Orientation Programme on Adolescent Health for Health-care Providers

Facilitator Guidelines for

Module N

Young people and HIV

Activities marked with * are optional activities and are not included in the half-day planned for this module as part of the Orientation Programme. The facilitators' decision to include the optional activities depends on the available time and whether the optional activities are covered in other modules.

Sessions and activities	Page	Time	Materials and resources
Session 1 **Module introduction** ACTIVITY 1-1 Module objectives ACTIVITY 1-2 Spot checks	N-8	10 min	Handout for Module N Slide N1-1
Session 2 **The situation of HIV among young people** * ACTIVITY 2-1 Mini lecture * ACTIVITY 2-2 Mini lecture * ACTIVITY 2-3 Mini lecture by guest presenter *	N-10	40 min * 10 min * 10 min * 20 min *	Slides N2-1 to N2-3
Session 3 **How HIV affects young people** ACTIVITY 3-1 Mini lecture and brainstorming ACTIVITY 3-2 Mini lecture ACTIVITY 3-3 Brainstorming * ACTIVITY 3-4 Brainstorming ACTIVITY 3-5 Mini lecture	N-15	35 min 20 min *	Flipcharts N1 and N2 Slides N3-1 to N3-5
Session 4 **HIV prevention and young people** ACTIVITY 4-1 Mini lecture ACTIVITY 4-2 Group exercise * ACTIVITY 4-3 Mini lecture * ACTIVITY 4-4 Plenary discussion ACTIVITY 4-5 Group work ACTIVITY 4-6 Condom demonstration *	N-23	45 min 20 min * 10 min * 30 min *	Slides N4-1 to N4-6

Sessions and activities	Page	Time	Materials and resources
Session 5 **HIV TESTING AND COUNSELLING AMONG YOUNG PEOPLE** ACTIVITY 5-1 Mini lecture ACTIVITY 5-2 Mini lecture ACTIVITY 5-3 Mini lecture ACTIVITY 5-4 Plenary discussion ACTIVITY 5-5 Group work	N-33	40 min	Flipchart N3 Slides N5-1 to N5-4
Session 6 **MANAGEMENT OF HIV IN YOUNG PEOPLE** ACTIVITY 6-1 Mini lecture ACTIVITY 6-2 Mini lecture ACTIVITY 6-3 Mini lecture ACTIVITY 6-4 Mini lecture ACTIVITY 6-5 Mini lecture ACTIVITY 6-6 Mini lecture ACTIVITY 6-7 Group work	N-42	40 min	Slides N6-1 to N6-9
Session 7 **MODULE REVIEW** ACTIVITY 7-1 Review of Spot Checks and Matters Arising Board ACTIVITY 7-2 Review of objectives and key messages ACTIVITY 7-3 OPPD ACTIVITY 7-4 Reminders and closure	N-55	10 min	Flipchart N4 Slides N1-1 and N7-1
		180 min	**optional 120 min**

Module checklist

The module checklist contains important information that will assist you in planning and running the module. We recommend that you read this information well in advance.

Module advance preparation

- Plan which sessions will be included in your HIV workshop. This will depend on the available time and on whether any of the activities are included in other modules that are part of this workshop (see Table of Contents for optional activities).
- Decide if optional Session 2 is to be included. If possible, find out the participants' level of knowledge about HIV before the workshop in order to assist you in planning for Session 2. Prepare country-specific slides for Activity 2.3 and/or invite a person who works with HIV and knows the national HIV situation to make a presentation. Tell the presenter the time allocated for this (10 minutes) and give guidance on suggested content (see slide N2-3). Also request that they bring information or leaflets on local HIV services and programmes.
- Find out about existing policies and local attitudes to address difficult situations the health workers may face with HIV and young people (e.g. unaccompanied minors requesting HIV testing, confidentiality, and distribution of condoms). Are there any national guidelines on consent and confidentiality for young people? What happens in practice?
- Ensure you have copies of Handout N for distribution to all the participants. Review the additional publications (from the CD ROM) and national documents that you will make available to them. Decide which publications you will print for them and when in the module you will distribute these.
- Read through all the scenarios. Choose the most appropriate ones and make changes to adapt them to the local scene (names, locations, situations, etc.). It is important that the participants should feel that the scenarios relate to real situations they may experience in their work.
- Ensure that the flipcharts are written up for the group work.
- Confirm that the facilitators are clear about their respective roles during their designated sessions. Ensure that they have read the entire module and are very familiar with the material in their sessions. Some of the talking points are long and contain important information.
- Check that you have enough male and female condoms available for distribution to all participants. If the condom demonstration is to be included (Activity 4.6), prepare yourself for this activity or identify two participants who are willing and qualified to do the demonstration role play of correct condom use. Decide whether you will demonstrate male or female condoms, or both if there is time. You may have small prizes for participants who are prepared to do a demonstration. Ensure you have wooden penises and/or vegetables for the demonstration.

MATERIALS AND AUDIO-VISUAL EQUIPMENT

- ### Materials:

STANDARD

- Handout N
- Slides or overheads
- Prepared flipcharts
- VIPP cards
- Mood Meter
- Matters Arising Board
- Orientation Programme Personal Diary (OPPD).

MODULE-SPECIFIC

- Local data, local guidelines and other information on HIV and young people
- Sufficient copies of additional publications, printed from CD ROM and national documents, for distribution to each participant.

- ### Equipment:

- Computer and projector, slide projector or overhead projector
- Flipcharts with blank sheets
- Sticking tape, pins or glue
- VIPP cards
- Name labels
- Coloured markers
- Notepads and pens
- Male and female condoms, wooden penises or vegetables
- Red ribbons on pins to give to all participants to promote solidarity with people living with HIV (see *www.redribbon.com*).

Module overview

The aim of this module is to assist health-care providers (health workers) in dealing with HIV prevention, care, treatment and support for young people. Module N is an optional module in the Orientation Programme (OP) on Adolescent Health for Health-care Providers. We recommend that this module is used in conjunction with the core modules, as well as the optional STI Module, to provide a framework for working with the issues of HIV and young people. In addition, the Psychoactive Substance Use and the Injecting Drug Use modules may be added to fully encompass HIV-related issues and young people.

We recommend that you review Part I of the OP Facilitator Guide which provides you with important information that you need to know before conducting any of the Orientation Programme modules. The OP Facilitator Guide also provides you with detailed information on teaching/learning methods used in the Orientation Programme. It is important that you understand and become familiar with the methodology of this package to ensure successful facilitation and to optimize the benefit to the participants from the OP modules.

