Baylor College of Medicine International Pediatric AIDS Initiative-Malawi Teen Club Curriculum
Part 1: Content

A Resource for Groups working with Adolescents Living with HIV

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Baylor College of Medicine International Pediatric AIDS Initiative at Texas Children’s Hospital – Malawi (BIPAI)

BIPAI-Malawi is the largest provider of paediatric HIV care in Malawi, providing care, treatment and support for over 4,500 HIV infected or exposed infants, children and adolescents.

BIPAI Malawi Teen Club
Teen Club was started in 2003 in response to the growing need of adolescent-focused services for adolescents living with HIV in Lilongwe, Malawi. The original clinic started with 10 adolescents has grown to deliver care, treatment and psychosocial support to over 250 adolescents per month in an adolescent friendly clinic environment. With assistance from Malawi National AIDS Commission and UNICEF-Malawi, BIPAI Teen Club has delivered adolescent services to adolescents at the Baylor College of Medicine-Malawi clinic in Lilongwe and provided mentorship and technical support for the development of Teen Clubs at other sites throughout Malawi.

Curriculum Background and Content
This document supplements the Curriculum Part 2: Activity Guide. This Part 1: Curriculum Content provides information related to key areas for adolescents living with HIV including: Disclosure, Adherence, Sexual and Reproductive Health, Stigma, Emotional Health and Life Skills. This document aims to provide content for Teen Club sessions, and it serves as a resource and reference for health care workers and community groups about issues that are relevant to adolescents living with HIV.

Acknowledgments
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Special thanks to the National AIDS Commission for their support printing these materials.

This resource is meant as a guide only. It should not be used as medical advice.
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WELCOME

Welcome and thank you for your interest in the care of adolescents living with HIV. You will find in this toolkit some basic information to help you start working with adolescents living with HIV (ALHIV) within your community. The information contained in this toolkit is based on our experience and feedback from adolescents, guardians, health care workers and community based supporters that have been working together over the past several years. Working with children and teens is always a learning process and we know you will learn something new at each meeting just as we have.

This toolkit aims to serve as a resource and as a starting point. It is designed for work with adolescents living with HIV who KNOW THEIR HIV STATUS. These topics should be discussed ONLY AFTER a child is aware of their HIV status and when they can tell you their status and what it means. You can find guidance on how to discuss HIV status with children in the disclosure section.

The main topics covered in this toolkit include:

1. **Basics for setting up a teen club**
2. **Adherence**
3. **Disclosure: How to tell a child that he/she has HIV**
4. **Disclosure 2: How to support a teen in their decision to disclose their status to others**
5. **Stigma and Discrimination**
6. **Sexual and Reproductive Health**
7. **Nutrition and Permaculture**
8. **Life skills**
Teen Club Basics

What is Teen Club?

- Teen Club is a peer support group and information sharing forum for adolescents living with HIV (ALHIV).
- The mission of the Teen Club programme is to provide a safe, welcoming and nurturing environment for ALHIV to build strong supportive relationships, increase their self-esteem, and to develop and reinforce good habits. Together teens and adults mentors can help ensure a healthy transition into adulthood.

Why is it necessary?

Healthy interactions with other teens living in similar situations and with similar emotions provide an opportunity for teens to feel less isolated and less alone. Teen Club aims to help teens feel supported, encouraged and understood.

Activities at monthly meetings include large group games, drama sessions, crafts, discussions and other activities. Educational components are incorporated into Teen Club events including topics on HIV, sexual and reproductive health, coping and life skills, and goal-setting. We strive to give each teen the opportunity to share experiences with peers who are also living with HIV and support and learn from one another.

Working with teens is sometimes challenging.

- It is important to be open and non-judgmental when working with adolescents. Teens will not learn as much if they are afraid to talk openly or honestly.
- At this stage in development adolescents often challenge authority which can be interpreted as being disrespectful or as “rude” behavior and it can easily make adults angry. Unfortunately, challenging authority is quite common adolescent behavior. You can use it as an opportunity to engage adolescents in further discussion.
- It is important to create reasonable and rationale boundaries as adolescents still need limits and mentors at this point in their life.
- Honesty is critical to this relationship. If teens push you past your comfort zone and you cannot answer them honestly then it is best to tell them “I don’t feel comfortable answering that honestly to you.” But do NOT lie to them. Respect and trust are important in establishing a therapeutic relationship with teens.

How to get started?

Teen Club is designed for adolescents who KNOW THEIR HIV STATUS and can tell you their status. This material is not for teens that have not yet been told they have HIV.

The following starting steps will help you get started:

1. FIND A SAFE MEETING PLACE
   1. You will need a safe environment where teens can meet and have activities in an undisturbed space.
2. It’s important to meet in a place where passersby won’t want to join in the activities. If people approach the group and want to join you can just tell them, “It is by invitation only. I did not choose the participants so I cannot offer you an invitation. I am sorry, but you cannot join us.” You SHOULD NOT tell any passer-by or visitors that the participants are living with HIV. Maintain CONFIDENTIALITY.

- **CHOOSE A REGULAR MEETING TIME AND PLACE**
  1. Sometimes it’s easy to remember days such as “the first Saturday of each month”
  2. If teen clubs are coordinated with clinic appointments, its best to follow every 4 week schedule so medication refills and teen club meetings are coordinated to minimize transport for teens

- **IDENTIFY LEADERSHIP**
  1. Ideally at least one male and one female adult leader are needed to facilitate the activities at each meeting. The facilitators should be people who care about teens and want to help them grow into healthy adults. They do not need to be health care providers, but should have a reliable contact for referrals or complicated questions.

- **PLAN AHEAD**
  1. Before the teen club meeting day, teen club leadership should communicate to review the planned topic and activities for the day of Teen Club.

- **BE TIME EFFICIENT**
  1. Start activities in the morning so you are finished for teens to be home for lunch.

- **ESTABLISH THE RULES.**
  1. At the first teen club meeting, teens should be guided to create rules for their group. A guide of suggested rules is included and teens can add other rules that they would like to have for their group. Keep the list brief with enforceable rules.
  2. Review rules at the start of each meeting.

- **REGISTER AND CHECK-IN/MARK TEEN CLUB MEMBERS**
  1. On the day of teen club, you need to identify teen club members.
  2. A teen club member is an adolescent living with HIV who knows their HIV status and agrees to the rules of Teen Club.
  3. All teens should register their name, address and phone number
     i. By keeping a register of kids in teen clubs you can trace them if they unexpectedly fail to attend teen club to find out if they are having trouble, are sick or need help staying in care at the clinic
4. All Teen Club members should be marked with a stamp/marker on their hand or given a sticker when disclosure and/or teen club enrollment is confirmed at EVERY teen club session.
   i. Teen Club is often very loud and fun and kids from nearby want to join in. In order to protect the confidentiality of teenagers living with HIV who are in the group, you need to ensure that only teenagers living with HIV are participating. We have found that the only easy way to do this is to use a pental marker and place a simple mark on Teen Club members’ hands on arrival. By doing this, you can quickly check the hands of teens before starting activities so you can ask anyone without a mark to leave. Also a small marker on the hand can be easily washed off and no one in the community knows what such a mark means.
   ii. You know that the stamp or mark means that someone has had disclosure of their HIV status and has registered as a Teen Club member.
   iii. For easy identification at later Teen Clubs, make a note in teen’s passbook confirming their teen club enrollment.
   iv. This identification is important because often other children/teens hear the games and want to join the activity. Unfortunately other children from the community are NOT WELCOMED as this is a space for teens living with HIV to safely share and learn about living with HIV. The mark or stamp on the hand allows you to easily identify who should be at teen club and who should not so you can kindly ask those who are not enrolled in teen club to leave.

**Supplies**
- **A stamp/pental marker to mark the hand of teens enrolled in teen club upon arrival.**
- Some simple supplies can help you facilitate teen club, but you do NOT NEED THEM.
  - Some ideas: drums for songs, jump ropes, draft boards, and pens and papers.

**Confidentiality**
Confidentiality is critical to a successful teen club. Teen Club leadership must provide a safe environment for teens to learn and to share with one another and with mentors. Everyone must maintain confidentiality and never disclose teens’ status to others in the community. Rules are important to achieve these goals.
- No photos, camera-phones or videos are allowed at any Teen Club meeting
- Do not tell anyone about others you meet at Teen Club. This includes teens, staff, volunteers - anyone at teen club
- Visitors, volunteers and clinic staff should wait for teens to greet them in the community. Do not feel offended if the teen chooses not to greet you as you may be known as the person who works at the HIV clinic.
- Do not discuss teen club members with your family and friends
• No friends of siblings. As your Teen Club is for only teens infected with HIV, no friends or siblings are allowed. Often friends and siblings do not know teens’ status or do not understand it so you should not have them at Teen Club EVEN IF TEENS SAY THEY KNOW. Only ALHIV who understand full disclosure of their HIV status can attend.

Visitor and staff confidentiality agreement and sign-in
It is important to have a confidentiality agreement for visitors and staff who want to participate in the program. After discussing teen club, make sure they understand the importance of confidentiality and agree to sign an agreement. A sample Confidentiality agreement document you can use is below. There is a copy in the appendix that you can easily photocopy.

Confidentiality Agreement
We appreciate your interest in volunteering with Teen Club! The staff and volunteers at Teen Club have been entrusted with very private and personal information about teens in order to provide the best care that we can. This information is not to be shared with others. This information is never to be shared with other teens, parents/guardians, visitors or outside individuals or organisations. When discussing specific teens with staff, make sure that you do so in a professional manner and in a private manner. Never discuss details about teens in public areas. **No photos, videos, camera phones or any other media capture of image or voice of teens are allowed at the program.** No details or experiences about the participants or the program should be shared on any public social networking site including, but not limited to, Facebook, LinkedIn, My space, etc, or any other public mode of communication.

If a teen reports any abuse (sexual, physical or neglect) or suicidal thoughts, immediately report this to the Leadership at the teen club so the teen can get the help they need IMMEDIATELY.

Please list your name, contact information and sign below that you agree to the above confidentiality agreement if you chose to volunteer with our teen club.

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact Number</th>
<th>Sign below to agree with the confidentiality statement</th>
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<tbody>
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</tbody>
</table>
**Teen Club registration**

It is very helpful also to keep a record of all teens that come to the program. You need a sheet with columns of the information you want to know. It is a good idea to use a notebook and create this register. The information helps when you want to contact them during unscheduled time or special events, or find them if they fail to attend teen club as expected. See appendix for page to copy.

<table>
<thead>
<tr>
<th>First name</th>
<th>Last name</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Address</th>
<th>Guardian name and relation</th>
<th>Contact phone number</th>
<th>HIV Clinic</th>
</tr>
</thead>
</table>

Rules are important for all teen clubs. Here is a list of rules to use as a starting point. Each group should add rules that their group chooses. A copy of these rules is included for photocopying at the end of this guide.

**Teen Club Rules [Malamulo]**
1. Check-in on arrival; *[Chongetsani dzina lanu mukangofika]*
2. Respect each other and all staff members *[Muyenela kulemekeza anzanu komanso ogwira ntchito onse]*
3. No fights *[Osamenyana]*
4. Help keep the clinic clean *[Thandizani kuti chipatala chikhale cha ukhondo]*
5. Do not bring any guests (even family or friends). Only teen club members allowed. *[Chonde osabweretsa m’lendo (ngakhale abala kapena anzanu) teen club ndi yai mamembala okha basi]*
6. Maintain confidentiality for yourself and all teen club members. Do NOT disclose others status or teen club attendance to others. *[khalani osudzisungila chinsisi inu nokha komanso anzanu onse a teenclub . Musaulule zosatira za magazi za anzanu kwa anthu ena kapena kuti mumapita nawo ku teen club]*
7. Do not mess up the place *[osataya zinyalala piliponse]*
8. Punctuality. *[kusunga nthawi]*
HIV Basics

What is HIV? HIV stands for Human Immunodeficiency Virus. HIV is the virus that causes AIDS.

How long does HIV stay in the body? Once a person is infected with HIV, the virus stays in the body forever. ART can make the virus sleep, but it is still in the body and will wake up if ART is stopped or if too many doses are missed.

What is AIDS? AIDS is Acquired Immunodeficiency Syndrome. AIDS is caused by HIV.
- Over time, without treatment, HIV destroys the body’s immune system and makes it easy for a person to get many infections. When the immune system is weak due to HIV, a person can develop AIDS.
- HIV is NOT the same thing as AIDS.

How can a person get HIV? People can become infected with HIV by:
- Vertical infection (also called Maternal to Child Transmission or MTCT) A woman with HIV passes the virus to her child during pregnancy, delivery or breastfeeding.
- Unprotected sexual intercourse with a HIV infected partner
- HIV-infected blood entering an open wound or mucus membrane (eye, mouth, etc.)
- Using needles, razors or other sharp objects that are contaminated with a HIV infected person’s blood or body fluids
- Blood transfusion with HIV infected blood (rare now that screening has improved)

You CANNOT become HIV infected by:
- Sharing meals, plates or spoons with a HIV infected person
- Sharing a bed or linens with a HIV infected person
- Using the same toilet as a HIV infected person
- Kissing, touching or hugging a HIV infected person
- Regular activities of daily life
How can someone prevent or decrease the risk of HIV transmission?

- Know your HIV status
- Always use condoms when having sexual intercourse
- Abstinence
- Avoid sexual intercourse with people who are significantly older or who offer gifts in exchange for sexual intercourse
- Wear gloves when coming in contact with body fluids
- ALWAYS use unused, new needles or razors, if needed
  - PMTCT is care for HIV infected women to prevent HIV infection to their children.
  - PMTCT includes helping women plan their pregnancies and avoid pregnancy if they do not desire to become pregnant
  - PMTCT also includes care of women during pregnancy including use of ART medications, safe delivery, healthy infant feeding with exclusive breastfeeding and then complementary feeding; and continued care of mothers, babies and families throughout their lives.

How can you know if someone is HIV infected?

- The only way to know if you or someone else is HIV infected is to go for a HIV test. You CANNOT tell if someone is HIV infected by looking at them.

What body fluids contain HIV?

- Blood
- Semen and vaginal fluids
- Cerebrospinal fluid (CSF), the fluid around the spinal cord and brain
- Breast milk

What body fluids DO NOT contain HIV (when there is no blood present in the fluids)?

- Urine
- Tears
- Saliva
- Sweat
What are CD4 (also called soldier) cells and how do they work in the body?
CD4 cells are found in the blood and are part of the body’s immune system. They help the body to fight infections.

What does HIV do once it enters the body?
Once HIV enters the body, it enters CD4 cells (the cells that help the body to fight infections) and uses the CD4 cells like a “factory” to make more HIV viruses. These viruses are then released into the blood to infect more CD4 cells. As the HIV reproduces, it eventually kills the CD4 cells. When a person is first infected, the virus creates many copies of itself. The viral load is very high and the number of CD4 cells decreases. A person is very likely to pass the virus to another person during this early infection.

In adults, the immune system is able to fight the virus for some time (often 5-10 years). During this time, the viral load is lower than in early infection, but HIV is able to be found in the blood. The number of CD4 cells gradually decrease over time. Eventually, the immune system is no longer able to fight the virus, the number of CD4 cells becomes very low and a person can become sick with infections that the body used to be able to fight.

In children vertically infected with HIV, the virus acts differently than in adults. Despite an often high CD4 count, children often still get very sick quickly from HIV infection. Though there are many CD4 cells, they are not yet mature so they don’t act as efficiently as adult CD4 cells. If children with HIV are not treated, about 50% of HIV infected children will die before the age of 2 years.

