something important because you were drinking?

What are the problems with using substances such as alcohol, drugs or cigarettes?
- Even just one drink can make your immune system weaker, which allows HIV to multiply in your body.
- They weaken your body by making it harder to get vitamins and minerals from the food you eat.
- They make your ARVs and Septrin less effective and make side effects worse.
- They may seem like a good way to reduce stress, but as you continue they actually make you feel more negative.
- They also cause long-term problems for your heart, lungs, liver and other parts of your body.

How do these substances prevent you from living positively?
- When you use substances, it’s harder to remember to live positively. For example, you may forget to take your ARVs on time.
- Alcohol makes you think less clearly. You can forget to use a condom correctly, which puts you and your partner at risk.
- Some people become addicted to substances and can have serious health or relationship problems.

How can you stop taking alcohol or cigarettes?
- Spend more time with family.
- Exercise—it makes the body feel good without the negative effects of alcohol or drugs.
- Join a support group.
Closing part 1: Being emotionally healthy
Closing part 1: Being emotionally healthy

**KEY MESSAGE:** Know how to keep yourself emotionally healthy so you can reach your dreams.

**How can you get the care and support you need?**
- Although in the past being HIV positive seemed like a death sentence, with ARVs all that has changed. If you take care of yourself and live positively, there is no reason that you should not be able to reach your dreams, have a loving marriage one day and even have healthy HIV negative children.
- There are support groups for young people who are positive. You may have complicated feelings about being HIV positive and a support group or a counsellor could help.
- Everybody has many kinds of relationships, such as friendships, family, partners and teachers. Being connected to other people can make us feel happy. Although relationships are not always easy, they are worth it.

**How can you tell the difference between a healthy and an unhealthy relationship?**
- In a healthy relationship, both people: spend time doing things together you both enjoy; receive encouragement for things that make you happy; receive and give support when one of you is sad; pay attention to things that are important to each other; share happy feelings; help each other make healthy choices; are patient and honest; protect and respect each other. Choose relationships that make you feel good, strong and healthy.
- Signs of an unhealthy relationship include: hurting you physically or emotionally; forcing you to do things you do not want to do; pressuring you to do things that are risky for your health; saying things that make you feel bad about yourself or your body; talking about you to other people in a negative way; calling you names; threatening you; or lying to you. Avoid relationships that hurt your feelings, your body or your health.
Closing part 2: Being physically healthy
Closing part 2: Being physically healthy

KEY MESSAGE: An adolescent living with HIV can thrive with support.

What does it mean to be an adolescent living with HIV?
- Even when you are on ARVs, you still have HIV in your blood, so it can be transmitted on to any sexual partner, through mother-to-child or by sharing sharp objects or needles.
- You are a key part of preventing more cases of HIV in Uganda. You have a responsibility to prevent infecting others, especially through sexual transmission.
- If you take good care of yourself by following positive living practices, there is no reason you cannot achieve everything that you want to.

What can you do to live positively?
- Make sure to take any medicine and follow any instructions given by the health care worker. Take the right medicine at the right time and in the right dose.
- Prevent disease by practicing good hand washing, drinking clean and safe water and sleeping under an insecticide treated mosquito net.
- Go to the health centre to test all fevers for malaria.
- Eat a balanced diet. (For more information go to page 19.)
- Get enough sleep (between 8-10 hours) and exercise at least 3 times per week.
- Avoid risky activities such as ‘something for something’ love, alcohol, cigarettes and drug use.
- Seek emotional support and join support groups for people living with HIV.
- Be sexually healthy.

Children’s rights and caregivers’ responsibilities
Children’s rights and caregivers’ responsibilities

KEY MESSAGE: An HIV positive child can have a long and productive life with your love, care and support.

What are the responsibilities of a caregiver of an HIV positive child?
- A caregiver is someone who takes an interest in the child's well being. The primary caregiver communicates to any other caregivers about the child’s needs.
- As with any other children, the caregiver is responsible for taking the child into adulthood by providing a healthy diet, clothing, shelter, education and medical care. Children living with HIV require extra medical attention.
- Caregivers should not stigmatize children with HIV by treating them differently than other children in their care. Caregivers should protect the child from discrimination, violence, abuse and neglect.
- Fully disclose to the child before the age of 10 years. You can disclose bit by bit from age 5 or when you think the child is ready.

How does being HIV positive change my child’s life?
- In the past being HIV positive seemed like a death sentence, but ARVs has changed that. If your child lives positively, there is no reason they should not reach their dreams, have a loving marriage one day and even have healthy HIV negative children.

What rights do HIV positive children have?
- Children with HIV have the same rights as any other children (Children’s Act Chapter 59), and should not be treated differently than other children at home or school. All children have a right to go to school and participate in leisure activities.
- Children have a right to receive medical care when needed.
- Children have a right to not be subjected to social or customary practices that are harmful to the child's health, especially traditional circumcision, which can also transmit the disease to others.
- No one should make children feel uncomfortable by touching them inappropriately or forcing them into sex against their will.
- No one should beat, slap, kick or hit children.