The module aims to address the main issues of HIV and young people globally. As there is a large age range in the term young people (10-24 years), the issues around HIV prevention, care, treatment and support will change within this age range. What is important about HIV for most 10-year-old girls or boys (e.g. delaying sexual activity) will be different for a 24-year-old woman or man. The module does not specifically address HIV issues that are important for young people aged 10-15 years. However, there is a need to address specific HIV issues and concerns for especially vulnerable 10-15-year-olds (e.g. young sex workers, young drug injectors, adolescents living with HIV from perinatal transmission). Health workers meet young people of all ages and different social situations in their clinic and community work. This module aims to encourage health workers to use every opportunity to provide HIV services to all young people.

When people living with HIV (who agree to identify themselves as such) participate in the module, they add depth and understanding to the discussions, reducing the "us" and "them" mentality. They need to prepare themselves and the facilitator for when and how, during the workshop, they will tell the participants they are living with HIV. The facilitator should also be aware that there may be participants attending the module who are concerned or know that they are themselves living with HIV, or have loved ones who are living with HIV. The participants may choose not to tell others of their personal situation but may become emotional during the workshop and may need support. It is important to remind participants that any personal information that is shared in the workshop is confidential.

As with the other modules, we recommend that young people and peer counsellors should be included among the participants in order to provide their perspective to the discussion. During small group discussions, the facilitator should try to ensure that people living with HIV (PLHIV) and young people are equally distributed among the groups.

Throughout the module the facilitator should encourage the participants to use appropriate language to discuss HIV. The words we use to talk about HIV and people living with HIV (PLHIV) should show respect and understanding. The choice of words needs to be accurate, non-stigmatizing, non-judgemental and empowering.

Session 1
Module introduction

Aim of the session

- To provide an overview of the module and to outline its objectives.

Welcome the participants to the module.

Ensure that everyone has a copy of Handout N and tell the participants that the schedule of the sessions is in Annex 1 of the Handout.

Ask if there are participants who have experience with HIV through working with the National AIDS Programme, or PLHIV networks, nongovernmental organizations, AIDS activists, etc. This will help you to know who in the group has experience with HIV.

Invite everyone to share their knowledge and skills throughout the discussions. Remind them that all personal information that is shared must remain confidential.

Tell the participants that Handout N provides additional and more detailed information on the issues discussed in this module.

If you have printed documents for the participants from the CD ROM, tell them that they will be given additional documents during the workshop. These documents will be referred to during the sessions but are mainly provided for the participants to take away to read.

ACTIVITY 1-1
MODULE OBJECTIVES

Display slide N1-1, showing the module objectives. Read the objectives aloud or ask a participant to read them.

SLIDE N1-1

Module objectives

- Explain the global and local situation of HIV among young people.
- Discuss issues specific to HIV and young people.
- Identify key factors that impact on young people's risk of acquiring HIV.
- Explore HIV prevention strategies among young people.
- Recognize the importance of provider-initiated HIV testing and counselling.
- Understand the special considerations in the management of HIV among young people.

Ask if there are any questions on the objectives and then move on.

ACTIVITY 1-2
Spot checks

Ask the participants to turn to their Spot Checks in Annex 2 of the Handout.

TIP FOR YOU

Spot Checks are also given in Annex 1 of this *Facilitator Guide*.

If necessary, remind the participants of the purpose of the Spot Checks (i.e. to help them assess their gains in knowledge and understanding through participation in this module) and that their answers will not be collected, graded or checked by any of the facilitators. They are merely for personal use.

Ask them to complete the Spot Check questions to the best of their knowledge. Give them a few minutes to complete the task. Be sure they understand how to do this correctly.

Inform them that during the very last session of the module, you will discuss the answers to the Spot Checks and respond to any questions or comments they may have.

Remind the participants of the Matters Arising Board, which is available for recording any issues that arise throughout the module and which require further follow-up. Indicate where the board is located.

Point out the Mood Meter and remind the participants to place a spot on it during the break and again at the end of the module.

TIP FOR YOU

You can ask the participants to place only one spot at the end of the module, rather than two spots. Alternatively, you can use same Mood Meter during the five days of the workshop, asking the participants to place one spot each day.

Session 2
The situation of HIV among young people *

Aim of the session

- To present and discuss the global and local situation of HIV among young people.

ACTIVITY 2-1
MINI LECTURE (OPTIONAL) - 10 MINUTES
BASIC HIV

TIP FOR YOU

This activity covers basic HIV information. It is for the facilitator to decide if this information is necessary for this group. However, it is crucial that this basic information is understood by all participants.

You could begin by asking some questions on basic HIV information, to assess the knowledge level of the group (e.g. Can someone tell me the difference between HIV and AIDS? How can HIV be transmitted?). Then you can decide if this activity is necessary.

Tell the participants that you will begin with some basic information on HIV and that all this information is in their Handout (Section 1).

Give them each a blank piece of paper and say that if they prefer to put any questions relating to HIV in writing, they can do so on the paper anonymously. These will be gathered and you will respond to them at the end of this session. Tell them they can also put their questions on the Matters Arising Board.

You can present this information quickly or take more time depending on how the participants respond.

Go through the information in the Handout, Section 1.

After the presentation, ask the participants if they have any questions on this information.

TIP FOR YOU

Remind the participants that the meaning of terms they may not know can be found at the back of the Handout.

ACTIVITY 2-2
MINI LECTURE (OPTIONAL) - 10 MINUTES
YOUNG PEOPLE AND HIV GLOBALLY

Explain that you will now present some data on the global situation of HIV among young people.

TIP FOR YOU

Other current HIV data can be found at: *www.unaids.org/en/HIV_data/2006GlobalReport/default.asp*

Show slide N2-1. Do not read the slide; instead go over the talking points outlined below.

Global data on HIV and young people

- Estimated 39 million PLHIV worldwide.
- Estimated 10 000 new infections daily in adults aged 15 years and older:
  - 40% are among young people (15-24).
  - almost 50% are among women.
- In highly affected regions, about 75% of young PLHIV (aged 15-24 years) are female.
- Over 13 million drug injectors worldwide. In some countries more than 50% are PLHIV.

(From: UNAIDS/UNICEF/WHO, 2004/2006)

SLIDE N2-1

Talking points

- The global data show that young people are central to the HIV epidemic. Some data do not give individual age breakdown, which makes it difficult to separately identify young people in the statistics (check that they understand the acronym PLHIV).
- In countries with high HIV prevalence rates, young people and especially young women are at particular risk of contracting the virus as soon as they become sexually active. In recent years, almost half of all new HIV infections - approximately 5000 every day – are among women and 40% are among youth aged 15-24 years. With so many new infections, young people are a key population group on which to focus prevention, care and support.
- HIV prevention efforts need to pay particular attention to issues of gender. For example, in sub-Saharan Africa women aged 15-24 years are about three times more likely to be affected than young men of the same age.
- Sharing injecting equipment is a highly effective way of transmitting HIV. In some regions of the world, injecting drug use plays a major role in the HIV epidemic. In some countries, there have been dramatic increases in the number of young people who inject drugs, the majority of whom are young men.