What is a CD4 count?
The CD4 count is a blood test count show many CD4 cells (soldier cells) are in the blood. All children less than 2 years old should start ART regardless of their CD4 count as their immune system is still developing. In older children and adults, a low CD4 count indicates that the immune system has become weak and that it is time to start ART.

What happens when the CD4 count is low?
When the CD4 count is low, the immune system is weak and is no longer able to fight infections. When this happens, the person can easily become sick with infections that the body was previously able to prevent. These infections are called opportunistic infections. Often when the CD4 count becomes low, the person’s body is too weak to recover from such infections and people become very sick.
What is a viral load?
A viral load is a blood test that measures the actual number of copies of HIV in the blood. When the viral load is high, a person is more likely to pass the virus to another person, to have a low CD4 count and to fall sick and be unable to recover.

What is ART?
- ART stands for antiretroviral therapy
- ART is a combination of antiretroviral medications that work together to make the HIV “sleep” and prevent the HIV from making new virus copies and from “destroying” the CD4 cells.
- ART in Malawi is currently in transition with the new 2010 ART guidelines. Common regimens for children and adolescents may include the following.
  - D4T/3TC/NVP (also known as Triomune, T30, Triomune Baby)
    - The 3 medicines in Triomune are called stavudine, lamivudine and nevirapine. Three different medicines are combined into one tablet to make it easier to take the ART.
    - When first initiating this ART, a starter pack is given.
    - It is taken twice daily, once morning and once evening
  - ZDV/3TC/NVP (adult tabs may be known as Duovir-N)
    - The 3 medicines in this Zidovudine, lamivudine and nevirapine.
    - When first initiating this ART, a starter pack is given.
    - It is taken twice daily, once morning and once evening
  - TDF/3TC/EFV
    - The 3 medicines in this combination pill are tenofovir, lamivudine and efavirenz
    - This regimen is for adults and older adolescents.
    - It is taken only once daily.
- If a person has side effects from one of the ARV medicines, he/she will be changed to a different ART.
- If this ART despite good adherence is no longer able to make the virus “sleep,” meaning that resistance has developed, then a person will need to be switched to a new ART regimen. These new ART regimens are often referred to as “Second Line.”
How does ART work?

- ART DOES NOT CURE HIV. ART only makes the virus “sleep” so that it does not continue to make more copies of the virus and harm the immune system.

What are possible ART side effects?

All medications have possible side effects. Listed below are the more common or serious side effects of common ARV medicines in Malawi. This is for information and education only and should not be used as medical advice. Refer adolescents to the hospital for any questions or concerns.

- **Nevirapine**: severe skin rashes including the mouth, eyes and genitals; or hepatitis (a problem with the liver that can cause abdominal pain, yellow eyes and vomiting).
- **Stavudine**: pancreatitis (a problem with the pancreas which can cause severe abdominal pain or pain with eating and vomiting), lactic acidosis (caused by an increase of acid in the blood which causes fast, deep breathing, abdominal pain, muscle pains and can cause death). Other common side effects are peripheral neuropathy (burning pains, usually in the feet and legs) and lipodystrophy (a problem where fat in the cheeks, arms and legs is decreased and fat in the abdomen and breasts is increased).
- **Zidovudine** (AZT): anemia (low blood count)
- **Efavirenz**: neurologic problems, vivid dreams, rash
- **Lamivudine**: rarely causes side effects

How does a person living with HIV stay healthy?

The MOST important thing is to take the ART at the right dose, at the right time, EVERYDAY to avoid the virus “waking up”. People living with HIV should also do the same things that people living without HIV should do to stay healthy: avoid smoking, drugs and alcohol; exercise; eat a balanced diet; and seek care when sick.

What happens when a person misses doses of ART?

Each time a person misses a dose of ART, the virus can “wake up”. When the virus “wakes up” and there is some medicine in the blood, the virus can make small changes in itself, called mutations, to help the virus to resist the ARVs. If enough of these changes occur, the ART can stop working. This is called **resistance**, or kupima. Once the HIV virus becomes resistant, even if a person takes the ART as instructed, the virus stays awake. If a person develops resistant
HIV, the ART that he/she takes has to be changed to ARV medicines that work in a different way to make the virus sleep.

Missing just ONE DOSE PER WEEK can lead to resistance.

Why does ART stop working in some people who take the medicines very well? HIV is constantly trying to “outsmart” the ART. Over time, mutations will likely happen, even if the ART is taken very well. This usually only happens after many years on the same ART. The goal of HIV treatment is to take ART at the right dose, at the right time EVERYDAY so that one combination of medicines lasts as long as possible.

Can a person living with HIV do the same things in life as a person who is not living with HIV? YES! People living with HIV can finish school, get a good job, get married, have a family, and whatever else they dream of! It is true that people living with HIV have the extra challenge of taking ART every day, attending clinic visits, paying attention to their body and going to the clinic if they are feeling sick, but this should not keep them from succeeding in their plans for the future.
Adherence and Adolescents

Objectives:
- Discuss what adherence is
- Explain the significance of adherence
- Describe situations when adherence may be more difficult
- Identify ways of helping overcome the challenges to good adherence
- What support may be necessary to achieve good adherence

Adherence is one of the biggest challenges of living with any chronic illness. Teenagers with chronic diseases around the world struggle with adherence during the adolescent years. Adherence to ART is even more complicated as it requires near perfect administration of medication to avoid developing resistance.

Adolescence is a time of emotional, physical and cognitive growth and change. As teens transition from childhood to adulthood, they face challenges with personal responsibility, friendships, relationships and life plans. Adding HIV and adherence to ART, to this already challenging time makes these years often much more difficult.

Why is adherence important?
To understand adherence, you need to understand:
- How HIV works in the body
- How antiretroviral therapy (ART) works to help the immune system control the virus.

Children and teens need to understand both of these ideas when they have disclosure of their HIV status. This can help them understand why they need to adhere to medication. The disclosure process is discussed in the disclosure section below.

Adherence to ART, clinic appointments and treatment when sick is critical to staying healthy while living with HIV.

The HIV virus can become resistant to ART very quickly, especially if only a few doses of ART are missed (just 1-2 missed doses per week has the highest risk of developing resistance). With a limited number of drugs available in Malawi to treat HIV, good adherence is very important to allow the ART to work well for many years before needing to switch to new drugs. By working
with teens to problem solve difficulties, you can help them achieve good adherence, and stay healthy using the same ART for many years.

“Good” teens can have “bad” adherence.

Adherence is VERY DIFFICULT. As with all challenges in life, some people will find adherence easier than others. Please remember that teens who have difficulty with adherence are not bad people, they do not want to “die,” they are not trying to make your job more difficult and they are not “just being rude.”

There are many reasons that people have trouble taking their medication or attending clinic. Often teens have less control over these situations. Common situations that make adherence difficult include lack of family support, lack of stable home environment, moving homes frequently and lack of money for transport.

During the teenage years, it is normal for teens to want to be like their peers. They may become angry or sad that they have to live with HIV, and they might become “tired” of drinking medicine all the time. Most teens will have these feelings to some degree at some point during their adolescence. Teen club works to support teens in coping with these situations. However if these feelings become too strong and teens are unable to cope with them, teens will need referral for more intensive evaluation and treatment at the clinic or hospital.

It is very common that even teens who understand the basics of HIV and ART still struggle with adherence. Also teens who have good adherence for many years may struggle with adherence when they face different challenges or changes in their lives. Never assume that you know how someone is doing with adherence. You must ask them about adherence directly AND also about any changes going on in their lives, and discuss them every time you meet as situations change quickly and often!

Approach adherence counseling with teens cooperatively, as a team of PROBLEM SOLVERS.

Help teens to identify individualized ways to improve adherence and develop a strong team of support at teen club to allow for group sharing and support

DO NOT threaten teens or tell them they are going to die if they don’t take their medication. Most teens have seen many family members and friends die of HIV and many of them struggle with knowing they have a disease that cannot be cured. It is unlikely that threats will help them. TEENS WANT TO LIVE! They are trying their best to adhere to a difficult medication regimen and stay healthy and strong.
Work WITH teens and not against them. Create a cooperative relationship. DO NOT create an argument or fighting relationship. DO NOT set them up to fail or try to trick them.

When doing adherence counseling with teens

- Ensure they understand why they are drinking the medication
- Always praise their EFFORT and ATTEMPTS at good adherence. Do NOT praise them only when they have good adherence, but DO praise them when they are trying hard. Teens will often strive to please you and get your praise. If you only praise them when they have good adherence, then they may not be honest about their challenges with adherence because they want you to be happy with them.
- Have reasonable expectations and expect that they will miss doses of medication sometimes. Discuss and find out when they are most likely to miss their medication. Do they most often miss in the mornings? Evenings? Weekdays? Weekends? Holidays? When?
- Work with the teen to help the TEEN identify which methods may help them the most to remember to take their medication. The counselor should offer suggestions, but NOT make the final decision and should NOT tell the teen what to do. They should help the teen decide what will work for him/her.

Some example situations:

**Teens that miss morning doses:** Talk about the specific details of their morning routine and determine when in that routine they can take their medication by attaching it to a daily activity that doesn’t change. Ask the teen if they think that will help them. See examples.

**Special situations that make adherence more challenging than usual and need dedicated problem-solving counseling:**

- boarding school
- receiving unexpected visitors at home for weddings, funerals etc
- traveling to a relative’s home for the holidays where routines are different
- traveling to a family home where no one knows that the teen has HIV
- school holiday
- Unexpected stays away from home due to lack of transport money, minibus breakdown, etc.
- Curious friends who ask questions about why you are taking medicine every day
- Religious traditions, especially fasting where some people say
Misinformation about ART and how it works can also complicate adherence. Make sure teens understand that:

- ART in Malawi does not need to be taken with food
- While fasting, you should continue to take your ART even without food. Take with a sip of water only, but do NOT skip doses due to fasting.
- ART does not HEAL or CURE HIV
- ART must be taken for life.
- ART decreases the chance of transmitting HIV but does not make the chance zero.

Some problem-solving ideas: Every teen will have their own way to remember their medication. The role of the counselor is NOT to tell the teen how they are going to remember their medication, but to help teens identify for themselves which technique is going to help them remember their ART.

Below is a list of different techniques that teens have identified as ways that have worked to help them remember their medication. This list is only some suggestions. Teens will give you many more ideas of how they remember their medication. This is just a place to start. If one method is tried and does not work, try another. Also, always decide on two methods so if one fails, they have a back-up plan to remind them.

Adherence tips from teens

- Use alarm clock or watch
- Set daily alarm on phone for both morning and evening dose times
- Hang a drawing of something that reminds them to take medicine (their chosen job when they grow up like a soldier, nurse, driver, etc or a picture of a clock) where they will see it at ART time
- Tie something on the door handle so you can see it when going out to remind you
- Put the medicine bottles by your tea cup/sugar
- Take ART when taking the chickens in and out
- Build a strong team at home that helps you remember
- Take ART before leaving your bedroom in the morning & before sleeping at night
- Disclose to a trustworthy adult at boarding school, after assessing trustworthiness
- Identify a friend or family member who can help remind them of their medication
- Listen for the call to prayers like the muezzin in the mosques
- Use a timetable or calendar to tick after taking morning and evening doses.
- Place the bottle of medication in their shoes or on their school clothes before sleeping so they remember their dose in the morning and then move the bottle to their bedclothes or into their beddings so they will find it in the evening.
- After taking the morning dose, put the medicine bottle where they keep plates in the home so they see it when they are eating.
- Make sure kids truly understand why they are drinking their medicines.
- Attach taking medicines to other routines that happen every day (dressing in the morning, fetching water, making nsima, sleeping)
- Use many of these clues in your daily routine so if you miss one you can use another
**Adherence Ideas for Boarding School/College**

Make an adherence plan prior to starting boarding school/college. Have a meeting together with teens who are just starting boarding school and teens who are currently in boarding school. Have teens share experiences and ideas on how to adhere to medications.

Help teens to plan for what to say when a friend asks you why you are taking medication.

Adherence ideas for boarding school

- Put ART in a small plastic pharmacy bag instead of keeping the bottle.
- Put ART in bag used for toiletries.
- Change ART time to a convenient hour at school. This may require a completely different time than you take at home. That is ok. The routine is different so the time needs to change.
  - Ensure teens know that they can take medicine within 3 hours of their dosing time if they forget.
  - If the schedule is very complicated, you may need to adjust the schedule slightly to help teens perhaps 6:30 morning and 7 evening as an example.
- Keep ART supply (bottles or bags) in a safe place, maybe locked in the suitcase. Take out a week’s supply at a time.
- Keep one dose with you at all times.
- Have a prepared story to tell curious students if they see you taking your medication. Consider saying, “It is for my heart problem or kidney problem or spleen.” Always tell the same story.

The goal for HIV treatment is to make the length of time that ART is effective as long as possible by taking the ART at the prescribed dose at the appropriate times. Missing just one to two doses of medication per week will allow the virus to develop resistance most quickly so the medications will no longer work to “put the virus to sleep.”

Some teens will have problems adhering to ART despite all of your efforts. This can sometimes make counselors and medical staff feel angry and frustrated, which is a natural human response, but we cannot lose hope for these teens. Remember that teens WANT TO ADHERE TO THEIR MEDICATION and stay healthy. Often they have many life challenges that makes adherence more difficult. Always review the different methods for good adherence and help teens think of new ways that can help them remember their medicine. Refer teens to clinic or other resources in the community to address underlying problems that challenge them.

List below more ideas from teens on how to remember their ART.
Disclosure

What is disclosure? Disclosure is when one person tells another person about having HIV.

When discussing adolescents, we are often talking about two different situations with disclosure:
- Disclosure TO the adolescent: The process of telling a child or adolescent that they are infected with HIV.
- Disclosure BY the adolescent to others: The decision by an adolescent to reveal their HIV status to someone else (family, friends, sexual partners, etc).

Disclosure to a child or adolescent:

When should disclosure be done? There is no correct answer to this question as it is different for every child. The timing of disclosure depends on the development of the child and not on a particular age.

A general guide to the process of disclosure is:
- Start disclosure around the age of 6 years with general information about how the child takes medicine twice daily to stay healthy.
- By 10 years of age, the child should understand partial disclosure.
- By 13 years of age, full disclosure should be done for most children.

There are always exceptions to this guide, but most children will fit this timeline. If disclosure takes place too late, the teen may be angry that this important information was kept secret from him/her for so long, and the possibility of accidental disclosure increases. Accidental disclosure is when a child learns about their status unintentionally often by overhearing a conversation, just “figuring it out” or when someone assumes that they already know their status and talk to them about HIV. Accidental disclosure should be avoided because it does not allow for appropriate support and information being delivered to the child. Failure to disclose may also put the teen at risk for resistance and ART failure if they don’t truly understand why and how drinking the medication is so important.

Who should inform the child?
A trusted adult should disclose HIV status to the child.

This is most often a parent or guardian, but may be a health care worker or other family member. Adults are sometimes fearful of disclosing to their child and unsure how to do it. Health care worker can encourage guardians and give them confidence and skills to share this important information with their teen.

How can disclosure be done? Disclosure is a process.

1. **Assess readiness.**
2. **When ready, do partial disclosure** (explain about the immune system attacker/mdani but do NOT say words HIV or ART)
3. **When ready, provide full disclosure** (explain that the mdani is HIV, medicines are ART, etc)
4. **Follow-up regularly** to find out how the child is coping and to answer any questions they may have as they mature and develop.
Step 1: Assessing Readiness
First discuss disclosure with the guardian. Guardians know the child better than anyone and can help decide if the child is ready for HIV disclosure process to begin. Sit together with the guardian alone and determine how much they think that the child already knows. Determine if the child knows the status of other family members, especially mom if the child was vertically infected. Sometimes teens ask, “How did I get HIV?” so guardians should be prepared to answer truthfully. Make a plan for disclosure to the child and answer any of the guardian’s questions or concerns. Some of the biggest barriers to disclosure to a child are guardians’ fears.