ARRANGE: Review plans. Make and inform client of appointments or referrals. Remind client to keep appointments and take all medicine as prescribed.
Sexual abuse
Sexual abuse

**KEY MESSAGE:** You should not be made to feel uncomfortable. Seek help if someone makes sexual advances.

**What is sexual abuse?**
- Sexual abuse is forced or coerced sexual activity. This includes sexual touching of body parts, penetrative sex (vaginal, oral or anal), intentionally engaging in sexual activity in front of a child, using sexual language and watching child pornography.
- An abuser could be a stranger but is often someone the child knows, such as a peer, family member, teacher or neighbour.

**How can you protect yourself from sexual abuse?**
- Tell someone you trust if you are scared or feeling uncomfortable.
- Be firm and confident, but not rude, when telling a person that you are not interested in what they want.
- Avoid being alone with the person who is making you uncomfortable.
- Refuse gifts or money offered by someone you cannot trust.

**What can you do in case of abuse? Where can you get help?**
- Tell someone you trust. You have the right to report it to the LC and police. Don't blame yourself; it is not your fault.
- Go to the nearest health centre within 72 hours of abuse. The health worker will be able to:
  - Treat any injuries or test for diseases.
  - Provide PEP if you are HIV negative, which is available at most health centres and must be taken within 72 hours.
  - Provide emergency contraceptives, which prevent pregnancy.
  - Advise you and write a report for your case.
- The police should give you a FREE police form so you can report the abuse. The Police Surgeon will also examine you.
- The Community Development Officer will prepare the case for court.

**Talking with victims:**
- Provide a safe, discreet, non-judgmental and confidential environment
- Assess behavioural problems that might indicate abuse, such as social withdrawal and anxiety, loss of interest in normal activities, sleeping problems and nightmares, aggression, absenteeism from school, difficulty concentrating
- Listen and assess type and frequency of abuse
- Refer to supportive services
- Follow up with a home visit
Crisis intervention
Crisis intervention

KEY MESSAGE: This page is written for you, the counsellor, to support you to intervene during a crisis.

**Talking with counsellors:**
- Provide a calm, supportive and empathetic environment.
- Watch for clients in crisis who might be experiencing apathy, depression, guilt and loss of self-esteem.
- Any issue—stigma and discrimination, sexual abuse, a death of a loved one—may produce a variety of reactions for the child, adolescent and caregiver. These events may be a crisis for the child/caregiver, or they may not be. For adolescents issues such as love can be a crisis.

**What is the goal of a crisis intervention?**
- During a crisis intervention, the counselling is directive. The client is having an emotional reaction to a situation and does not feel in control. The goal of the intervention is to give the client as much support as possible to help them regain their sense of control.
- Defining a situation as a crisis comes from the client, not the counsellor.

**How is a crisis intervention different than a counselling session?**
- Safety first: Ensure that both you and the client are in a safe place. Give the client time to calm down.
- Flexibility: Some of the usual counselling rules, such as no phones, might not apply if the client needs to be able to answer the phone for immediate information related to the crisis.
- Share confidence: You may also need to explain that the rules of confidentiality may be different in a crisis and that you may need to share information in order to better support the client.
- Action oriented: You may need to prioritise needs for the client or act to address urgent needs such as hunger or injury.
- Referral: You may need to escort the client to referrals right away, depending on the nature of the problem.

**What else can help in a crisis?**
- Encourage the client to verbalise feelings in order to normalise the crisis. Comment on what you observed (e.g. crying, facial expressions, failure to speak). Ask the client what those actions mean.
- Focus on the clients’ immediate needs and explore support systems:
  - Encourage disclosure of feelings and crisis to significant others and enlist the client’s support system (relatives, friends, church) to help monitor the client when they leave your office.
  - Suggest counselling for primary carer or other person providing support.
  - Plan together what the client would like to do and build skills of client for proposed actions.
- Provide emergency contacts. Explain the conditions under which they should call: “If you feel like you might harm yourself or others, please call me.”
**What issues might need to be addressed when a parent or caregiver dies or is dying?**

- The availability of adult support for long-term care and whether there is a need for a slow transition to another loving caregiver.
- The child's feelings of pain, fear, loneliness, need for distraction, loss of safety, security and stability.
- The availability of counselling or spiritual support, as well as possible support groups for child and/or caregiver.

**How can you support a child who has lost a parent or caregiver?**

- Ask children about the loss and encourage them to express what they feel through stories, play, drawings and talking.
- Talk to children about death according to their age. Tell the child the truth.
- Reassure a child who has lost a parent that it is not their fault and that they will not be alone.
- Address the child's own illness and fears about death openly. Be patient and tolerant: Grief is a process that takes time.

**How can you support a parent or caregiver with a grieving child?**

- Encourage physical closeness and care through holding and talking to the baby or child.
- Encourage the caregiver to engage in fun activities with the child in order to have time together and to distract the child.
- Explain that it is normal for a grieving child's behaviour to be different than normal (e.g. clinging, crying, acting out).
- Make a memory box or book with happy memories and loved objects of the person.
- Encourage regular activities, such as going to school, so that the child's life can feel normal.
- Maintain consistency: Grieving children sometimes experience multiple losses (e.g. separation from siblings, new homes).
- Prepare children for changes. They will cope better if they can understand what is happening.