To conclude, point out that the figures represent global estimates and that there is much variation between and within countries.

Explain that you will now look at the nature of the epidemic in different regions of the world in order to understand the various HIV epidemics that are evolving around the world.

SLIDE N2-2

HIV epidemic: Dynamic and diverse

- Generalized
- Concentrated
- Low level

Show Slide N2-3.

Talking points

HIV epidemics are dynamic and diverse. They do not start in the same way in all countries and the epidemic within a country can change over time. The course of the HIV epidemic depends on the people's pattern of behaviour, which increases or reduces their risk of HIV, and also on the local political, economic and social situation. Within a country there may be differences in the epidemic from one region to another, and between rural and urban areas.

- **Generalized** epidemics are those where HIV prevalence is over 1% in the general population.
- **Concentrated** epidemics are those where HIV prevalence is over 5% in any sub-population at higher risk of infection, but where the prevalence in the general population remains below 1%.
- **Low-level** epidemics are those where relatively little HIV is detected in any group in the population.
- Young people are at the centre of transmission in both generalized and concentrated epidemics.

BOX 2 - HANDOUT N

Examples to illustrate global diversity of HIV epidemic

- The HIV epidemic in many Southern African countries – with some of the highest reported HIV prevalence rates in the world – is **generalized** with transmission occurring mainly heterosexually within the population as a whole.
- In settings in Eastern Europe, HIV began as a **concentrated** epidemic, primarily through needle sharing among drug injectors; but recently, HIV infections have moved into the wider community, through sexual transmission.
- The high number of single male migrant workers going to urban areas of Asia and frequenting sex workers has led to increased HIV infection levels. These men then sexually transmit HIV to their partners when they return to their rural areas.
- In other countries in Asia the HIV epidemic began as serious localized epidemics arising primarily through injecting drug use and unsafe blood donations, but now sexual transmission is rising.
- In many industrialized countries, men having sex with men continues to be a major part of the epidemic.
- Drug injecting is also important for HIV transmission. In 2002, IDU accounted for more than 10% of all reported HIV infections in Western Europe and for 25% of HIV infections in North America.
- In some Latin American countries, the epidemic was concentrated among drug injectors and men who have sex with men, before moving to the general population.
- In countries experiencing conflict, HIV can spread rapidly among internally displaced people, increased by the violence associated with war (rape, breakdown of family structure and societal norms).

Ask participants to look at Box 2, Section 2 in the Handout .

Explain that the information in this box is purely to illustrate the different epidemics and is not intended to point fingers at any country, region or sexual behaviour or preference.

Tell the participants we will look at the issues raised by this information.

Ask a participant or participants to read aloud the information.

Ask for comments and respond.

Conclude by telling the participants that:

- Worldwide, the population affected by the epidemic is young, poor and includes more women each year.
- Even when the HIV epidemic is generalized in a country, some groups within the population remain highly vulnerable and deserve specially focused attention. For example, women, particularly young women, are especially vulnerable to HIV infection as they may be less able than men to avoid non-consensual sexual relations.

Young people represent a large proportion of these highly vulnerable groups.

TIP FOR YOU

Gather up all the papers with the written questions from the participants (maintaining their confidentiality) and prepare the responses.

ACTIVITY 2-3
MINI LECTURE BY GUEST PRESENTER (OPTIONAL) - 20 MINUTES
YOUNG PEOPLE AND HIV – THE NATIONAL SITUATION

The aim of this presentation is to show that HIV is an important health issue for young people in this country. Tell participants that this information is not in the Handout.

Show the national slides that you have already prepared or ask your guest speaker to make their 10 minute presentation.

Suggested content for slides and presentation by guest presenter

SLIDE N2-3

- HIV rates nationally/regionally (general population and young people) (available at *www.unaids.org/en/HIV_data/2006GlobalReport/default.asp*)
- STI rates (general population and young people)
- Pregnancy rates and abortion rates (general population and young people)
- Studies of knowledge about HIV and about sexual and injecting drug use behaviour (general population and young people)
- Condom use and availability
- Availability of HIV testing and counselling (general population and young people)
- HIV treatment, care and support services (general population and young people)
- Situation regarding HIV stigma, discrimination and denial
- Other available data, studies, national guidelines, etc.

Ask the participants if they have any questions or comments on the local situation of HIV among young people.

Ask them to share any information they may have on the local HIV situation among young people. Let the participants control the direction of the discussion. But if necessary, ask questions that build on the discussion, for example:

- Are there specific groups of young people here who are more likely to be infected with HIV?
- What factors may contribute to HIV infection locally for young people?
- Is there a difference in the rural and urban situation for youth?
- Is there a difference in the issues for young men and women locally?

TIP FOR YOU

Encourage the participants to share any facts and figures they have, as well as their opinions, view and impressions. Encourage them to direct their questions to the guest presenter.

Put any unresolved issues on the Matters Arising Board.

Encourage a relaxed environment in which they will feel at ease to talk about topics that may normally make them feel uncomfortable.

If there are participants from the national AIDS programme, from an NGO, a network of PLHIV or an AIDS activist, you can ask them to bring in their knowledge to this discussion that focuses on young people and HIV locally.

Thank the guest presenter.

WRAP UP

In this session we have seen that young people are central to the HIV epidemic.

Respond to the questions that participants wrote on the papers.

Tell the participants that now they are aware of the global and local situation of HIV among young people. Fortunately, most young people are not infected with HIV. In fact, during early adolescence HIV rates are the lowest of any period during the life-cycle. The challenge is to keep them this way. Focusing on young people is likely to be the most effective approach to confronting the epidemic, particularly in high prevalence countries.

Tell them that we will now move on to Session 3 in which they will look at how HIV affects young people.

Session 3
How HIV affects young people

Aims of the session

To discuss and understand the features of HIV which are special in the ways they affect young people, and the implications of these in regard to:

- risk factors and protective factors directly linked to HIV transmission;
- biological susceptibility to infection following exposure;
- HIV-related stigma and discrimination;
- natural history of HIV infection.

Tell the participants that in this session we will begin to talk about some of the difficult issues around HIV - issues that may challenge people's moral and societal values.

When working with HIV, we need to be able to talk openly about sensitive issues, in particular about sex. Health workers need to be able to discuss with young people behaviours that carry a high risk for HIV transmission. These behaviours and the young people who practise them may provoke strong feelings in us. As health workers, it is important to maintain a professional and respectful manner, without using blame or personal values to judge a situation.