These fears may include:
- The child will tell other people
- The child will be too sad or upset
- The child is too young to understand properly
- The teen may ask questions that guardians don’t know the answer to
- The child will ask about the guardian’s own status

Reassure guardians that in our experience children and teens understand the importance and seriousness of this information and it is very, very rare for teens to tell others. Teens understand that this information should be kept confidential and want to keep it private.

Teens have many different reactions to learning that they have HIV. Sometimes teens are sad or tearful or worried or angry by hearing that they have HIV, but this is a normal response to bad news. With support, teens are able to cope with knowing their status and living with HIV. Many children report relief at finally knowing what is making them sick. Guardians should not underestimate their teen’s ability to understand complicated information. As they mature their understanding will also develop more fully, but even at a young age children are able to understand living with HIV.

Reassure guardians that they do not need to know the answers to all questions that a child or teen may ask. They can write them down or remember the questions, and ask at the clinic during their next visit.

Disclosure of a parent’s status to a teen is often the most difficult fear to overcome. Parents and guardians sometimes feel guilty or sad that they passed HIV to their child, or they fear explaining to their child how it is that they themselves were infected with HIV. Reassure parents that teens are resilient and can cope better than even adults. Teens can be trusted.

Decide who will disclose to the child or teen. Guardians may choose to disclose at home or at the clinic with support from health care workers. Some guardians will ask health care workers to do the disclosure while they remain present. All of these options are acceptable as long as the teen and guardian are both present.
Step 2: Informing the child of his/her HIV status

2a: Partial Disclosure

Partial Disclosure is the beginning of the process to tell the teen about living with an illness. Teens learn about their immune system and how an “attacker” or mdani invades the body destroying the protection system. Teens learn how medications can help us. You do NOT say HIV or kachilombo. Tools including flip charts or drawings may help tell the story but are not necessary.

‘Inside all of our bodies we have soldiers. These soldiers help us to fight off infections. They fight off flu, pneumonia, diarrhea, malaria, rashes. Sometimes an enemy enters our body that kills our soldiers. When we have few soldiers it is easy to fall sick from pneumonia, malaria, diarrhea, rashes and other sicknesses. Sometimes we can do blood tests to count how many soldiers there are in the body. When there are few soldiers we can take medicines to help make the enemy sleep and allow your body to make many soldiers again. The medicine must be taken twice a day, every day, at the right time to keep the enemy asleep. Without the medicine in your body, the enemy can wake up and start to kill the soldiers again, so it’s important to remember the medicine every morning and every night. I only share the story of the soldier with people who can understand it because this is not a story for everyone to know. Together with your guardian you can decide who else may be ready to also know the story of the soldier.”

**It is important to choose your words carefully when translating the story into other languages. For example, in Chichewa do not use the word kachilombo for the enemy during partial disclosure as this is the word commonly used for HIV. Use Mdani.** See translations below

After telling the story, encourage the guardian to discuss the story with the child at home. Often teens ask questions about “who is this enemy” which make guardians worry. Tell guardians to never lie to their children, but rather that this is a good opportunity to answer their child’s questions and continue with full disclosure by first asking the child what he/she thinks the enemy is and then sharing that it is HIV. If the guardian does not feel he can disclose on his own, he can say that they can discuss it more with the health care provider. Just don’t lie as this can affect the trust the teen has for the guardian. See below about full disclosure.
2b: Full disclosure

Full disclosure involves telling the child that the “enemy/mdani” is HIV.

Sometimes during discussions about the soldier story at home children may ask if this enemy is HIV or ask what the enemy is. This is often a good time to proceed with full disclosure. If the child doesn’t ask, review the soldier story and make sure there are no other questions. Over time help them understand that the enemy is HIV, soldiers are CD4 cells and medicines are ART.

“This is a person. Every person has soldier cells, which are also called CD4 cells, in his/her blood that help protect the body from invaders. These invaders can be flu, pneumonia, diarrhea, rashes, malaria, and other sicknesses... If there are enough CD4 cells, the body can fight off the invaders. Some people have an enemy in their blood. This enemy is called HIV. HIV stands for Human Immunodeficiency Virus. HIV destroys CD4 cells. If there are few CD4 cells in the blood, they cannot fight the invaders as well and the person can become sick. There are medicines called antiretroviral therapy, or ART, that can make the HIV go to sleep. ART cannot make the HIV virus go away, but it can make it go to sleep. If the HIV is sleeping, the CD4 cells can become many again and the body is protected. ART must be taken twice a day, every day, at the right time so that the HIV stays asleep. If a person forgets to drink the ART, the HIV can wake up and start to kill the CD4 cells again. It is very important to remember your ART so that you can stay healthy.”

With ART you can keep the virus sleeping and you will stay healthy. It is important for you to work with your family and your doctor to stay healthy as a team. You take your medicine every morning and every night with the help of your family and make sure they never finish. If you ever have trouble, you can ask family or someone at the hospital for ways to help you remember because it is an important and tough job to take medicines well every day. Also always make your appointments on the date or before and if you do fall sick.

Step 3: Continue to provide age-appropriate information

Disclosure is not finished after full disclosure. You must continue to support teens living with HIV as they mature. With teen club activities, other support groups and medical visits, teens can share their experiences living with HIV and challenges with being adherent to medications.

Topics to consider when supporting adolescents living with HIV include:

- Help teens find out the name of their ART and side effects they should know
- Adherence (see Adherence section)
- How to prevent HIV transmission
- Disclosure to friends, families and boy/girlfriends.
- Coping with living with HIV at different ages.
**Accidental Disclosure**

Accidental disclosure means revealing the HIV status to the child or to another person without meaning to. Often times adults assume that children are not listening or that they do not understand what is being said around them. This can happen in exam rooms, during blood drawing, or during pre-clinic health education talks when topics about living with HIV are directed to adult patients. When children find out they have HIV, but they are not “supposed to know” then they do not have any support and cannot talk to anyone about their fears, worries or questions. By planning disclosure sessions when teens are still young and raising awareness about children living with HIV among health care workers, this can often be avoided.

To avoid disclosing teen’s status to others in the community it is important to establish some rules for your group.

- No photos, camera-phones or videos at any Teen Club meeting
- Do not tell anyone about others you met at Teen Club this includes teens, staff, volunteers, anyone at teen club
- Visitors, volunteers and clinic staff should wait for teens to greet them in the community and not feel offended if the teen chooses not to greet you as you may be known as the person who works at the HIV clinic.
- Do not discuss teens with family and friends
- Your Teen Club is for only teens infected with HIV, so no friends or siblings are allowed. Only teens living with HIV who understand full disclosure are allowed.

Notes on Disclosure:
Disclosure Story Translations: Chichewa, Tonga and Tumbuka

Disclosure Story: Chichewa

Nkhani Ya Asilikali_Mkati mwa thupi la thu multi asilikali amene amatitezeka ku matenda monga chimfine zibayo kutsegula m'mimba, matenda apa khungu, malungo komanso matenda ena osiyana skies. Nthawi zina adani amatha kulowa mthupi ndi kupha asilikaliwo ndipo akachepe, ndikwapafuli kudwala matenda monga tatchula pamwambawa ndi ena. Nthawi zina timatha kuyaza magazi kuti tidiwe kuti tili ndi asilikali ochuluka bwanji m'thupi. Asilikaliwa akachepe tikoza kumwa mankhala othandiza kuti adaniwa agone komanso nthawi yomweyo kulola thupi lahu kupanga asilikali ena ambiri.

Mankhwalawa ayenera kumwendwa kawiri tsiku lilonse pa nthawi yoyenera kuti kachilombo kazigona. Opeanda mankhala mthupi, kochilomboka kakhaza kwedzika ndi kuyambu kuphanso asilikali. Tsono, ngofunika kumakumbukira kumwa mankhwalawa m'mawa ndi mazulu aliwone. Ndimagawana nthawi ya kachilombo ndi anthu okha amene amangivetsese chifukwa sinkhani yoti alyense ayidiwe. Iwe pamodzi ndi ondisamalira tikhoza kusankha anthu m'banja lahu amene angakhale okonda kumwa za nkhanayi, komanso kuyisunga mwa chinsisi.

Disclosure Story: Tonga


Disclosure Story: Tumbuka

**Teens’ Disclosure to Others**

For teens, decisions about and the consequences of disclosure to friends, families and boyfriends and girlfriends is a daily challenge. Teens must think about the advantages and disadvantages of disclosure to others. This is a difficult decision for all people living with HIV and can cause many worries for teens living with HIV.

Possible **ADVANTAGES** of disclosure:
- Someone can help you remember your medication
- You can talk freely with this person.
- You can keep people you love safe by telling sexual partners, making good decisions about sex and if you chose to have sex, always using condoms

Possible **DISADVANTAGES** of disclosure:
- People may react unexpectedly to the information
- Someone may not be as trustworthy as you thought and tell others
- People may discriminate or stigmatize you
- The person may be trustworthy but accidentally disclose to someone else

Teens are a good judge of their friends and understand the importance of finding someone who is trustworthy. Teens use many different techniques to judge trustworthiness of a friend. Some teens try sharing a less important secret to see if that person can be trusted, or seeing if they tell you secrets about others, or listening to what things they say about HIV and people living with HIV. They can use these clues to assess trustworthiness of friends.

Just because a person holds a position of authority, does not automatically mean that they are trustworthy. For example, the headmaster and teachers at a boarding school should not be automatically trusted just because of their position of authority. Teenagers should first assess their trustworthiness before considering disclosure.

Romantic relationships are the commonly discussed disclosure situations. When a girl/boy discloses to a boyfriend/girlfriend, there may be a wide range of responses. It is possible that he will be open, loving and caring, or he may be sad, disappointed and worried, or he may be angry, say mean things and leave her. Will he be violent? Will he hurt her? Will he tell other people? It is important to try to think of all of the possibilities and plan for them when considering disclosure. How will she make sure she is safe? Can she bring a friend or family member who knows her status to be nearby if she needs help? If he is not understanding and leaves her, will it be better that he leaves now instead of later? If she chooses not to disclose, how will she make sure they are both safe? What if they want to have sex? If she chooses to have sex, how will she negotiate to make sure they use condoms to stay safer? If she decides not to disclose now, how will she know when is the right time? Will he feel betrayed if she waits too long? As you can see these are not easy decisions.
It is important to remember that everyone has the right to keep their HIV status private and confidential. This includes children and adolescents. No one is required to disclose their HIV status to another person. Children do not have to disclose their status to schools, teachers or boarding schools. All people have the responsibility to keep themselves and others safe so knowing your status, not touching other people’s blood and always having safe sex are everyone’s responsibilities.

Sometimes it is important to keep your HIV status a secret. Teenagers living with HIV need to be ready for questions about their medicine and have their response planned in advance so they are not surprised. At boarding school teenagers may be asked by friends to share their medicine and should be ready to tell their friend something like, “No, sorry, I cannot share my medicine with you because it’s for my heart condition. It wouldn’t be good for you and I need it.” They should choose a medical condition that is rare and lifelong. For example, they should not choose asthma as other children at the school may have asthma and may want some medicine to share in case they have an asthma attack. Also, do not say headache because no one has a headache every day and others will want to share. Also do not chose TB as many children know that TB medicine is for less than a year. Also, if you choose to make up a lie, stick to it. Don’t change your medical problem every day. We certainly should not encourage teenagers to lie in general, but this is one exception. For some teens, their lives and safety, including physical and psychological well-being, may be at risk and must be protected.

Teens should also know that knowing someone else’s HIV status is an honor and a privilege and they must respect the other person’s secret and trust. No one should ever threaten to disclosure someone else’s status. Teenagers and adults should all know that no matter how angry you are at someone, you cannot tell other people’s status if you have been told in confidence. For example, if two girls who have HIV and know each other’s status get into a fight at school, they cannot disclose one another’s status to other people because they are angry. Disclosure of HIV status is very personal and confidential. If someone trusts you with that secret, you should be honored to be a trusted friend and always protect their confidentiality.

Sometimes even a well-considered decision to disclose does not go as well as planned. It is important that teens recognize that unexpected responses are possible. Teens should think about the possible responses that someone may have so the ALHIV can plan their own response. ALHIV may need extra support if things do not go as planned.

Teens’ disclosure to others.

- Remember that not everyone in authority is trustworthy.
- Help teens anticipate possible responses that may happen from different people, like a romantic partner, friend, teacher, family, etc.
- Like adults, children and teens have the right to keep their HIV status private and confidential.
- Knowing someone else’s HIV status is an honor and a privilege and they must respect the other person’s secret and trust.

Teens should also know that knowing someone else’s HIV status is an honor and a privilege and they must respect the other person’s secret and trust. No one should ever threaten to disclosure someone else’s status. Teenagers and adults should all know that no matter how angry you are at someone, you cannot tell other people’s status if you have been told in confidence. For example, if two girls who have HIV and know each other’s status get into a fight at school, they cannot disclose one another’s status to other people because they are angry. Disclosure of HIV status is very personal and confidential. If someone trusts you with that secret, you should be honored to be a trusted friend and always protect their confidentiality.

Sometimes even a well-considered decision to disclose does not go as well as planned. It is important that teens recognize that unexpected responses are possible. Teens should think about the possible responses that someone may have so the ALHIV can plan their own response. ALHIV may need extra support if things do not go as planned.
There is no correct answer about who to disclose to or when to disclose. You do not need to have all of the answers when you are supporting ALHIV. Support people living with HIV as they face difficult decisions. Many teenagers want to know that they are not alone making this difficult decision. They realize that there is no easy answer, but they can learn from and support one another.

**Stigma and Discrimination**

- What is stigma
- Explain the significance of stigma in everyday life
- Describe situations when stigma may be felt strongly
- Identify ways of dealing with challenge that comes with stigma
- Identify what support may be necessary to handle stigma

**Definition**

To stigmatize someone is to identify or label people who are thought to be shameful or different from the socially acceptable norm.

People can be stigmatized for many reasons. Some examples include:

- being sick with TB or HIV
- being pregnant before being married
- being albino
- not finishing school
- Being short

Stigma may happen intentionally by saying or doing something hurtful, or unknowingly by our body language, word choices or facial expressions.

**Significance**

Stigma can have a serious effect on someone’s life. After discrimination has occurred it is difficult to “un-do”. It is particularly hurtful when discrimination comes from both adults and peers. Some teachers, medical staff, church leaders, politicians, counselors, guardians and others who are meant to be leaders in a teen’s life may show prejudice toward teens because they have HIV or someone thinks they might have HIV.

Stigmatized people may be passed over for opportunities for education, good jobs, travel, or be denied basic human rights such as good food and shelter. When constantly faced with stigma, children may lose their self-confidence and fail to develop to their full potential.

Teens may have many different reactions to stigma depending on the teen, the situation and who is stigmatizing them. They may feel: shock, anger, sadness, worry, embarrassment, fear, confusion, loss of friendship, trust, hope, or self-esteem; rejection or isolation or other feelings.
Stigma be an important contributor to poor emotional health, and can make adherence to medications more difficult.

**Stigma in Various Life Situations**
Stigma can happen in ANY situation. It does not require that a teens’ HIV status be KNOWN. Stigma often occurs based solely on a person’s suspicions. Teens will be eager to share with you their experience with stigma if they trust you. Below are some examples that they have shared.

**Stigma at School:**
Teachers tell us that sometimes children refuse to sit with another child if they think they have HIV. Other children have been called “AIDS boy” by the entire school upon arriving every morning.

Children at boarding school are often questioned by teachers and students alike when they go to take their medications. This often puts more attention on them and affects adherence to medications.

Some children feel that the special treatment they receive from teachers, who are often trying to “help”, often puts them in a difficult situation. For example, excusing them from group punishments even though they had participated in the “crime” or excusing them from routine chores because they are “weak or sick” makes them different than their peers and often alienates them from their friends.

Some teachers assume that because a child is an orphan then she must have HIV which is not always the case. Sometimes children feel that if their teachers are aware of their status, the teachers assume the children have had sex, and judge them because of that belief.

**Stigma at home:**
Sometimes families isolate children living with HIV from others by making them use their own plates or their own bed due to misinformation about how HIV is transmitted. You cannot get HIV by sharing plates or cups or by sharing bedding. Families may also treat a child living with HIV differently from the rest of the family by excusing them from doing chores. This can cause resentment from siblings.

**Stigma in Other Situations:**
People often stigmatize a child living with HIV because they do not know that many young children who are infected with HIV from their mothers grow to be children and adolescents. Many people assume the child must have had sex and is “immoral”.

Stigma does not only happen with intentional actions. If we are not careful, we may stigmatize a person without even realizing it. We must always be aware of the way that we speak and the words that we use as some words or phrases we think are harmless may be very stigmatizing. For example, “wa AIDSI” is a stigmatizing word. Talking about “those people with HIV” and making generalized comments about them is very stigmatizing. Language is very powerful and
we should always carefully consider assumptions and avoid stereotypes. Always remember that people living with HIV are people first.

Sometimes we think we are helping children who are “sick” by making things different. This can actually make things more difficult for them. For example, we isolate children living with HIV when we tell them “Don’t worry you don’t have to sweep or wash the dishes, you are sick” or “Don’t worry, you don’t need to study so hard because you are sick.” While chores may need to be altered to allow for the child’s limitations, the child should still be expected to participate, unless very ill.

Occasionally, we can make a mistake and say to a child living with HIV, “You always go to the hospital. Can you show this one how to go there?” You are violating that child’s privacy and pointing them out as different.

**Coping with Challenges of Stigma**

To cope with the challenges of stigma it is important for teens to understand their rights and to clearly understand the facts about HIV and their status. Teens should know their rights so they are able to make sure their rights are not violated. We can help teens to identify situations when they should stand up for themselves. They should know about HIV, how it is and is not transmitted. Though they may not always be able to change stigma, they will not believe the misinformation that often accompanies stigma.

Teens can find support from reliable, trustworthy adults in their lives and from their peers at teen club who are also living with HIV. Some teens may choose to join organizations that work to fight stigma in their communities.

Sometimes teens may become sad or frustrated if they experience stigma in their homes, schools, or communities. This is a normal response, but we need to make sure teens can cope. Also we must monitor for any danger signs (see Emotional health section). We can support teens and remind them of people who support them and believe in them.

**Support:** We can help support teens to cope with stigma within our communities, schools, churches, hospitals and homes. We need to work to treat everyone equally and without discrimination. Though it is impossible to change everyone at one time, it can be our goal to slowly teach people information that will help them eliminate their fear and treat people without stigma.

We can encourage people to not treat themselves differently and self-stigmatize. We can help children to build their self-esteem so they can fully participate in their friendships, school and community. To help children build their self-esteem, **show** them that we believe in them by being engaged, listening to them and talking to them. Also help them believe in themselves by creating chances for success in everyday life. Children rise to our expectations. Let children know you expect them to perform to the best of their abilities. Be observant and point out good things they are doing in their everyday lives.
In our own relationships with teens, we can do A LOT more. Teens depend on their friendships for most of their needs during these teenage years, but strong, trustworthy mentors play an important role in their lives as well. What if this mentor is you? What do you need to do?

- **Be honest.** Teens want accurate information and they want to know that you can be trusted. NEVER LIE. It is ok to say that you may not know the answer to a question. It’s important to be able to share with them in a way that makes you comfortable.

- **Be attentive and observant.** In addition to listening to what things teens may say to you, notice small changes in their behavior and attitudes or their interactions with other teens that may be a sign of changes in their lives.

- **Be empathetic.** Being empathetic does not mean feeling sorry for a person, but it means to know what it’s like to walk in their shoes. It is to understand and share the thoughts and feelings of someone else without that person having to tell you those thoughts and feelings directly.

- **Give accurate information.** Young teens know more than you think they do. We often fear talking to teens about sensitive information like relationships, sex, family planning, etc., but we must realize that they will find their answers one way or another. If it’s not from you, you cannot guarantee that it is accurate. If teens ask questions, provide them with accurate information or take them to someone who can so they are not forced to depend on less reliable sources.

Find areas to offer support

- Remind the teen they have no reason to feel guilty.
- Help the teen understand that often people who say bad things or are mean simply do not understand the facts and may be afraid of what they do not know.
- Emphasize that getting into fights does not help and can make things worse.
- Remind them of the support they have at home, teen club, clinic, family and friends, and wherever their support may be.
Sexual and Reproductive Health (SRH)

Access to accurate and non-judgmental sexual and reproductive health (SRH) information and services is reported by ALHIV in Malawi as one of their most urgent and biggest, unmet needs. It has also been one of the most requested areas of further training and information from health care workers, community workers and volunteers working with adolescents. It remains an area that is much needed and very challenging for all.

Teenagers in Malawi are having sex. Often this sex is unprotected sex and at times it is forced sex. According to a survey of 4,031 Malawian youth aged 12-19 years by Guttmacher Institute:

In Malawi,

- 37% of girls and 60% of boys had sex before they were 19 years old.\(^1\)
- More than 70% of these adolescents did not use any contraceptive method the first time they had sex.\(^1\)
- 40% of girls and 7% of boys reported they were “not willing at all” at the time of first sex\(^1\)

Given this reality, the importance of providing adolescent with accurate information about relationships, sex, contraception and their sexual rights cannot be emphasized enough. Yes even knowing its relevance and importance, one cannot deny that it remains a topic that can be challenging to address.

Included in the toolkit are common areas of discussion and facts to share with colleagues, volunteers and adolescents in your program.

- SRH Fact Sheet: Why should we talk to teens about SRH Topics?
- Common Fears of HCWs, guardians and volunteers in teaching teens about SRH topics
- Culture and Sexual and Reproductive Health in Malawi
- Discussing SRH topics with Adolescents
  1. Puberty
  2. Relationships and decision making and communication skills
  3. Disclosure to a romantic partner and to a sexual partner: see disclosure section
  4. Family Planning
  5. Sexually transmitted infections
  6. Adolescent Pregnancy and Maternal Mortality
SRH Fact Sheet: Why it is important to teach teens about SRH

Adolescence is a time of experimentation and discovery which is a normal part of development. It is important to make sure this time is as safe as possible by minimizing risks.

One of the most important reasons to talk to teenagers about sex is because they are having sex. Over 65% of young women between 20-24 had sex before they were 18 years old and one in seven of these young women had sex before they were 15.\(^2\) Teenagers are already having sex, but they are not necessarily having safer sex.

ALHIV report many challenges accessing accurate and reliable family planning, STI and antenatal services. They often report frustration about stigma and discrimination that they face at these clinics as they are often told they are “too young” to have sex or that they shouldn’t have sex because they have HIV.

Many people fear that providing adolescents with information about condoms and other family planning services will encourage teens to have sex. Many studies have been conducted in the US and in developing countries that show this is NOT true. By providing adolescents with comprehensive sexual education that includes information about abstinence and family planning, including how to correctly and consistently use condoms while helping them develop good decision making and communication skills, programs have helped teens to delay the age of the first time they have sex and decrease their number of sexual partners. Teens do NOT have sex at a younger age, do NOT have more partners and do NOT have more sexual activity if they are provided with information about condoms and family planning along with information about abstinence.\(^3\)

Gender inequality and cross-generational sex, meaning sex with someone at least ten years older, often put adolescent girls at risk as they do not have equal power in decision making or negotiating condom use or sexual decisions in their relationships.

- Only 30% of young women and 40% of young men, ages 15-24 who had more than one sexual partner in the last year reported using a condom the last time they had sex.\(^4,5\)
- Nearly 60% of girls in one study in Malawi reported that they would be willing to risk pregnancy instead of discussing condom use with their partners.\(^6\)
- Also, cross-generational and transactional sex (sex for gifts) puts girls at risk for HIV infection or re-infection.
- Early marriage, often with older husbands, usually results in pregnancy, which places the girl at risk, as described below.
- These realities increase the risk of sexual transmission of HIV to young women and throughout Sub-Saharan Africa young women are more affected than boys
  - In Malawi, it is estimated that 2.1% of 15-19 year olds are living with HIV: 0.4% of boys and 6.2% of girls.\(^7\)

Adolescent pregnancy has high mortality risk as well as loss of educational and economic opportunity for these girls.
- Adolescent fertility rates are higher in sub-Saharan Africa than in other regions of the world.
• In 2004 in Malawi, over 1 in 3 (37%) adolescent girls, ages 15-19 years old, had been married and 30% had been pregnant.5

Common Fears Surrounding Sexual and Reproductive Health Curriculum

In working with various groups throughout Malawi, many fears have been voiced by health care workers and community workers regarding providing teens with sexual and reproductive health information. We have listed some of the most commonly mentioned fears below.

“Will guardians be angry at us for giving teens SRH information?”

In our experience at teen clubs started throughout Malawi, guardians have been open to and encouraged us to help educate their teenage children about SRH issues to keep them safe. Guardians often feel afraid and do not know how to have these discussions with their children. Guardians have been eager for assistance and support in helping keep their children safe.

If you have doubts then meet with guardians and ask them their opinion and share with them why you think it is important to provide accurate information and services to their adolescents

“Will teens be more likely to have sex if I talk to them about sex, family planning and condoms?”

No. Teaching teenagers about both abstinence AND family planning methods forms the basis of comprehensive sexual education. This information is often combined with life skills lessons that include decision making skills and communication and relationship skills as well as gender rights and sexual rights. Together this approach has been more successful than programs that ONLY talk about abstinence. Programs that offer comprehensive approach to sexual and reproductive health have seen participants choose to wait until they are older to have sex and to use contraceptives when they do decide to have sex.3

Teens who attend programs that do not discuss condoms still have sex at the same age as their peers. Even if they keep information about condoms away from teens, the teens still may choose to have sex, but they may not know how to have safe sex. Studies have shown that providing information about both abstinence and family planning will NOT encourage teens to have sex. In fact, these comprehensive SRH programs do not encourage adolescents to start having sex; do not make them have sex more often; and do not increase the number of sexual partners.3 In fact, studies have shown that by teaching about condoms teens will not have more sex than if you did not tell them about condoms and they are more likely to decide to wait until they are older to have sex and to have fewer partners when they do have sex.3

Issues surrounding gender are a continued challenge in many aspects of life including sexual decision making regarding contraceptive use. In a study in Malawi, adolescent girls often
said that it is easier to risk pregnancy than to ask a partner to use a condom. The addition of cross-generational sex also increases risk to adolescents as unequal power in the relationship often makes it difficult for them to negotiate condom use.

Relationships and decisions about sex can be even more complicated for people living with HIV. The addition of HIV to the situation makes decisions more complicated. Teens living with HIV have to consider their health and their HIV status, and how to keep themselves and their partners safe. Teens living with HIV know their own status, but they often don’t know their partner’s status. Discussions about HIV status are very difficult and deciding how to disclose to a partner can be complicated and emotionally challenging. Teens should be empowered to make healthy decisions for themselves and their partner. They should be supported as they make decisions about disclosure and relationships and sex. They should be given information and demonstrations on condom use so when and if they decide to have sex they can do so safely with a condom.

“Is family planning safe for teenagers?”
Yes. All reversible forms of family planning are contraceptive options to consider for adolescents. They should be discussed with a family planning provider and together they can decide the best method of family planning.

Permanent methods of family planning including sterilization with tubal ligation or vasectomy are not options for adolescents.

Adolescents should be advised to use dual contraception like all women – with condoms and a second family planning method. Adolescents may use Depo-Provera injections, oral contraceptive pills, progesterone implants (Norplant or Jadelle) or IUD (if providers are comfortable with insertion). All of these methods should be used WITH condoms.

Using the above information, we can be reassured that while these concerns are common and reasonable, providing comprehensive sexual and reproductive health information is an important part of keeping young people healthy.

Sex is a difficult topic to discuss with teens. Most people who work with adolescents are uncomfortable addressing these issues in the beginning. It is important to remember that as mentors and health care workers, we must provide information in a non-judgmental manner. We must set aside our personal beliefs. We may not believe that a 15 year old should have sex, but it is not our decision. We can help teens to consider the decision about sex carefully and help them think through the “good” and “bad” surrounding their decision, but ultimately they will make the decision. By providing accurate, non-judgmental, accessible information, you can help them make their own informed decision and can keep them safe if and when they do ultimately decide to have sex. We should not fear that by telling them about sex we will encourage them to have more sex as the research shows just the opposite – that by telling teens about abstinence and about family planning and condoms you can influence them to decide to have sex for the first time at an older age and with fewer partners. You should be proud of yourself for accepting the challenge to provide accurate information to teens and to help them stay healthy and safe.
Culture and Sexual and Reproductive Health Issues

Culture and society play a large role in all aspects of our life including sexual and reproductive health issues. It is important to think about what your community and culture believe and practice about SRH issues. These cultural/community beliefs strongly influence what adolescents believe and expect surrounding SRH issues. This includes not only formal teaching in schools, but also what teens observe in practice in their communities. By clearly defining cultural and community beliefs and practices about SRH of adolescents, you can better define the needs of ALHIV.

Some questions to ask yourself and your community as you plan your SRH discussions.

- What tribes live within your community? What are their practices regarding sex?
- What traditional initiation ceremonies are performed within your community? At what age?
- How many children attend traditional initiation ceremonies each year? All? Half? Few? None?
- What are the main messages at traditional ceremonies within your community?
  - Abstinence until marriage?
  - Sex is something that must be practiced to improve?
  - Boys and/or girls should be “taught” how to have sex?
  - What other possible messages exist?
- At what age should boys/girls “not fear” the opposite sex?
- Is there an expectation within your community about whether or not people marry?
  - Is it ok for people to choose to remain single when they are in their 20s or 30s?
  - Is it culturally acceptable or expected that people have many wives or husbands?
  - Is it culturally acceptable or expected that people have many girlfriends or boyfriends at the same time? If they are married is it ok to have a boyfriend or girlfriend?
  - If people are expected to marry in your community, at what age for girls? For boys?
  - Are both the man and the woman in the marriage often same age or different ages? If different ages, who is usually older?
- What does it mean in your community/culture to be in a relationship? Are all relationships between men and women sexual? Is it proper for boys and girls to be friends? Do people believe that all boys and girls who are friends eventually have sex?
- How many sexual partners do people have in their life?
- How many sexual partners do people have at one time?
- Whose role is it to provide information to children about relationships and sex? Fathers? Mothers? Uncles? Auntes? Churches? Schools?
  - What message do these people give to children when they are talking to them about relationships and sex?
  - At what age do these conversations occur?
- What is the role of men and women in a relationship? Who makes decisions about sex?
- Does the behavior of adults within your community model the message about sex and relationship that adolescents are told?
- Is it ok for a man to hit or yell at his wife or girlfriend in your community?

All reversible forms of family planning are possible contraceptive options for adolescents.
○ Are there places a person can seek help if they are being abused?
○ Is it ok for a man to yell at or withhold money from his wife or children?

It is important to think about these cultural norms and discuss them with your teen club leadership team so everyone understands the message that teens are getting from their community and culture. Keep these cultural norms in mind as you find a way to provide teens with accurate, accessible sexual and reproductive health information.