Tell the participants that we need to consider the infection history when we discuss how HIV affects young people living with HIV. A young person with HIV was either infected around birth and survived into adolescence or was infected during adolescence, usually through unprotected sex or through injecting drug use.

The infection history has an impact on many features of how HIV affects a young person and on his/her HIV management (e.g. progression of HIV disease, treatment with ARV drugs, knowledge and disclosure of HIV status, and access to care).

Activity 3-1
Mini lecture and brainstorming: Risk and protective factors

Tell the participants that we are now going to talk about risk factors and protective factors for HIV transmission among young people.

Remind them that we discussed risk and protective factors in the Meaning of Adolescence module. Ask them to give you a definition of:

- Risk factors
- Protective factors.

Then show slide N3-1 and go through the Talking points.

SLIDE N3-1

Risk factors and protective factors

Risk factors
- encourage or are associated with behaviours that might lead to negative health outcomes.
- discourage behaviours that might prevent a negative health outcome.

Protective factors
- discourage behaviours that might lead to negative health outcomes.
- encourage behaviours that might prevent negative health outcomes.
- lessen the likelihood of negative consequences from risk factors.

Talking points

- Risk factors are individual and contextual influences that either encourage or are associated with behaviours that might lead to a negative health outcome. Risk factors can also discourage behaviours that might prevent a negative health outcome.
- Protective factors are individual and contextual influences that discourage one or more behaviours that might lead to negative health outcomes or that encourage behaviours that might prevent negative health outcomes. Protective factors can lessen the likelihood of negative consequences from risk factors.

For example, the negative health outcome is acquiring HIV. The risk factors are the influences that encourage behaviours that might lead to HIV transmission (e.g. influences that encourage early and unprotected sex, influences that encourage young people to have many sexual partners, or influences that encourage drug injecting) and discourage behaviours that might prevent HIV (e.g. discourage condom use or make it difficult to delay sex).

Another risk factor for HIV is lack of knowledge about HIV transmission. This may be because sexuality is not discussed in the family, or there is no teaching of sexuality in the school, or because the young person may receive inaccurate information from their peers.

SLIDE N3-2

Vulnerability to HIV

When there is:

- Inability to control the risk of HIV infection.
- Absence of choice to engage in behaviour that puts them at risk of acquiring HIV.
- Increased likelihood of negative health outcomes.

Ask if there are any questions and respond. Then show the next slide and go through the Talking points.

Talking points

- Vulnerability is a measure of an individual's or community's inability to control the risk of infection.
- Vulnerability recognizes that young people may not have a choice as to whether they engage in behaviour that puts them at risk of acquiring HIV.
- Vulnerability increases the likelihood of negative health outcomes. There are social and contextual risk factors that make many young people vulnerable to HIV infection. These include gender norms, relations between different age groups, race and other social or cultural norms and value systems, location, and economic status.

For example women, especially young women, are especially vulnerable to HIV infection as they may be less able than men to avoid non-consensual sexual relations.

Refer the participants to Box 3, Section 3 in the Handout.

ACTIVITY 3-2
MINI LECTURE: BIOLOGICAL SUSCEPTIBILITY

Tell the participants that we will now look at biological susceptibility.

These are the biological factors (factors about the young body) which can decrease a young person's defences against HIV infection following exposure through sexual intercourse. In other words, this refers to the ease with which the HIV virus can enter the cells of the person following his/her exposure to the virus.

Show Slide N3-3. Instead of reading it aloud, lead participants through the talking points.

Biological issues that increase the likelihood of HIV transmission for young people

Upon exposure to HIV, young people are more likely to acquire HIV because of:

- Immature genital tract in young girls.
- Undeveloped genitalia more easily damaged during forced sex.
- Presence of STI.
- Genital mutilation.
- Risk of anal abrasions.

SLIDE N3-3

Talking points

- In young girls, inadequate mucosal defence mechanisms and the immature lining of the cervix provide a poor barrier against infection. Once exposed to the virus, girls and young women are more susceptible than young men or adults due to the anatomy of the developing cervix and vagina. Also in young girls, the thin lining and relatively low acidity in the vagina facilitate transmission.
- Non-consensual sex with undeveloped genitalia can lead to trauma and therefore increase the chance of transmission if exposed to HIV. In many settings, young girls are subjected to a high rate of coerced sex.
- STIs among sexually active people increase the chance of contracting and transmitting HIV.
- Female genital mutilation causes damage to the genital area and can increase the risk of HIV transmission during intercourse. In addition, use of the same instrument to carry out genital mutilation on several girls without sterilization of the instrument could also cause the spread of HIV.
- The tissue around the anus of young girls and boys is fragile. During anal sex (boys with men, girls with older men or girls with boys) by force or consensually, anal abrasion can occur, making transmission more likely in the presence of HIV. Anal sex may be chosen over vaginal sex to preserve the virginity of the girl or to avoid the risk of unwanted pregnancy.

Ask if there are any questions on this slide and respond. Then show the next slide.

Male circumcision and HIV

- Potential link between male circumcision and HIV.
- One trial found circumcision reduced risk by 60%.
- Addressing consent and confidentiality.
- Circumcision must only be part of a comprehensive prevention package.
- Safe procedure for trained health workers.

SLIDE N3-4

Talking points

Male circumcision, the removal of the foreskin of the penis, is very different from female "circumcision" which also referred to as genital mutilation. Circumcision is an opportunity to make contact with adolescents and provide them with information and counselling about their sexual and reproductive health.

- Trials are in progress in high prevalence countries to examine the potential link between male circumcision and a lower risk of acquiring and transmitting HIV during sexual intercourse. The trials have shown promising protective effects of adult male circumcision in reducing HIV acquisition.
- One trial in South Africa found that circumcising HIV-uninfected adult men reduced their risk of becoming infected with HIV by 60%. More research is underway in Kenya and Uganda to confirm the reproducibility of these findings and whether or not the results have more general application. A companion trial in Uganda is following the female partners of the male participants, to determine if circumcising men reduces the risk of HIV transmission to women, as suggested by observational data.
- Health workers need to know how to respond to an adolescent's request for circumcision in ways that respect his rights to privacy and confidentiality but do not place the health worker in conflict with the law. Ideally, an adolescent should be accompanied by a responsible adult who can give consent to the operation. However, in practice this is not always possible. All adolescents have a right to use health services, and health workers should act in the best interests of the adolescent, with an understanding of his evolving capacities and his increasing ability to make independent decisions.
- If male circumcision is confirmed to be an effective intervention in high prevalence countries to reduce the risk of acquiring and transmitting HIV, this will not mean that men will be prevented from becoming infected with HIV during sexual intercourse through circumcision alone. Nor does male circumcision provide protection for sexual partners against HIV infection. It will therefore be essential that it be part of a comprehensive prevention package, which includes correct and consistent condom use, behaviour change, and voluntary counselling and testing.
- When performed by a trained practitioner, male circumcision is a safe procedure, and analgesia effectively mitigates pain. However, concerns have been raised about the safety of circumcision procedures performed in resource-limited community settings. The feasibility of such an intervention, particularly with respect to its cost-effectiveness, safety and acceptability, is still to be demonstrated.