As advocates and health care providers for teens, we should aim to provide teens with accurate, non-judgmental, accessible information regarding SRH issues to allow them to make well thought out decisions about relationships and sex using accurate information, their culture and their beliefs.

It is important for adolescents to understand their rights with respect to sex, relationships and their bodies. All teens should understand that no one has the “right” to have sex with them without their permission regardless of age or relation. Some communities have found that discussion about the “clash” between the cultural messages and the expectations about sex, relationships and gender roles within the communities is very important. Teens are often confused why they feel that they are “encouraged” or “expected” to have sex around the time of initiation, but are then shunned if they fall pregnant or seek family planning or STI treatment.

**Discussing SRH topics with adolescents**

It is normal for adolescents to explore relationships and to begin to think about sex and future families. This is a normal developmental process and we want ALHIV to develop appropriately like their peers. It is important to recognize that most everyone is going to have sex at some point.

The goal of comprehensive SRH education is to ensure that when an adolescent makes the decision to have sex, it is by their own choice and that they have the knowledge and the access to condoms and family planning to negotiate and have safer sex.

The reality is that we cannot make the decision about sex for teens, but we can provide them with accurate information about sex and the responsibilities and risks that come with having sex to help them make their own decisions.

To help teens make an informed decision about if and when they should have sex, there are some starting points for discussion:

- Most importantly teens should understand that they have the RIGHT to decide when they want to have sex and that NO ONE has the right to force them to have sex.
- Be specific and accurate about the changes that occur in puberty.
Talking with teens about the responsibilities and consequences that are a result of having sex is important. Include both the “good” and the “bad” of sex.

- Be specific about the possibility of pregnancy.
  - Discuss the risk of tubal pregnancy and importance of seeking care
  - Be specific and accurate about possibility of infections with sexually transmitted infections
  - Be specific and accurate about possibility of HIV transmission to a partner or infection with a different or resistant HIV virus
- Be honest that there is pleasure from responsible sexual relationships. You do not need to provide details, but teens should know that you are having an open discussion with them and that you are providing them with the truth.

- Be specific and accurate about making sex safer by using condoms and family planning methods
  - Discuss and demonstrate how to use male and female condoms.
  - Practice how to negotiate condom use with an unwilling partner.
  - Discuss all family planning methods available and where to get them

- Discuss and dispel myths in the community about sex and safe sex and gender roles

**Puberty**

In every culture, there are many words for the male and female body parts and the sexual processes of the body. It is important that everyone know the medical terms AND the commonly used words. Initially, you may need to use the more common terms to teach the medical terms and to make sure that everyone understands what is meant by them. By using the medical terms, we can try to avoid the embarrassment that is often associated with more commonly used words.

**Definitions and body parts:**

**Male Body Part:**

- Penis: male genital
- Scrotum: sack that contains the testicles
- Testes or testicles: glands that produce sperm and sex hormones
- Erection: when the penis fills with blood and becomes erect
- Ejaculation: when semen is released from the penis
- Semen: liquid which contains sperm
- Sperm: male reproductive cells
Female Body parts:
Labia        skin folds on the outside of the vagina
Vagina      the tube shaped opening that leads from outside the body to the cervix
Uterus or womb organ which supports a baby when a woman is pregnant
Ovaries     2 small glands that produce eggs and sex hormones in girls
Cervix      opening of the uterus to the vagina
Breasts     glands that produce breast milk in women
Menses or period monthly release of blood from uterus if no fertilized egg is present
Egg         Female reproductive cells

What is Puberty?
Puberty is the changes that occur when girls and boys transition to become women and men. The sexual maturation that happens in boys and girls during the adolescent years allows them to be able to have children themselves. Physical changes happen to the body and well as emotional development and changes in the way they think as their brains also mature.

When does puberty occur?
Each person is different. There is no specific age where suddenly puberty begins. Over all, puberty starts at a younger age in girls than in boys. In general, girls begin puberty between 8-13 years and boys between 10-15 years. Other factors can also determine when puberty starts. Poor nutrition and chronic illness like HIV can make puberty start at an older age. Adolescents with HIV often enter puberty later than adolescents without HIV.

What changes happen in both girls and boys?
- Increase in height (a teenager will increase ~15-20% in height during adolescence)
- Increase in weight (almost doubles)
- Acne (pimples) on face and sometimes the back
- Mood changes
- Increased sweating
- Appearance of hair in genital area and underarms

Changes in Girls:
- Growth spurt usually starts around the age of 9
  - Teens get tall most quickly about 1 year after the beginning of breast development.
- Breast development is usually the first change to occur in girls
  - This usually starts between the ages of 8-12 years.
- Pubic hair first appears around the age of 11.
  - Breast growth usually starts before the appearance of pubic hair, but sometimes this is reversed.
- Menses can occur anytime between the age 10 and 16 years
  - Periods usually starts 6 months after the growth spurt (often 12-13 years).
  - Once menses start, a girl/woman can become pregnant.
Menses: Every month, a woman’s body prepares the uterus for the possibility of becoming pregnant. The lining of the uterus grows thicker with blood which provides nutrition to a baby if the woman becomes pregnant. Every 4-5 weeks, an egg is released from an ovary. If sperm from a man is present and the egg is fertilized, it will implant into the lining of the uterus, and the woman is pregnant. If the egg is NOT fertilized, the woman’s body releases the uterine lining. This release of the uterine lining is what we call menses, or periods. A small amount of blood is passed out of the body through the vagina for 3-7 days each month. The cycle then repeats.

In the first year, menses are often irregular. They can be shorter or longer, heavier or lighter, and different each time. They usually do not happen every 28 days but may vary. This is all normal as the body settles into a rhythm.

Some women have abdominal pain in the week before and at the very beginning of their periods. Unless the pain is severe, this too is usually normal and is due to the chemicals being released as the body gets ready to release the uterus lining. Some women may also be more emotional or moody around the time of their period.

Changes in Boys:

- Usually the first change to occur in boys is enlargement of the testicles and usually happens between the ages of 10 and 12 years.
- Pubic hair is usually next to appear (anytime between 10 and 15 years)
- About 1 year after testicular growth starts (usually between 10 and 13 ½ years), the penis begins to lengthen and thicken. The first ejaculation usually happens around this time as well, but may not happen until as late as 15.
  - Sometime between 10 and 14 years, boys will begin to have ejaculations at night, often known as ‘wet dreams’.
  - Often the boy will have no memory of this, but will only wake up to find his shorts and sheets are wet. This is a completely normal process. This occurs during the time when the testes are preparing to release sperm. These can continue for several years, but usually decrease in number and usually will stop all together.
- The voice begins to deepen and hair appears in the arm pits and on the chest about 2 years after pubic hair appears.
- Gynecomastia (breast development) occurs in more than 50% of boys. It usually occurs between 14 and 15 years and usually goes away within 6 months – 2 years.

Relationships

What is a relationship?
A relationship is a connection or association between two or more people or groups. Relationships exist between family members, between friends, between coworkers, between boyfriends/girlfriends, between husbands and wives, between patients and doctors, between teens and mentors, and others. We will look at how relationships change through the different stages of adolescence. Special focus will be given to romantic relationships and what factors make a healthy relationship.
**Early Adolescence**

**Friendships:** At this stage, girls and boys usually prefer to have friendships with peers of the same gender. Girls want to be friends with their fellow girls and boys want to be friends with their fellow boys. Early adolescents often do not share interests with peers of the opposite sex, so are usually not interested in spending time together. If they do have a friend of the opposite sex, they may not want to be seen with that friend because they may be teased by their same sex friends. At this age, most teens are not yet interested in having boyfriends or girlfriends.

**Opposite Sex:** During these years, boys and girls are competitive with the opposite sex. The boys want to show that they are better than the girls and the girls want to be better than the boys. Sometimes boys and girls are told that they shouldn’t excel at certain tasks because only boys or girls should be good at it. We should encourage teens of both genders to excel at many different challenges. As teens at this stage of development observe the relationships around them, they are starting to develop their own ideas about roles and behaviours in relationships.

**Relationship to elders:** At this stage, the early adolescents are easily excited by almost any activity at Teen Club. They love the attention they get from mentors/HCWs. Adolescents at this stage are eager to please the elders in their lives.

**Mid Adolescence**

**Friendships:** At this stage, adolescents will have friendships both with peers of the same gender and peers of the opposite gender. The teens will come to depend much more on their peers for information and support than on anyone else, including parents or guardians.

**Opposite Sex:** At this stage, boys and girls start to become interested in romantic relationships. They start to become conscious of the way they look and want to look attractive to the opposite sex. They may start to explore romantic relationships. This is when patterns of healthy or unhealthy relationships can begin. At this stage, they are curious, and may start to experiment with kissing, touching and sex. Culturally, they are advised not to “play” with the opposite sex. The language used may not be clear. For example, girls are told not to ‘play’ with boys instead of being told not to ‘have sex’ with boys. No explanations or reasons are given. At this point in development, they are mostly experimenting, but are likely to engage in high-risk behavior such as failure to use condoms. It is important to use clear language and explain issues including reasons why people choose to have sex or to abstain from sex, and how to use condoms and family planning to have safer sex if they choose to have sex.

**Relationship to Elders:** During mid-adolescence, teens start to depend more on peers for guidance than on guardians or other adults in their lives. Sometimes these relationships are confrontational as teen’s desire and earn independence. Strong good role models are important.

**Late Adolescence**

**Friendships:** During late adolescence, strong, close friendships that often persist for many years, even for their entire lives often develop. These relationships can be with same or opposite sex friends.
Opposite Sex: At this stage, girls and boys are thinking about serious romantic relationships. They are thinking of marriage as well as the possibility of having families. Adolescents are more interested in real issues about relationships. Most of them want to have healthy relationships; however they may still need guidance on how to achieve this.

Relationship to Elders: As teens move into late adolescence, the many confrontations that likely occurred during mid-adolescence with elders start to resolve as teens become more confident in the people they are becoming and have less need to test the boundaries. Strong, positive role models are still very important.

Family Relationships
Relationships with our families are some of the first relationships we develop. Roles and relationships among various immediate and extended family members are different in every family. While many people have traditional families with mother, father, brothers and sisters, many others have different family structures. Some teens live with elder brothers and sisters, some live with grandparents, some live with one parent and/or step-parent, some may live with extended family members such as an aunt/uncle or cousin and others are heads of households. There is no “normal” family and the relationships that we have with the people we live with are important to our well-being. Families should create safe support systems with love, support and guidance as we grow up but sometimes relationships with our families can be challenging.

Teens often want to be treated like an adult and make their own decisions. Adults in their lives often want to help them to avoid mistakes and bad decisions. This can cause frustration for the teens and for the adults. Encouraging teens and adults to discuss their feelings and actions can help decrease the tension that can develop.

As children enter adolescence it is NORMAL for relationships in the family to sometimes be difficult as teens test their boundaries and learn to make decisions on their own.

For teens living with HIV, conflicts can occur with guardians surrounding ART. For some teens, guardians are very involved and sometimes seen as “interfering” by adolescents. Other teens have no support from guardians who tell teens that they are “now grown” and should take care of things themselves.

Helping both teens and guardians understand their roles, responsibilities and perspectives in managing ART is very important.

- Helping teens to understand their guardian’s perspective and desire to help them take ART may allow them to capitalize on this opportunity for assistance from their guardians.
- For teens whose guardians provide no support, it is important to help guardians understand that despite their teen’s sometimes difficult behavior, they still need their assistance. Help guardians understand that teenagers are still maturing and cannot be responsible solely for management of life saving treatment and they should work with
teens to find ways to assist them. Consider a combined teen club intervention where guardians and teens both attend and together create adherence strategies together.

Ensuring that guardians have a good understanding of HIV and ART is critical to ensuring they understand the importance of their role in the teen’s life. With good communication, parents, guardians, and other relatives can be important sources for support for teens as they grow into responsible adults.

Many teens living with HIV are single or double orphans and live with extended families. These family members may not understand HIV and may reject or stigmatize these adolescents living with HIV by treating them differently than other children in the family. The teens may need to hide their HIV status from others living in the house. This can be very stressful. Increasing knowledge and awareness among guardians about HIV transmission and risks in routine activities of daily family life can decrease fear in family and help them to allow adolescents to participate fully in family life. Patient education sessions at ART clinics can help to address stigma by increasing knowledge about HIV and transmission. These topics may also be addressed at teen club guardian sessions. Developing resiliency in teens to cope with stigma in their homes and communities can help them while continued work to decrease stigma in the community, school and family continues. Linking teens to community based support services including social services or supportive adults in the community can also help them.


**Healthy Romantic Relationships**
Healthy relationships:

- Require respect for oneself and for the other person.
- Recognize that each person in the relationship is a partner and brings his or her own special skills or qualities to the relationship. While men and women may have different roles, it is important for each person to recognize and appreciate the contributions each makes to the relationship. Neither the man nor the woman is better.
- Allow for both people to continue to grow and develop.
- Make a person feel safe. Neither partner is forced into doing things he or she does not want to do (having sex, having children, etc.) by the other partner. Abusive behavior, physical, sexual or verbal/emotional, is never a part of a healthy relationship.

If a person finds him or herself involved in an abusive relationship, he or she needs to seek help. Every person has the right to end a relationship at any time if that relationship is no longer healthy, even if the other person does not agree.
Good communication is also an important part of a healthy relationship. People need to be able to share their expectations, values, beliefs, wants and needs. Open discussions about HIV status depends on good communication.

Sexual activity does NOT always need to be part of a romantic relationship with the opposite sex. Many couples will decide to wait until marriage or until they feel more ready for the responsibilities that come with sex. In a healthy relationship, if one partner is not ready for sex, the other partner will respect their decision. Many people will delay sexual intercourse until they are comfortable enough to disclose their HIV status to their partner.

Teen Club offers an opportunity for adolescents to discuss the many issues that are involved with romantic relationships in a safe, open environment. They are able to find out what the other gender is “really thinking.” By discussing gender differences and gender and sexual rights, boys and girls alike can work toward building healthy relationships based on respect for one another.

**Family Planning**

Family Planning allows individuals or couples to decide how many children they want to have and when to have them. This allows for healthier families by planning to have babies when they are healthy and ready. Prevention of unplanned pregnancies can also help girls remain in school.

Providing information on family planning methods DOES NOT encourage teens to start having sex or to have more sex. (See the discussion above for more details) It is important that we provide accurate information to help adolescents make responsible decisions.

ALL of the methods described below can be used in adolescents. The only method that is not a good option for adolescents is sterilization.

Family planning methods include:

- Pills: combination or progesterone only
- “Injections” – Depo provera
- Norplant – long acting depo provera
- “Loop or lupu” – IUD: intrauterine device

**Dual Method Contraception** = Condoms+ A second method of contraception

**Condoms (male and female):**

- Help prevent transmission of sexually transmitted infections (STIs), including HIV
- Require use EVERY time
- Are designed for ONE TIME USE ONLY. They cannot be reused
- Available at VCT sites and most clinics for free
- As commonly used over the first year, 15% of women will still become pregnant
Injectables (Depo Provera):
- Only requires one injection every 3 months
- May cause abnormal bleeding, either more or less
- Does NOT protect against STIs
- As commonly used over the first year, 3% of women will become pregnant

Oral Contraceptive Pills
- Must be taken every day at the same time
- Does not protect against STIs
- As commonly used over the first year, 8% of women will become pregnant

Implant (Norplant/Jadelle)
- Lasts up to 5 years
- Requires a minor surgery to insert and remove
- May cause abnormal bleeding, either more or less
- Does not protect against STIs
- 1 in 2000 (0.05%) women will become pregnant as commonly used over the first year.