ACTIVITY 3-3
BRAINSTORMING (OPTIONAL) - 20 MINUTES
RISK FACTORS AND PROTECTIVE FACTORS

Tell the participants that we will now do a brainstorming. We will look at the risk factors and protective factors in scenarios with young people and HIV.

TIP FOR YOU

Pick the most appropriate scenarios that you will use from the six below. If you have extra time available, this exercise can be a group or an individual exercise using VIPP cards.

Ask the participants to turn to Annex 3 in the Handout: Brief scenarios – Risk and protective factors.

Put up Flipchart N1 and read the questions aloud.

Ask a participant to read aloud the first scenario you have chosen.

Ask all the participants to consider the issues in this scenario. Ask them to identify the risk and protective factors which may occur in this scenario. Encourage them to call out their responses, one at a time, and you can write these down as a list on the flipchart. Ask the participants to use their imagination about some of the facts in the scenario.

FLIPCHART N1

*What are the **risk factors** that could influence HIV transmission in this scenario?*

*What are the **protective factors** that are present in this scenario?*

When the flow of ideas from the participants slows down, move on to the next scenario and ask another participant to read it aloud.

Brief scenarios: Risk and protective Factors

SCENARIO 1

A girl in a secondary school of a large town has sex with older men in exchange for money or favours.

SCENARIO 2

A young man at university in a medium-sized town is persuaded by his class mates to join them for an evening out. The evening includes viewing an X-rated film, dinner and drinks, and a visit to the town's red light area.

SCENARIO 3

A young man in a big city occasionally injects drugs with his friends. He uses their needles and syringes. He sees no problem in this because he says they are all healthy and he has known these friends all his life.

SCENARIO 4

A young married woman lives in a rural area. Her husband, a factory worker in a big city some 50 km away, returns home periodically. Like many of his co-workers, he occasionally visits a brothel.

SCENARIO 5

A young woman, a migrant worker, is employed as a domestic servant. She is forced into having sex with her employer. When she raises this matter with the madam of the house, she is slapped across her face and is threatened with more violence.

SCENARIO 6

A young man is part of a gang in a big city. He occasionally has anal sex with men, while continuing his relationship with a young woman.

Go through all the scenarios that you have chosen to use in this activity.

Conclude by summarizing the risk and protective factors that have been identified on the flipchart.

Ask if there are any comments, respond and then move on to the next activity.

ACTIVITY 3-4
BRAINSTORMING: YOUNG PEOPLE, HIV, STIGMA AND DISCRIMINATION

Ask the questions:

- *What is HIV related stigma?* Let the participants respond and then ask:
- *What is HIV-related discrimination?*

Let the participants respond. If they are having trouble, suggest they look at the Definition of Terms in the Handout.

TIP FOR YOU

Definitions of Terms (in section 8 of the Handout):

Stigma: HIV-related stigma includes all unfavourable or discriminatory attitudes, beliefs, and policies that are directed towards people who are perceived to be living with HIV, and also towards their families and loved ones, their social groups and their communities.

Discrimination: when there is action or inaction that is based on stigma that results in an infringement (disrespect) of human rights. This is often evident as some form of abuse against an individual or group. Discrimination results when actions treat people differently based on stigma (e.g. a confirmed or suspected HIV serostatus). Persons associated in the public mind with HIV or AIDS (e.g. men who have sex with men, sex workers, drug users, haemophiliacs, and the family members and associates of HIV-positive people or people suspected to live with HIV) may also face discrimination.

FLIPCHART N2

Think of incidents or situations that represent a young person living with HIV experiencing stigma or discrimination. How might these be different from an adult's experiences?

Then show Flipchart N2 and read it aloud.

Ask the participants to respond.

Ask them to assume that, for whatever reasons, other people may already know or suspect that this young person is HIV-positive.

Encourage them to give examples by asking them questions, for example:

- How may (their peers, school teachers, health workers, family) react when they walk in to a room?
- What about when they go to the clinic for health care, or to the dentist? Or when they sneeze? Or fall in love?
- Will there be differences in the way young males and females are dealt with? Will the reaction be different for a young person who had been infected through perinatal transmission, compared with a young person infected through injecting drug use or sexually?
- What about the words people use? Do you think stigma and discrimination affect HIV prevention? If so, what effect and why?

Ask them to remember what is especially important for young people and to think about their stage in development, need for support, etc. and how living with HIV can change these aspects of a young person's life.

Write the key words on Flipchart N2. Group them together if possible.

After a few minutes and when the suggestions slow down, bring the exercise to a close. Summarize the points you have written on the flipchart.

Now ask the participants to identify which incidents or situations they, as health workers, can make an impact in order to lessen the stigma or discrimination for the young person. Mark these with a sign (e.g. a star).

Bring the exercise to a close and conclude with the following comments:

- Stigma and discrimination towards PLHIV exist in all sectors of our society and is a serious barrier to HIV prevention and care.
- We all have a personal and professional responsibility to address issues of HIV stigma and discrimination that occur around us and in our society at large.
- Health workers should examine their personal attitudes, the language they use, and their behaviour towards all people living with HIV. They should also be aware of the special needs of young PLHIV.
- It is the responsibility of health workers to address issues of HIV stigma and discrimination that occur within the health service and with their colleagues.

Refer them to Box 8, Young People and HIV Related Stigma and Discrimination (Section 3) of the Handout for more information.

ACTIVITY 3-5
MINI LECTURE: YOUNG PEOPLE AND THE NATURAL HISTORY OF HIV

Tell the participants that we will now look at what is important for young people in the natural history of HIV infection.

Young people differ from adults in the natural history of HIV infection and can differ from each other depending on their infection history (infection around birth OR adolescent infection through unprotected sex or injecting drug use).

Show Slide N3-5 and go through the Talking points.

Talking points

- Young people who are infected before entering puberty can present with slow skeletal growth, delayed pubertal maturation and irregular menstrual periods in girls. This is due to the effect HIV has on metabolic and endocrine functions. This delay in growth and sexual maturation may also have an impact on the psychosocial development of the individual.

  In young people who were infected around birth and have survived into adolescence, HIV disease may have a rapid progression or a slow progression. In rapid progression they are likely to have begun ART in childhood.