Intrauterine Device (IUD, “Loop or Lupu”)
- Lasts up to 5 years. Requires insertion and removal at a clinic
- Does not protect against STIs
- May cause abnormal bleeding, either more or less
- As commonly used over the first year, less than 1% of women will become pregnant

For updates see WHO Family Planning section: http://www.who.int/topics/family_planning/en/

Family Planning Fact Versus Myth

Replace myths with these facts about SRH including family planning:

MYTH: Condoms can be washed and reused.
FACT: Condoms can only be used once.

MYTH: Contraceptives will make you sterile and never able to have children.
FACT: Only permanent sterilization with tubal ligation or vasectomy are permanent. All other forms of family planning are reversible.

MYTH: If you stop monthly bleeding from Depo provera injections then you are sterile.
FACT: Depo-provera injections will NOT make you sterile. The average time it takes for regular periods and fertility to return depends on the type of injectable used. Regular periods return after 5-10 months after the last injection and 3-18 months after removal of implants. Contraceptive pills and IUDs do not cause infertility either.
MYTH: If you use condoms you don’t need to use other forms of family planning.

FACT: All people should use DUAL CONTRACEPTION. If using only condoms, 15% of women fall pregnant every year, but condoms are important to prevent transmission of resistant HIV and other STIs. Condoms with a second contraceptive method protect against pregnancy and STI.

Sexually Transmitted Infections (STIs)

Sexually Transmitted Infections (STIs) are a group of diseases that are passed from one person to another through sexual intercourse/genital contact. Spread of most STIs can be prevented by correct use of condoms, but they do not work 100%.

If a person thinks he/she has a STI, he/she should immediately go to clinic for evaluation and treatment. Sexual partners should attend clinic also even if they have no complaints because they also need treatment. If STIs are left without treatment, people can become sick and sometimes develop scarring and be unable to fall pregnant in the future. If a person living with HIV has an STI, it can make him/her more likely to pass HIV to his/her partner. If a person is HIV uninfected, having a STI can make him/her more likely to become infected with HIV.

Chlamydia and gonorrhea:
Chlamydia is caused by a bacterium, *Chlamydia trachomatis*. Gonorrhea is also caused by a bacterium, *Neisseria gonorrhea*. Most people with Chlamydia and/or gonorrhea infections do not have symptoms, but may have a discharge from the vagina or penis or a burning pain when passing urine. If untreated, these infections may cause Pelvic Inflammatory Disease (PID) in women and eventually lead to infertility. Both infections can easily be treated with antibiotics. A patient with symptoms or a contact with someone with symptoms should be treated for both infections.

Herpes:
Herpes infection is caused by a virus, herpes simplex virus (HSV). There are 2 types of herpes infections. HSV 1 usually causes painful sores on the lips or in the mouth. HSV 2 usually causes painful sores on the vagina or penis and may cause pain when passing urine. HSV infection is life-long and cannot be cured. Pain and lesions may come and go. Herpes can be treated with medicines if you go to the doctor as soon as any pain starts.

Genital warts:
Genital warts are caused by the virus Human papilloma virus (HPV). Many people are infected with HPV but have no symptoms. Other people develop warts on the vagina, penis or around the anus. In some people, HPV may cause cervical or penile cancer. Genital warts can be treated with medicine or by removing the warts. It is important to go to family planning clinic for cervical cancer screening for women with VIA. There is a vaccine that can prevent HPV infection that may be available in Malawi in the future.

Syphilis:
Syphilis is caused by a bacterium, *Treponema pallidum*. Symptoms usually start with a firm, painless ulcer (sore) on the vagina, penis, anus or mouth. If not treated, after the sore disappears, a rash may appear, especially on the hands or feet. If still not treated, the rash will disappear and the person may not have symptoms for many years. Many years later, the bacteria can cause many problems and may cause death. In the early stages, syphilis can easily be treated with antibiotics. Later stages require a longer course of antibiotics.

**Trichomoniasis:**
Trichomoniasis is caused by a parasite, *Trichomonas vaginalis*. Women usually have a frothy vaginal discharge that does not smell good. They may also have pain when passing urine or when having sexual intercourse. Men usually do not have symptoms, but may have pain when passing urine or a small amount of discharge. Trichomoniasis can be treated with medicine.

**Hepatitis B:**
Hepatitis B is caused by a virus, hepatitis B virus. Early in infection, some people may not have any symptoms, others may have a mild illness with fever, abdominal pains, feeling tired, nausea or vomiting. Some patients develop severe disease with abdominal pain, jaundice (yellow color of the skin/eyes) and dark urine. In most people, the body is able to kill the virus. In a few others, the virus can stay in the body forever (chronic infection) and cause problems in the future. There are no medicines to cure Hepatitis B but there is a vaccine that can prevent the infection.

**Chancroid:**
Chancroid is caused by a bacterium, *Haemophilus ducreyi*. Chancroid usually causes painful sores on the vagina or penis and swelling of the lymph nodes in the groin. Chancroid can be treated with the same antibiotics that are used to treat gonorrhea/chlamydia infections.

**Human Immunodeficiency Virus (HIV):**
HIV is a virus that causes Acquired Immunodeficiency Syndrome (AIDS) if untreated. HIV infection is life-long and cannot be cured. At the time of infection, symptoms may include fevers, fatigue, sore throat and body pains. Most people infected from sexual intercourse may have no symptoms for many years. If a person is unaware of his/her HIV infection and does not get treatment, eventually the immune system becomes weak and he/she will become sick with a variety of illnesses.

For updates refer to WHO STI: [http://www.who.int/topics/sexually_transmitted_infections/en/](http://www.who.int/topics/sexually_transmitted_infections/en/)

**Adolescent Pregnancy and Maternal Mortality**
Adolescent pregnancy is a common, life-threatening reality of many adolescent girls in the world. It affects multiple aspects of the life of a teenage girl including health, education, future employment and earning, and the family of both the girl and her community. Most adolescent births occur in developing countries.

Some facts about teenage pregnancy:
- Sixteen million girls age 15-19 give birth each year. ⁸
• Each hour there are over 1,700 adolescents giving birth around the world.
• One in three girls is pregnant while a teenager (35%).
  ◦ 8% of teenagers are pregnant with their first child and 27% have already had one child.

In Malawi, many adolescents are pregnant during their late adolescent years. According to the 2010 Malawi DHS, 3.5% of females have begun childbearing by age 15 years. This increases to 63.5% by age 19.

Almost all maternal deaths occur in the developing world (99% of them). And the risk of dying due to pregnancy is much higher among adolescents than older women. This risk is highest for the youngest teenagers. Girls aged 10-14 are 5 times more likely to die in pregnancy or childbirth than are women aged 20-24. Also, the poorest teens are more likely to be pregnant than peers who are better off.

Every year, approximately 19 million unsafe abortions happen around the world in all women leading to 68,000 deaths. It is not possible to accurately estimate abortions in adolescent girls as they are so often done illegally and not recorded. The Family Planning Research Centre of Malawi reports that child dumping and unsafe abortion are increasing in Malawi. In Malawi, one study showed that between 18-40% of admissions of school aged girls to gynaecology wards were for complications from unsafe abortions in government hospitals in four districts.

Infants born to adolescent mothers are also at risk. Babies born to teen mothers are 1.5 times more likely to die before their first birthday than in they were born to older women.

Education is important with life-long benefits for girls. More years of education for girls contribute to later age of marriage, lower fertility rates and reduced domestic violence as well as lower infant mortality and improved child nutrition. Girls’ attendance in school is less than boys in most parts of the world. In primary school in Malawi, 93% of primary school aged girls are enrolled in primary school whereas only 88% of boys are. In secondary school in Malawi, many fewer children attend. Only 24% of secondary school aged girls are in secondary school and 26% of boys. About 1/3 of adolescents in school around the world are still completing primary grades.

Gender expectations very often are different for boys and girls. Gender discrimination and exclusion threaten the rights of adolescents. Girls experience higher rates of sexual violence and domestic violence than do boys.

Child marriage is common in girls in Malawi. One in 3 girls ages 15-19 years, is married or in a union.
• In Malawi, 10% of girls are married before they are 15 year old.
• In Malawi, 1 in every 2 girls is married before they are 19 years old.

Girls who marry often have older husbands and girls have limited capacity and rights to negotiate sex, contraception and plans for child bearing. In Sub-Saharan Africa the husbands of
15-19 year old girls are on average 10 years older than their wives. Cultural norms often encourage these young married girls to become pregnant.

Child marriage for boys is UNCOMMON in Malawi. Only 1% of boys marry before they reach 15 years and only 7% before 18 years.

Despite all of this evidence of the behavior of adolescents, the influence and messages of our culture and practices, and the dangers and realities of teen pregnancy, marriage and HIV infection and reinfection, it remains common for health care workers around the world to “disapprove” or “judge” adolescents who have sex and find it very difficult to provide them with needed care and support. It is important to remember to keep personal opinions and judgments personal and to not let them impact care to adolescents in need of health care workers’ expertise and support.

By having an “open” and non-judgmental attitude towards adolescents and providing adolescents with accurate, accessible information, you can help them avoid unintended pregnancy, maternal mortality and STIs including infection or re-infection with HIV.

Because you provide supportive, non-judgmental care to adolescents does not mean that you have to compromise your beliefs. But you must make sure that your beliefs do not interfere with providing teens with the care they deserve and the opportunities to access services that will keep them safe if and when they decide to have sex.

Further References for Adolescent Health and SRH health

Emotional Health in Adolescents

Between the ages of 10 and 19 years, teens’ bodies and minds go through a lot of changes. They have changes that are physical, emotional, cognitive (how they think) and social. It is normal for them to feel unsure about the changes that are happening. They may feel more stress than before. They may feel pressure to do well in school, and feel pressure from their friends to try or do different things. They may be forced to make decisions that they do not feel ready to make. Sometimes stress and anxiety can become more serious. Teens may become so sad or worried that it interferes with their usual life and activities. It is important to identify ways to help teens who are facing challenges with their emotional health.

Stages of Adolescence and what to expect in each of these stages.  

As you will notice, the stages overlap in years. All teens do not develop on exactly the same schedule. This is a process of development over time.

- Early adolescence (10 – 15 years old)
  1. Friends become very important now. Teens start to separate some from family
  2. Patterns of behavior develop now. This is a good time to establish good behaviors. For example, now is a good time to develop patterns and routines with ART adherence and make decisions about future plans for relationships and sex.

- Middle adolescence (14 – 19 years old)
  1. A lot of development and maturation of the brain happens during these years. In particular the part of the brain that contributes to decision making and emotional control develops during these years (the pre–frontal cortex of brain)
  2. Risk taking behaviours are common during this time as teenagers practice using this newly developing part of their brains.

- Late adolescence (16 – 24 years)
  1. Emerging adults who plan for the future

What is emotional health?

Emotional health describes a person’s ability to cope effectively with everyday challenges and feelings. Everyone will at some time be challenged by stress, worry, sadness, anger or other strong emotions. Being able to cope well with these emotions is an important skill. Mentors and guardians can help teens learn how to cope with emotions.

Some examples of issues that all teens may worry about:

- Are the changes in my body normal?
- Do my friends like me?
- Should I start having a boyfriend/girlfriend?
- How can I do well or better in school?
- Do my guardians love me, even when I make mistakes?
Some examples of other worries that teens living with HIV may have:

- Will anyone love me if they know I am HIV infected?
- Can people tell that I have HIV because of some problem like a rash, my height, etc.
- I am bored and tired of taking medicine every day. Do I really have to take them?
- I am afraid of falling sick or dying.
- My family and friends keep dying from HIV.
- I want to be like my friends and not have to worry about HIV.
- How do I tell friends, family and/or boyfriend/girlfriend that I have HIV?
- What do I do if someone finds out I have HIV?

All of these concerns are NORMAL and common. Teens must learn to identify these feelings and learn to cope with them.

**Normal feelings in adolescence**

All people experience feelings of sadness, anger, confusion, happiness, loneliness, and frustration. During adolescence these feelings also occur. During puberty, chemicals in teens’ bodies called hormones are very active. Hormones cause physical changes in the body. Some of these physical changes include breast development, the appearance of body hair and pubic hair, voice changes in boys and menstrual periods in girls. The same hormones also affect the way teenagers feel. They may make teens feel “moody.” Moody means that emotions can change quickly and unpredictably. They may feel sad now and feel happy five minutes later. Sometimes they may feel sad or anxious without being able to say why. Normally, these feelings last for only a short while. They should always last less than a few days. These emotions can be frustrating to both the teen and the guardian, but they are normal. Teens will have more control over their emotions as they grow older.

**Danger Signs**

When sad or worried feelings last longer than a few days, this may be a danger sign. Danger signs are any behavior or feelings that concern a guardian or caretaker. Go immediately to the hospital for care if you identify a DANGER SIGN.

<table>
<thead>
<tr>
<th>Danger Signs:</th>
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<tbody>
<tr>
<td>Not wanting to spend time with family and/or friends</td>
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<tr>
<td>Not enjoying activities that used to make them happy</td>
</tr>
<tr>
<td>Always wanting to sleep</td>
</tr>
<tr>
<td>Not being able to sleep</td>
</tr>
<tr>
<td>Feeling like they want to hurt themselves</td>
</tr>
<tr>
<td>Feeling like they want to die or that it isn’t worth living anymore</td>
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<tr>
<td>Feeling like they want to hurt others</td>
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<tr>
<td>Loss of appetite or wanting to eat too much</td>
</tr>
<tr>
<td>Feeling as if they don’t have any energy</td>
</tr>
<tr>
<td>Any other concerning behavior by a teen that makes you worry</td>
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</tbody>
</table>

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Teens should be referred to the hospital immediately or must talk to a trusted adult if they ever have any of these feelings. Teens can be taught to look for danger signs in themselves and others.

Everyone, including teens, should know that **if someone says that they might hurt themselves or kill themselves it is an EMERGENCY!** Sadly, suicide is a common cause of death among young people around the world. If someone tells you they are thinking about or planning on killing themselves, you must take them seriously. Do not ignore them! A trusted adult must be told immediately and the teen should be referred to the hospital for more help. Teens must know that they MUST SEEK HELP even if they promised their friend that they would not tell anyone. The teen’s life may depend on it. If he/she cannot go to the hospital immediately then find someone who can help you. Also ask the teenager to make a “contract” for safety with you - Ask them to promise you that they will not hurt themself. Make them say the words out loud to you.

**Depression:**
Depression is a health problem when normal feelings of sadness, hopelessness or despair last too long and are so severe that they interfere with daily life. People with depression are not able to do the usual activities of their life like going to school or work, cooking and cleaning, caring for family members or playing sports, chatting with friends and family or others. Depression can be treated with counseling and sometimes medication. Depression can be very serious if not treated.

**Anxiety Disorder:**
Everyone worries sometimes. Feelings of worry can be due to an upcoming exam, illness, a fight with friends or guardians, or other experiences. If the worries become so strong that they interfere with daily life then these worries are problems of an anxiety disorder. For example, if someone worries so much about an upcoming exam that they are unable to do their chores, talk with friends or attend other classes then this is a disorder that needs medical help. Anxiety can be very serious if not treated. Anxiety can be treated with counseling and sometimes medication is needed.

Some people may have both anxiety and depression at the same time.