Young people differ from adults in the natural history of HIV infection

When HIV is acquired prior to puberty, young people:
- may be marked by slower physical development.
- may have delayed pubertal development and irregular menstruation.
- may show rapid or slow progression of HIV disease.

When HIV is acquired after puberty has begun:
- the infection may remain asymptomatic for a longer period of time.
- young people may not get sick as quickly as adults due to their immune resiliency.

SLIDE N3-5

- For young people infected after puberty, the infection can remain asymptomatic for a longer period of time than for adults. There appears to be an inverse correlation between the age of infection and the length of the asymptomatic period (i.e. the younger the age at infection (after puberty), the longer the individual remains asymptomatic).

Ask if there are any questions on this slide and then move on to conclude the session.

WRAP UP

Remind the participants that in this session we discussed how HIV affects young people by considering:

- The risk factors and protective factors for HIV among young people.
- Young people's biological susceptibility to HIV.
- How stigma and discrimination can impact on PLHIV and on HIV prevention.
- What is special in the natural history of HIV for young people.

In the next session we will discuss HIV prevention among young people.

Session 4
HIV prevention and young people

45 min

Aims of the session

- Highlight the importance of HIV prevention among young people.
- Understand the factors that influence the behaviour of young people.
- Discuss how to use this knowledge in HIV-prevention strategies.
- Explore HIV-prevention strategies for young people in the clinic and in the community.

ACTIVITY 4-1
MINI LECTURE: INTRODUCTION

Remind the participants that HIV prevention is the key to reducing infection rates and slowing the epidemic.

Tell them that in this session we will look at how health workers can help to reduce young people's risk of acquiring and transmitting HIV.

Show Slide N4-1 and go through the Talking points.

There is an urgent need for HIV prevention strategies that work for young people because:

- Nearly half of the global population is less than 25 years old.
- Of the new HIV infections annually, about 40% are among young people (15-24 years old).
- HIV prevalence among young people is rising rapidly in some countries.
- The future epidemic will be shaped by the action and behaviour of young people.
- A variety of factors place young people at the centre of HIV vulnerability.
- Young people can protect themselves and others if they receive support.

SLIDE N4-1

Talking points

- Today's youth generation is the largest in history: nearly half of the global population is less than 25 years old. They have not known a world without AIDS.
- Of the new HIV infections annually, 40% are among young people (15-24 years).
- HIV prevalence among young people is rising rapidly in some countries.
- The future epidemic will be shaped by the action of young people. Young people between the ages of 15 and 24 are both the most threatened and the greatest hope for turning the tide against HIV.
- A variety of factors place young people at the centre of HIV vulnerability. An individual's vulnerability to HIV is determined by the factors that increase their risk of acquiring HIV and the factors that limit the young person's ability to make healthy decisions.
- It has been shown that young people can protect themselves and others if they receive support. The 2006 Report on the Global Aids Epidemic documents behaviour changes, e.g. delaying the first sexual experience, increasing use of condoms by young people, and resulting decreases in HIV prevalence in young people in some sub-Saharan countries.

ACTIVITY 4-2
GROUP EXERCISE (OPTIONAL) - 20 MINUTES
COMMUNITY MIX

This exercise can get participants up and moving and can raise some issues on HIV risk and transmission. The purpose of this exercise is to look at how HIV can be transmitted in a community and to consider the feelings of people who acquire and transmit HIV.

The mixing of, for example, beans or lentils, rice, etc. represents unprotected intercourse. A few people are given beans (or lentils, rice, etc.) of a different colour, representing HIV.

- Group A represents young people who are abstinent.
- Group B represents young people who have unprotected sex with one faithful partner.
- Group C represents young people who have unprotected sex with many partners.

TIP FOR YOU

If possible, you can make this exercise relevant to the local HIV prevalence rates (i.e. divide the groups to approximate the local statistics on young people practising abstinence etc. and give the beans of a different colour to approximate the local estimated HIV prevalence rate).

Divide the participants into 3 groups in different corners of the room.

Meet with each group and quietly give the group their different instructions.

Instructions for Group A:
Give each participant a small container of beans. Tell them to walk around in the main group and greet people but not to mix the contents of their container with anyone else.

Instructions for Group B:
Give each participant a small container of beans. Give 1 or 2 participants beans of a different colour but do not draw anyone's attention to this. Tell them to walk around in the main group and greet people. They can mix their beans with only one other chosen person.

Instructions for Group C:
Give each participant a small container of beans. Give 1 or 2 participants beans of a different colour but do not draw attention to this. Tell them to walk around in the main group and greet people. They should mix a few of their beans with as many people as they can.

Give them a few minutes to mingle together. After some minutes, bring the whole group back together.

Ask anyone with beans of a different colour in their container to move to one side of the room. Tell them that these beans represent HIV and they represent young people who are HIV-positive.

Try to get the participants to identify some feelings, e.g.

- If possible, identify a person who was faithful to one person and yet is still HIV-positive. How do they feel?
- No one knew what receiving or giving the other colour bean would mean. How do they feel now that they know (transmitting and acquiring)?

Tell the participants the purpose of the exercise was to look at the transmission of HIV in a community and to consider the feelings of people who acquire and transmit HIV.

Tell them that this is only an exercise and represents a simplistic view of sexual risk and transmission in a community and does not allow for other options, for example safer sex with one or several partners.

Conclude the exercise by asking if there are any comments.

ACTIVITY 4-3
MINI LECTURE (OPTIONAL) - 10 MINUTES
OVERVIEW OF HIV PREVENTION

Tell the participants that in order to prevent HIV transmission it is necessary to know where transmission is occurring and understand the factors that influence the choices (or lack of choice) of an individual's behaviour.

Tell the participants we will begin by looking at HIV and the general population.

Show the slide N4-2. Go through the Talking points and indicate on the slide the group of people of whom you are speaking.

Talking points

- Currently, in most countries the majority of people (estimated globally as 90% in developing countries) do not know if they are HIV-positive or HIV-negative because they have not been tested. They have no access to HIV testing or they decide that they prefer not to know their status.
- There are some people who have been tested for HIV (estimated that only 12% of people who need testing and counselling services have access). Some of these people have found that they are HIV-positive and others that they are negative.
- However, this is changing as a number of countries are moving towards massive HIV testing campaigns, which will result in an increasing number of countries where the majority of people will know their status.
- Some young people are particularly vulnerable and at highest risk of acquiring HIV. This includes groups such as young sex workers, young injectors, young girls who have unprotected sex with older men, young males having unprotected sex with males, young people who have unprotected sex with multiple partners, young migrant workers and young prisoners.
- Again within these vulnerable groups there are young people who have been tested and found they are HIV-positive, people who have been tested and found they are HIV-negative, and people who do not know their HIV status.
- HIV transmission is occurring within and between these groups.