**Why is emotional health so important?**
To achieve all of our goals in life and achieve good health, we need both physical health and emotional health. Without emotional health we will struggle with many of the other challenges in our life. People with poor emotional health:
- May have more difficulty taking ARVs on time every day.
- May have a difficult time making decisions.
- May make risky decisions about substance abuse, such as alcohol, tobacco or drugs.
- May have trouble succeeding at school or at work.
- May feel so hopeless that they may consider hurting him/herself.
To help prevent emotional health problems in teens, you can help them with some advice:

- Teens should not expect themselves to be perfect. No one is perfect. Teens can learn from mistakes and then try to avoid making the same mistakes in the future.
- Daily physical exercise can improve emotional health and build confidence.
- Identifying people in their lives who can support them (family, friends, other Teen Club members) is important. These people can help them cope with problems and stresses.
- Study hard in school.
- Avoid drugs and alcohol which make emotional health worse.
- Find new ways to express emotions. Some people express themselves well through writing their thoughts in a journal, writing stories or poems, talking to trusted friends or family, drawing, singing, dancing, making music or many other ways.
- Participate in activities that make them happy. Some ideas include football, art, music, netball, church, singing or others.
- Always know when to ask for help. Talk to someone if you feel that you cannot cope on your own and they can help you.

References:

Nutrition and Permaculture

Nutrition

It is important to eat a balanced diet that includes a variety of foods from all the food groups so that you get all the nutrients you need. Your body needs 45 nutrients to grow, have energy, and stay healthy.


The 45 nutrients we need in our diet are:

<table>
<thead>
<tr>
<th>Carbohydrates (3 types)</th>
<th>Proteins (8 types)</th>
<th>Fats (3 types)</th>
</tr>
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<tbody>
<tr>
<td>Minerals (14 types)</td>
<td>Vitamins (16 types)</td>
<td>Water</td>
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</table>

Eating a variety of foods is better than eating the same food all of the time because different foods have different nutrients. Foods within the same food group are similar, but they still have different nutrients that we need. For example, eggplants have different nutrients than pumpkin leaves, even though they are both vegetables. By eating a variety of foods from all of the food groups, you increase the likelihood that you are getting the right nutrients for your body. Eating a variety of foods also has other benefits – it is better for our environment, for food security, and for our economy as well.

Malawi 6 Food groups: We should try to have some foods from each food group every day.15

1. **Staples** contain mostly carbohydrate (in the form of starch), which gives our bodies energy to be active, as well as some vitamins, minerals and fibre (another type of carbohydrate) when we eat the staples whole, or lightly processed. Staples include plants such as rice, wheat, sorghum, millet, maize, cassava, yams and potatoes. These can be made into foods such as breads, *chikondamoyo, phala, nsima, thobwa* or *futali*. To get the most nutrients from this group, eat your staples with the bran and germ (such as whole grain maize flour (*mgaiwa*), brown bread or brown rice) and skins that are edible (such as sweet or Irish potatoes, making sure to wash them thoroughly first). Most adults need 5-6 chipande (serving spoons) of staple in a day.
2. **Vegetables** are full of vitamins and fibre which we need in our diet to protect us from disease and to keep our bodies clean by moving food through the digestive system. Some foods in this family are pumpkin, green leaves of many different types (mustard, pumpkin, bean, rape, etc.), onions, garlic, eggplant, cucumbers and many many, more. To get the most nutrients from vegetables, many can be eaten raw, or just lightly cooked, as cooking destroys some of the vitamins. Do NOT use baking soda in your vegetables, as soda also destroys some of the vitamins. Most adults need 3 vegetable servings a day.

3. **Fruits** are important for vitamins and also give us carbohydrate (in the form of fruit sugar and fibers). Tangy fruits are usually packed with vitamin C which is great for boosting immune systems. Fruits are often eaten raw so the nutrients are not destroyed by cooking. Examples of fruits include: *chidede*, lemon, baobab, tangerine, banana, mango, melon, fig, berries and papaya. Most adults need 3 servings of fruit a day.

4. **Legumes & Nuts** are high in protein, certain types of vitamins, minerals and fibre. Nuts also provide us with fat. Examples include *nzama*, *kamumpanda*, pigeon peas, cow peas, ground nuts, cashews and almonds. Most adults need 1-3 servings from the Legumes and Nuts group, depending on if you eat foods from the Animal Food Group or not.

5. **Animal Foods** includes eggs, fish, chicken, beef, crickets, mice and milk which provide us with proteins, fats and minerals (such as iron and calcium). Most adults need 1-2 servings of Animal Foods a day, although some people choose not to eat from this group at all, such as vegetarians, which is ok as long at you are choosing from the Legumes and Nuts group, along with the rest of the food groups as described. Eating too much from this food group can put you at risk for health issues.

6. **Fats** provide us with fats, but also can provide us with vitamins, minerals and some protein if eaten with little processing, such as seeds of sunflower, pumpkin and sesame, versus just pressing the oil out of these seeds. Other foods that are high in fat are avocado, coconut and olives, along with some foods in legumes and nuts group (soybeans, groundnuts and other nuts), and some foods in the animal food group (lard, milk fat, etc.)

In addition to the food groups we need to consider:

- **Water** is important for keeping our bodies healthy and for digestion and absorption of the other nutrients. Most people need 2 to 4 litres a day, depending how much you sweat, as well

- **Sweets**: These provide the least amount of nutrients to the body. Soft drinks, sobo, biscuits, chips, and candies are not very nutritious. They often taste good when we eat them but we should only take them once in a while as a treat.
- **Salt** is only needed in very small amounts, most people consume too much salt. Salt should be iodized since the soil in Malawi is deficient in Iodine.
- **Alcohol** provides us with calories but no nutrients. If you choose to include alcohol in your diet, only a small amount should be consumed.

**Putting it all together:** In Malawi, *nsima* is taken with most meals. This *nsima* is usually made from highly processed maize flour. An effort should be made to use different foods to make *nsima* (millet, sorghum, cassava, etc.), to use mgaiwa and other whole grains instead of highly processed grains, to replace nsima with other types of staple (rice, yams, sweet potatoes, etc.).

In addition to varying your staple, vary the foods served with the *nsima* and be sure to include fruits every day. Affordable options exist for each food group and teens should be able to identify a few foods from each of the food groups and plan a meal that includes several food groups.

**Permaculture for Food Security**

Permaculture is a way of living that makes the most use of our resources, such as soil, water, energy, plants, animals, etc. Permaculture can help you in many ways but here we’ll concentrate on food. Permaculture grows food more efficiently than what people are doing with today’s conventional farm work. Permaculture aims to provide a “permanent” food source by making good use of all spaces, both horozonal and vertical, above and below ground.

Permaculture can help you to provide your own healthy food for a low price. Eating healthy does not require a lot of money, but does take some planning. Many foods are stigmatized because they are locally grown, but many of these foods are actually very good, even better, for our bodies than the foreign varieties that we buy. Many of the processed sweets and treats are not nutritious for our bodies (crisps, cheese puffs (Kamba), supadip, sobo, buns, chips, biscuits,
etc.). Growing food at home saves money and improves health.

Permaculture gardens also provide a model to other people on how to improve their lives and health in a simple way. When neighbours see how much food you are harvesting for yourself they may be interested to help themselves in this way too.

**How to get started**

Talk about easy ways to get started that do not require much, if any, money.

- Most things that you eat have seeds inside which you can use to grow a new plant. Tomato plants are a good example. A few seeds in the soil can produce many small tomato seedlings in just a few days. Pumpkins and beans are the same.

- Fertilizer can be made in your garden by piling up or digging a hole and layering anything organic (from nature) such as kitchen scraps, crop residues, trimmings from plants or trees, soil, leaves, grass, manure, etc. This will create an organic fertilizer, called compost, that has a wider variety of nutrients than store bought inorganic fertilizers. Compost is better than inorganic fertilizers as it feeds and repairs the soil, strengthening the microorganisms, so that plants can grow healthy on it. Compost is also free and holds water so the plants can drink for longer than without compost. Fertilizer isn’t as good as compost as it only feeds the plants, it harms the microorganisms, it is expensive, it requires fossil fuels (oil) to make it, and, it doesn’t help the soil structure at all so that the soil is more prone to droughts and floods.

- Annual crops like maize must be planted anew each year. This can be difficult, takes a lot of time and isn’t always the most nutritious food. Foods like maize, cabbage and Irish potatoes are tough on the land because they require many nutrients from the soil, and they must be replanted each season (annuals). Planting an assortment of crops makes it easier to have food available year round. Inter-planting with Legumes (plants that provide the soil with nitrogen) help to feed the soil. Perennial crops are good to plant because they produce food year after year. Lima beans (Kamumpanda) is a legume and also a perennial vine that can grow on your wall, up trees or in fields for many years. Other vegetables and fruits are easy to grow and very little space is needed to grow a small garden of indigenous varieties such as: bonongwe, limanda, kale, eggplants, pigeon peas, papayas, chidede, or cassava.

- Animals do require more responsibility. Some organizations in the area help people learn to raise small animals and support them. Encourage teens to investigate opportunities in their area. Animals, like legumes, can be helpful to provide nitrogen (from manure) for the soil, as well as nitrogen (from protein) for us!
Accessing Nutritious Food
Sometimes people say that it is too expensive to eat nutritious food. But often it is less expensive if nutritious foods at home are used and money is not wasted on soft drinks and biscuits. Teens should be able to:

- Name some snacks from the market that are both healthy and available to them for the cost of a pack of biscuits (about MK100) – bananas, ground nuts, avocados, mangos, etc.
- List foods they can avoid and replace with other foods like chips, crisps
- List sources of protein that are low cost – beans, soya, ground nuts, eggs, mice, insects.
- Plan a few foods they would be able to grow at home: beans, tomatoes, pumpkins, spinach.
- It isn’t just about what we eat but what we choose NOT to eat. Avoiding regular sugar drinks or chips can also help keep us healthy. Teens should be able to talk about what things they can stop eating or eat less often to make room for healthier foods in their diet and to save money.
- What types of nsima can people make? People forget that before such a strong dependency on maize, the older people in the villages were eating well on foods they grew all year round. Even nsima was made with millet, sorghum, green bananas or cassava. Maize is just one food. Since we already learned that we need to eat a variety of foods, missing only one does not mean we cannot continue eating well.

Food security in Malawi is an issue everyone can relate to. The conventional agriculture industry tries to grow food for the whole year in just a few months. This does not have to be and we can change to a new conventional, healthy agriculture! Many foods can grow all year long because of the type of climate Malawi enjoys. Growing and eating local foods like this is a very wise thing for personal health and for food security. It provides a model that other people can copy to improve their own health.

Interested in learning more about permaculture? More information can be found at:

- Never Ending Food in Chitedze
- Nutrition officers in your local Agriculture, Health or Education office, or at a partnering NGO
- USAID's Permaculture as a development tool: available online at: [http://www.aidstar-one.com/focus_areas/ovc/resources/technical_briefs/permaculture_for_OVC#tab_2](http://www.aidstar-one.com/focus_areas/ovc/resources/technical_briefs/permaculture_for_OVC#tab_2)
- E-mail Stacia Nordin, NordinMalawi@gmail.com to get advice!
Six Food Groups in Malawi

Life Skills Development

What are life skills?
Life skills are the skills that teens learn as they grow and have new experiences. These skills help them become responsible and productive adults and prepare them for a future job and healthy life. These tools are things like attitude, responsibility, communication, and cooperation.

Often teens will learn by watching adults and trying to behave like them. Teens often see examples of both “good”, or constructive behaviours, and “bad”, or destructive behaviours, by adults in their lives. It is important to talk about all of the behaviours that teens witness and for teen club staff and members to model good behaviors.

Below is a guide of some life skills topics that we share from our experience. There are many excellent curriculums surrounding life skills, resiliency and coping skills. These topics have been outlined as they were common themes in the lives of teenagers at the Baylor College of Medicine-Malawi Teen Club and serve only as a guide and a starting point.

Human Rights, Child Rights and Sexual Rights
It is important for teenagers to know their rights. Malawi has signed the UN Convention of the Right of the Child that lays out the rights of children and adolescents. Teens must know that they are in charge of their actions and bodies.

Children and teenagers have many rights, including the right
- To keep their body safe
- To know complete information about their body, how it is changing and how to keep it safe and healthy
- To not have sex if they do not want to
- To stop any sexual relationship at any time, even if the person is a boyfriend or girlfriend
- To make decisions about with whom they want to engage in protected sex
- To be free from abuse, neglect, or inhumane treatment
- To privacy and the right to make decisions that do not intrude on others
- To plan to have children
- To decide NOT to have children
- To decide when and to whom they marry – or if they want to marry at all
- To have access to education
- To have their own opinion and voice it in a respectful way
- To agree or disagree
- To have a safe place to live free of violence and danger
With these rights come responsibilities. These responsibilities include the responsibility to respect the rights of others. Other responsibilities include, for example, with the right to access to education, children have the responsibility to study hard and attend school regularly. See the UN Convention on the Right of the Child Handout with Activity 16 for more details.

**Gender**

*What is gender and why is it important?*

“**Gender**” is a concept which is used to refer to women and men. The WHO defines gender as “the socially constructed roles, behaviours, activities, and attributes that a given society considers appropriate for men and women.” In other words, what our culture, religion, community, family and friends expect from men and women.

"**Sex**" refers to the biological and physiological characteristics that define men and women.

From an early age, girls and boys often are encouraged to behave differently and do different things. There are often many gender specific roles and tasks assigned to girls and boys. In Malawi, often girls are encouraged to be nurturing and “nice”, to clean up, to learn how to cook at a very young age, to wash dishes, to buy food at the market, to draw water by the well or river and to care for younger siblings. In other words, girls are expected look after themselves and others well. Boys are often encouraged to be strong and competitive, and to go to school. Boys are expected to have the skills they need to feed their families when they are older. Boys are expected to have a job later in life to provide for their families and to defend themselves and their families. Often boys get caught up in fights as they are expected to be “strong” and “brave.”

Typically, most men or boys do most work outside the home, for example working at the farm. While these examples may not seem important, they can strongly affect how a person feels about him or herself later in life. Men may be made to feel less “manly” if they help with childcare or want to work as a nurse. Women may be made to feel that they are not “smart enough” to have high power jobs. People may also be discriminated against on the basis of gender. For example, many women may earn less money than a man for doing the same job.

Gender may also be the basis for violence. Expectations and gender roles may influence violence towards women and girls. Boys and girls need to know that everyone has the **RIGHT** to safety and no one has the right to hurt someone else, regardless of whether you are male or female. Abuse can take the form of physical, verbal or sexual violence. Even if someone is very angry, they never have the right to hit or hurt someone else. A man does not have a right to hurt or hit his wife if he is angry, if dinner is late, if the children are crying, if he is drunk.
Both genders have equal right to make decisions about sex.

or for any other reason. A woman has a right to safety even if the man is her husband. Girls and boys also should learn that both men and women have a right to make decisions about their sexual experiences. In Malawi, it has been common for girls to undergo an initiation ceremony at the onset of puberty or menstruation. The ceremony introduces girls to their roles and expectations as women and as a wife. It often consists of very explicit instructions on the sexual aspects of marriage. Sometimes it does not explain to girls that they have rights in their sexual relationships as well. Boys and girls should learn that both genders have equal rights to make decisions about sex.

In many societies, the roles assigned to men and women are very different and separate. In a growing number of societies, these roles are becoming less separate with men and women sharing responsibilities. For example, women have a right to full and equal protection by law and should not be discriminated against on the basis of sex. However, in some societies many women may be the person working outside the home and earning money for the family and some men may do much of the household chores historically done by women. While men and women are biologically different, it is important to respect that they have the right to succeed at anything they choose to do and that many of their roles can overlap.

Gender roles and norms can expose girls to increased risks of violence, neglect and abuse. Raising awareness among both boys and girls about gender roles and stereotypes within society can help teens to fight these roles and stereotypes as they grow. We can help teens to recognize gender stereotypes within their society and encourage them to discuss how these stereotypes may affect them. By discussing with the opposite sex, teens can learn how gender stereotypes make them feel and help them to challenge stereotypes that may be harmful.