Population and HIV

Not tested for HIV (most people)
- HIV positive but do not know
- HIV positive and know

Tested for HIV
- HIV negative but do not know
- HIV negative and know

SLIDE N4-2

Tell the participants that in this session we are going to explore prevention strategies for young people who are HIV-negative or of unknown status, both in the general population and in high-risk and highly vulnerable groups. As we have said, in many countries the majority of young people do not know their HIV status.

Later we will discuss prevention for young PLHIV.

Ask if there are any questions and respond. Then show the next slide.

SLIDE N4-3

Aims of HIV prevention

- To prevent transmission of HIV.
- To help those who know they are HIV-negative to stay negative.
- To promote testing and counselling.

In planning HIV prevention, we need to consider the aims of prevention strategies. These aims are to:

- Prevent transmission of HIV for all people who are HIV-negative or HIV-positive (whether they know their status or not) to reduce the number of new infections.
- Help people who are HIV-negative (whether they know their status or not) to stay negative.
- Promote testing and counselling for people that do not know their status.

Then tell the participants that some situations are beyond the scope for health sector strategies to respond.

For example: A young person who is a migrant worker may have unprotected sex with a sex worker while away from home. Health workers can give the young person condoms and promote correct and consistent use, but the sustainable way to reduce the risk for this person is for the migrant worker to be able to live with his family. To achieve the sustainable solution is beyond the scope of the health worker. It is important to understand the wider contextual factors and to use our knowledge towards influencing changes in society.

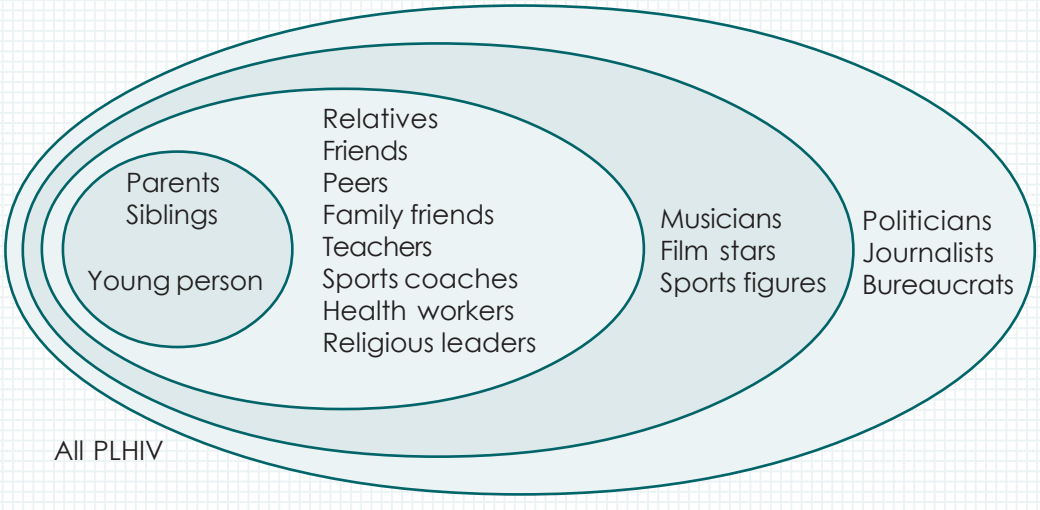
Tell the participants that HIV prevention is the responsibility of many people in society.

We will now identify who in society has a role in HIV-prevention strategies and then we will focus on the strategies that are within the scope of the health worker.

Show the next slide.

SLIDE N4-4

Who has a role in HIV prevention?



Talking points

This slide shows all the people who have a role to play in HIV prevention.

HIV prevention requires a broad response from all members of society to ensure an environment where young people feel safe and supported, and are able to protect themselves from HIV at home, school, work and in their community.

- **Young people**

  HIV prevention must focus on young people because young people have an essential role in slowing the epidemic. Many young people listen to their peers and believe their peers, giving peer educators and counsellors an essential role in HIV prevention among young people.

- **Parents and other adults in the community**

  All adults have a role to play in their personal capacity as parents, members of extended families, and as adult role models. They may also have a professional role as teachers, sports coaches and religious leaders.

  Health workers in all departments of the health service have a critical role in developing and providing HIV prevention services to ensure that effective health strategies are available for all young people.

- **Public idols who are role models for young people**

  Musicians, film stars and sports figures provide role models for young people through their personal lives and through their performances. The images and messages they portray should encourage young people to adopt and maintain healthy behaviours.

- **Government leaders and the media**

  Politicians, journalists and bureaucrats can affect the factors (social, legal, economic, political and normative) that determine the risk environments for HIV infection in which young people live and work. Structural strategies (e.g. free schooling for all girls and boys) challenge and change factors that increase the vulnerability of young people to HIV. The media has a role and responsibility to show the public image of sexuality and HIV that will encourage young people to prevent HIV transmission.

- **People living with HIV**

  PLHIV have a role in HIV prevention. They have a personal role to ensure they do not transmit HIV to any other person. They may also choose to have a public or community role as an HIV activist, an educator or speaker on living with HIV, or an advocate for the rights of PLHIV.

ACTIVITY 4-4
PLENARY DISCUSSION: HIV PREVENTION AND THE HEALTH WORKER

Tell the participants that, as we have said, HIV requires a broad response from all members of society. We will now focus on prevention strategies that the health worker can provide.

If there is time, ask the participants the question: *What are the key HIV prevention strategies that can realistically be provided by the health worker?*

Allow time for brief discussion. Write the answers on a flipchart and then put up Slide N4-3 and compare the lists.

If time is short, show and read out Slide N4-5.

SLIDE N4-5

Key HIV prevention strategies for young people that can be provided by the health worker

- Information and education on HIV and safer sex
- HIV testing and counselling
- Provision of male and female condoms
- Harm reduction strategies for injecting drug users
- STI management

Tell the participants that HIV prevention services must be offered to young people when they attend every department of the health services (tuberculosis clinics, STI clinics, ante-natal clinic, family planning clinics, and sexual and reproductive health clinics and services). These services need to be youth friendly (i.e. available, accessible, acceptable, appropriate and effective) for all young people.

Remind the participants that these key prevention strategies for young people cannot be the same for all but need to be adapted to the different needs of many young people. For example, the different needs of boys and girls, those in and out of school, younger and older adolescents, and those young people who are married and unmarried.

Talking points

- Young people need more information and education on sexuality and HIV prevention to help them practise responsible sexual behaviour. Postponing the first sexual activity (for young people who are not yet sexually active) and reducing the number of sex partners can significantly protect from HIV. The messages and the way the messages are given are very important for young people. They do not only want to hear what they cannot do, but also what they can do.