For more information:


**Communication**

Keys to communication:

- Listening carefully when another person is speaking
- Trying to understand what the other person is saying
- Saying “excuse me” before interrupting
- Making eye contact with speaker
- Paying attention to what you are saying with your body language
● Saying what you mean. For example, do not agree to do something if you know that you cannot do it or will not do it.
● Speaking respectfully
● Remembering that everyone has a right to his or her own opinion
● Asking questions that bring answers other than “yes” and “no”
  ○ Ask, “What kinds of music do you like?” NOT “Do you like reggae?”

Communication skills are critical to a successful life. Teens who are able to effectively communicate with their peers and their elders will have successful family relationships, school and/or work performance, relationships with their peers and interactions with their healthcare providers.

Communication between adults and teens:

Teens often do not have enough life experience to practice and improve their communication skills. They can be intimidated by adults and afraid to ask questions that might seem silly or childish. The teen may also be afraid that adults will just tell him what to do without listening to what he wants or what he has considered. Teens also like to act like they know more than they do in front of their friends. Adults can help teens develop their communication skills by modeling good communication and showing that it is okay to ask questions. Adults who interact with teens have a good opportunity to shape communication behavior during day-to-day interactions.

Teens want to be treated like adults and not like children. They do not want to be told what to do.

<table>
<thead>
<tr>
<th>When communicating with teens:</th>
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<tbody>
<tr>
<td>● Everyone, adults and teens, should be treated with respect</td>
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<tr>
<td>● Teens should be equal participants in the conversation and in decision making especially when their health is involved.</td>
</tr>
<tr>
<td>● Adults must LISTEN to what the teen is saying.</td>
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</tbody>
</table>

This is often challenging for health care workers and for parents who often still see teens as children and want to tell them the “right” thing to do in order to keep the teen safe and healthy.

Often times communication with teens can become confrontational or adversarial, like a fight or disagreement. This should be avoided. You don’t want to play power games with teens because at this stage developmentally they are pushing their limits. Teens still need guidance from adults in their lives, but they desire independence. Frame questions and challenges in a way that they don’t have to be “wrong” or “give in.” Make decision-making a more cooperative process. Remember that it isn’t about winning or being right.

Teens should practice communication with adults about important issues through role plays or drama. Being able to talk to adults, without fear, will boost self-esteem and confidence.
Communication between teens:

Teens often have a hard time seeing perspectives that are not their own. Help teens learn to see and respect others’ opinions by role-playing. In a non-threatening environment like Teen Club, teens can practice communicating a strong opinion to another teen. Then have them switch sides and argue the opposite side. They can rehearse any simple communication.

This is a good opportunity to practice how to respond to surprising reactions. Teens can practice how to respond to questions about their status, about their medication, or rude comments they encounter from other teens. They can also practice what they will do if someone has an unexpected reaction when disclosing their status to someone else. Encourage teens to state their opinions and feelings directly and clearly in a non-confrontational manner. This can be done by having them listen to the other person without interrupting and responding with “I” statements rather than “You” statements. For example: “I feel that people living with HIV have the same rights as all people and should not be stigmatized” rather than “You always treat people with HIV differently”. This can avoid putting anyone in a defensive position.

Any teamwork activities that involve cooperation are good opportunities to practice effective communication.

**Future Planning**

Making a plan for the future means creating a goal for how you want to spend your time in the future and a path to get to those goals.

Reasons to make a plan:

- If you can earn money, you can buy things you need, pay your bills, have a place to live, and basically do things you want to do. Without money, you can’t do much!
- Having a job or career makes you feel good.
- When you work, you develop new skills and contribute to the community. You help make your community and your country stronger.
- When you have a job or a career, you have self-respect and dignity. You are being responsible by making sure that you can take care of yourself.

Your first job may not be the job that you want forever, but it’s a job that will give you skills you can use for a career in the future.

Goal setting:

- Goal setting is part of making a plan. It means deciding on something that you want to achieve. Some people want to start businesses, get further education, or find a job.
- You should have both short term goals and long term goals.
  - Short term goals are the smaller achievements along the way of your plan to achieve long term goals.
• Goals should be specific. These are not just daydreams, but they are specific things you want to achieve to move closer to your most desired plan.

**Short term goals**: Short term goals are things we can achieve soon to help us reach bigger future long term goals. For example, we may volunteer to learn computer skills. Learning computer skills is a short term goal. This can help us gain experience and meet people who will be contacts for a future career in Information Technology (IT). An IT career is a long term goal.

**Long term goals**: Becoming a hotel manager is an example of a long term goal. There are many short term goals that will help you reach that long term goal. Steps in the process include: being accepted to a good secondary school; doing well and completing secondary school and possibly having a job washing dishes at a hotel or helping with a catering business. A variety of experiences and a strong education are short term goals that will help you achieve your long term goal of becoming a hotel manager.

**Employment**: If you want to live more independently, have a family, travel, buy things, pay your bills, etc., you must have money. Money comes from working. When you have a job and have money you learn about budgeting, saving money, and how to be responsible. People also get a lot of satisfaction from their work.

**Starting Now**
Right now many adolescents are focusing on doing well in primary school and entering into a good secondary school for you. Or maybe you are in secondary school and thinking about what you will do after school. School is most important for you now and in your future. Set your goals and plan for your future.

Think your long term goals. Then you can determine the smaller steps, short term goals. After secondary school different people follow different paths. Some people may choose to continue their education; others may find a job to save money while planning to go for more school or training in the future, or others find a job to become more independent. In secondary school, you learn the basics that you can build upon. If you go on to college or technical school, you can choose the area that you want to learn more about. College and technical school are expensive. Planning is important to determine how you will get the money that you need. Often people get money from themselves, their family, government programs or scholarships. If you would like to continue your education, it is important to start thinking about these things now. Start looking for scholarships, thinking about how you will pay for school, and discuss it with your family.

**Ask and Listen**
Learning doesn’t end at school. You must be proactive in learning all the time. The best way to learn from other people is to ask lots of questions and listen closely for answers to guide you.
Question: How do I find out what I am good at?
There are lots of things you can do to find out what you do well. Some of them include:

- Thinking about what you like to do for fun
- Thinking about what you like to study in school
- Finding out what careers are connected to the things you like to study
- Asking trusted adults for help finding both information on different careers, and what kind of education is required to be hired in that career
- Volunteering in different jobs to find out what you enjoy and what you are good at doing

Question: Who knows or could help me discover my strengths and my weaknesses?
Anyone who knows you well can help you with this. Consider asking your teachers, family, friends and yourself. Ask them to help you list some of your strengths and weaknesses. This will help guide you to practice to improve your weaknesses and build on your strengths.

Independence
All of these steps for planning your future will help you become independent. You will be prepared to take care of yourself and be responsible for your needs like a home, food, transportation, etc. You will always have to think ahead and plan the next step. No one can do this alone. We all need other people to help support us.

Remember:
- Being independent does NOT mean being alone.
- You can be independent and still ask for help.
- You can be independent and still have someone support you to make decisions.
- You can be independent and still rely on others to see you through a tough time.
- You can be independent and still share your good times, good fortune, and important events with friends, family, and others.

Problem solving
Everyone has problems. Rich, poor, old, and young people have them. The biggest problem is when we do nothing to solve our problems. To solve problems teens have to be able to see the whole problem – its underlying causes and obvious causes. Addressing all parts of the problem can prevent more problems in the future.

Problem solving skills can be practiced at Teen Club. Teens will do this in activities and games where they are asked to work out solutions together with other teens. This can be frustrating if they do not know how and when to talk and listen to each other.

Teens can help make their own strategies for dealing with and solving peer conflicts.
Help teens think through problems:

- Name the problem:
  - What is the cause of the problem?
  - Make sure everyone who is involved has an opportunity to voice their perspective and everyone must actively listen to one another.

- Develop possible solutions
  - Together everyone can brainstorm possible solutions. There are usually many possible solutions.
  - Everyone can agree together on which solution to try.
  - If that solution doesn’t work they can try another one of the ideas.

When there are problems with communication, use these as opportunities for teens to practice their communication skills. It will be easier for teens to solve real problems if they have first practiced with pretend situations.

**Drug and Alcohol Use**

**Tobacco**
- Cigarettes have tobacco inside. Tobacco contains nicotine which is very addictive to most people. When your body gets used to nicotine then it is harder to stop smoking as your body craves the nicotine every day.
- The easiest way to quit smoking is to never start smoking.
- Smoking hurts the lungs and makes it difficult to breathe.
- Cigarettes use money that can be used for other things.
- Smoking tobacco can cause many different types of cancer in the body.

**Marijuana (cannabis, hemp, ganja)**
- Buying, selling, or smoking marijuana is against the law
- Marijuana is dangerous to smoke because, like alcohol, it changes behavior and people using it stop making good choices
- Like with alcohol, people who smoke marijuana can lose control of their emotions and make poor decisions.
- When a person is high from smoking it is easy for them to be robbed or hurt by other people because the smoker is slow moving and confused
- If you are high you may forget to take your ART or attend clinic or other responsibilities

To help teens make good decisions about drugs and alcohol:
- Provide them with accurate information about alcohol and drugs.
• Do not isolate them if they chose to experiment with alcohol and drugs as that is very common for teenagers. It is more important to help them NOT DEVELOP A HABIT of drug and alcohol use. Most teens will try something once. We want to help them avoid using it for life.
• Help teens identify why they decided to try or use alcohol and drugs. See if there are other ways they can get the same benefits from healthy activities.

Money Management
Having money is fun and makes people feel good. Teens and adults often want to spend money on the things they want and not always on the things that they need. Knowing the difference will help teens decide how to use their money wisely. Encourage teens to make a budget. The budget should include money they have and money that they will earn. Help teens to categorize their money into:
  • Things they MUST spend money on: school fees, food, family responsibilities, etc.
  • Things they would LIKE to spend money on: snacks, activities, new clothing, talk time
  • Money they will save for future activities like secondary school, university, marriage
This will allow them to look at the money they have or will earn and form a plan.

Earning Money
Having money is important for empowering teens and allowing them to make decisions for their future. Money is a good incentive and requires and forces decision making. Teen Club is a good place for teens to think together of good ways to make money while staying in school. Some teens may consider starting a business together. If teens decide to enter into business together with other teens, it should be done carefully and with full written agreement.

Spending Money
Money is for spending. Saving money means spending it in the future. Teens can be encouraged to make wise decisions for their money by determining what things they need and what things they want. Planning a budget in advance and deciding how to spend money and how much to save will help it last longer and will help you make sure you have enough money for the things you need before you spend money on the things you want. Spending money on alcohol and hemp are big wastes of money because it can become addictive and the money holder will want to buy it every time there is a little money around. Talk with teens about how to avoid money traps like this.

Saving Money
The more teens save today, the more they will have later. Money does not always come consistently. Saving money will allow teens to have money to buy the things they need in case money is not coming in in the future. Saving little by little also allows them to buy big things they want but can’t afford right away. Saving is also important for future planning. This may
include saving for education or for starting a business. They should plan that part of their savings is for emergencies, part is for short term wants and the last part is for future planning.

Discuss good places to save money where others cannot steal it. This is difficult in a house with many people but has to be done to protect their money. Teens should be encouraged to save a certain percent of any money they receive.

Loaning
When people want to borrow money, the lender risks losing that money forever. Teens are in a hard position because they want people to like them and they may think that lending money is necessary for people to be their friend. It is important to help teens realize that true friendships should not be based on money. That being said, saying “no” to a person who wants to borrow money can put teenage friendships at risk. Sometimes losing a little money in a loan may be worth it, depending on the situation. We can help teens to analyze a situation and determine the possible risks and benefits. Loaning money is an agreement between two or more people. If, after analyzing the situation, the teen decides to make the loan, they should be encouraged to write down the amount of the loan and sign with the other people involved. This will prevent both people from forgetting the amount borrowed and the time when it should be paid back. Teens should be encouraged to role-play discussions with family and friends about money at teen club so that they are prepared with ways to say no or with ways to make an agreement.

PAGES FOR PRINTING
Confidentiality Agreement

We appreciate your interest in volunteering with Teen Club! The staff and volunteers at Teen Club have been entrusted with very private and personal information about teens in order to provide the best care that we can. This information is not to be shared with others. This information is never to be shared with other teens, parents/guardians, visitors or outside individuals or organisations. When discussing specific teens with staff, make sure that you do so in a professional manner and in a private manner. Never discuss details about teens in public areas.

No photos, videos, camera phones or any other media capture of image or voice of teens are allowed at the program. No details or experiences about the participants or the program should be shared on any public social networking site including, but not limited to, Facebook, LinkedIn, Myspace, etc, or any other public mode of communication.

If a teen reports any abuse (sexual, physical or neglect) or suicidal thoughts, immediately report this to the Leadership at the teen club so the teen can get the help they need IMMEDIATELY. Please list your name, contact information and sign below that you agree to the above confidentiality agreement if you chose to volunteer with our teen club.

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact Number</th>
<th>Sign below to document your agreement with the confidentiality agreement</th>
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**Teen Club Registration**

It is very helpful also to keep the records of all the teens that come to the program. You need a sheet with columns of the information you want to know. It is a good idea to use a notebook and create this register. The information helps when you want to contact them during unscheduled time or special events, or find them if they fail to attend teen club as expected.

<table>
<thead>
<tr>
<th>First name</th>
<th>Last name</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Address</th>
<th>Guardian name and relation</th>
<th>Contact phone number</th>
<th>HIV Clinic</th>
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</table>
Teen Club Rules for _____________________ Teen Club started on_____

1. Check-in on arrival; [Chongetsani dzina lanu mukangofika]

2. Respect each other and all staff members [Muyenela kulemekeza anzanu komanso ogwira ntchito onse]

3. No fights [Osamenyana]

4. Help keep the clinic clean [Thandizani kuti chipatala chikhale cha ukhondo]

5. Do not bring any guests (even family or friends). Only teen club members allowed. [Chonde osabweretsa m’lendo (ngakhale abala kapena anzanu) teen club ndi yai yai mamembala okha basi]

6. Maintain confidentiality for yourself and all teen club members. Do NOT disclose others status or teen club attendance to others. [khalani osudzisungila chinsisi inu nokha komanso anzanu onse a teenclub . Musaulule zosatira za magazi za anzanu kwa anthu ena kapena kuti mmapita nawo ku teen club]

7. Do not mess up the place.[osataya zinyalala piliponse]

8. Arrive on time. [kusunga nthawi]

9.

10.
References


13. UNICEF. Opportunities in Crisis: Preventing HIV from early adolescence to young adulthood; 2011.


For more information and other activities

Many curricula are available online. Some examples that may be helpful when working with adolescents living with HIV are listed below.

**We’re all in the Same Boat: Using Art and Creative approaches with Young People to tackle HIV-related Stigma**
http://www.aidsalliance.org/includes/Publication/All_in_the_same_boat.pdf

**Understanding and challenging HIV stigma: Toolkit for Action (revised edition).**
Developed by International HIV/AIDS Alliance (Secretariat), International Center for Research on Women (ICRW), Academy for Educational Development (AED), PACT Tanzania

  *Over 100 activities to address stigma. Available in pdf for download from website below. Also, organizations in Africa can order one free copy from the website.*

**It’s All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education.** Population Council 2009
www.popcouncil.org/publications/books/2010_ItsAllOne.asp

**100 Ways to Energize Groups: Games to use in Workshops, Meetings and the Community.** AIDS Alliance. http://www.aidsalliance.org/publicationsdetails.aspx?id=146