  In some settings, health workers have held group counselling sessions for young people (PLHIV or others) to discuss difficult situations in HIV prevention. This method can create a good interaction because the group looks for solutions to situations, taking the focus away from the individual.
- Provider-initiated HIV testing and counselling need to be available in all health services and in the community. Client-initiated or voluntary counselling and testing (VCT) services are also needed.
- The use of latex condoms to prevent the exchange of body fluids during sex is an essential element of all HIV prevention. Safer sex depends on the correct and consistent use of condoms. Female condoms offer women an option that may give them more control. Female condoms require more counselling and assistance with respect to their proper use. They are also more expensive.
- Young injecting drug users need skills, clean equipment and motivation to help them understand the risks, and to assist them to reduce or stop injecting. They are often particularly at risk of acquiring HIV because they may not have the knowledge or skills to protect themselves from HIV and hepatitis C infection through contaminated injecting equipment. Harm reduction reduces the harmful effects of IDU for those who do not stop injecting. Strategies include education programmes, counselling, drug substitution and needle-syringe programmes.
- Some STIs greatly facilitate HIV transmission between sexual partners. Effective prevention and early, correct treatment of STIs are essential parts of HIV prevention for young people.

ACTIVITY 4-5
GROUP WORK AND PLENARY: HIV PREVENTION IN THE CLINIC AND COMMUNITY

Explain that we will now do group work in order to identify practical ways in which health workers can develop strategies to prevent HIV transmission among young people.

Divide the participants into 3 evenly sized groups. You can use an interesting method (e.g. by groupings of birth month, favourite movie star, food, etc).

Ask the participants to turn to Annex 4 of the Handout (Scenarios for HIV Prevention in the Clinic and Community).

Ask a volunteer to read aloud the following task to all the participants.

Task

You have recently arrived as the health worker in charge of the municipal health centre in a small town. After attending a course on HIV and young people organized by your national AIDS programme, you decide to map the situation of young people in your community.

Based on your findings, as described below, how would you respond in order to contribute to HIV prevention among these targeted groups of young people?

Write a list of possible approaches, discuss their advantages and disadvantages. Then choose one approach that can be applied:

- Within your clinic
- Within your community.

One participant should summarize the group's discussion and present in plenary the approach that they have considered and the approach they have chosen. They should present one approach the health worker can use in the clinic and an approach for use in the community.

Ask the participants if there are any questions regarding the task.

Assign one of the three scenarios to each group.

Tell them that they have 10 minutes to discuss the situation within the group and answer the proposed question. Remind them that one participant will be asked to present their approaches to the entire group once time is called.

SCENARIO 1

You learn from a reliable NGO that injecting drug use is occurring among some young people in the community. The boys involved are aged 15-18 years, some attend the secondary school and some do not. Some of the boys have girlfriends at the school. Their practices are relatively unknown (or are ignored) among leading members of the community. Nothing is currently being done to address the matter. You are told that the young people want to avoid contact with the authorities for fear of getting into trouble with the law or with adults in the community.

SCENARIO 2

In the course of your work, you realize that some of your STI patients are students from some nearby secondary schools. When you ask, you learn that there is no health education on sexual and reproductive health offered in these schools. You decide to approach the principals of the schools to explore the possibility of working with them to start a collaborative sexual education programme.
The principals respond with extreme resistance. They feel that such a programme will only encourage the young people to engage in premarital sex, which is exactly what they and their staff have been trying to work against. They say they have enough of a problem with teenage girls who had to be expelled from school because they got pregnant. The principals have strong opinions about this and feel they are speaking on behalf of the parents as well.

SCENARIO 3

You discover that there is a red light area in a poor backstreet not far from your health centre. From discussions with the nurses in the health centre, you learn that young women from the brothels are sometimes brought to the centre by an older woman and a tough looking man. The nurses tell you that many of these young women cannot speak the local language. They seem sure that these women have been 'trafficked' from other parts of the country. "There is nothing we can do", one of the nurses says to you, "Powerful people are involved".

As the groups are working, go round the room to ensure that they understand the task and are on the right track.

When it is time, bring the participants together.

Choose which group will report back first.

Ask each presenter, in turn, to read aloud their scenario and then summarize the discussion on the advantages and disadvantages of different approaches which they had discussed in their group. They should then present the HIV prevention approaches which the group had agreed would be the most effective in the clinic and in the community.

Ask the rest of the group if they have anything they wish to add and then ask the other participants if they have any comments or questions.

Record the main points on a flipchart so that you can summarize what has been discussed at the end of the activity.

TIP FOR YOU

As always, be aware of time constraints. Encourage discussion but keep the participants on the topic in order to cover all the issues in the allotted time. Allow each group 5 minutes maximum for presentation and questions.

If there is time, ask the participants if they know of local examples of successful prevention programme for young people. Lead a brief discussion on what the participants think could be the elements that make these programmes successful.

ACTIVITY 4-6
CONDOM DEMONSTRATION (OPTIONAL) - 30 MINUTES

If you planned for this activity (see Module Advance Preparation) you can do the demonstration. Ask your prepared participants to do the demonstration or ask for two volunteers. This can be done as a role play counselling session with two participants or facilitators playing the role of health worker and young client.

Decide whether you will demonstrate male or female condoms, or both if there is time.

WRAP UP

Conclude this session by saying: Prevention programmes are often planned and carried out by health workers like you. Let us summarize the questions the health worker can ask when planning HIV prevention services for young people in their community.

Show slide N4-6.

Talking points

- Talk to young people and young PLHIV in your community to find out what is happening, the risk and protective factors in their lives, where transmission may be occurring, and what they identify as their needs to prevent HIV. Encourage them to plan and contribute actively to developing HIV prevention services.
- Look at what you could do. Start small. Learn from what has been done elsewhere. Look for support from young people, other professionals and community members.

Questions to ask when planning HIV prevention services for young people

- What is happening in my community with young people and HIV?
- What contribution can I make to HIV prevention?
- What barriers are there (in myself, my work environment and my community) that could hinder my contribution?
- What can I do to overcome these barriers?
- Who else do I need to work with?

SLIDE N4-6

- HIV in young people raises many sensitive issues. Health workers, young people and community members often feel uncomfortable discussing and addressing these issues. Examine your own attitudes and practices towards young people and reflect on the material in the Orientation Programme. Discrimination towards PLHIV exists in the community and in the health services. Identify the reasons why young people cannot or choose not to go to health services in your community.
- Look for formal and informal ways to discuss sexuality and HIV with members of your community. Help them to see the importance of the issues and the consequences for young people of not addressing HIV prevention. All health workers have a responsibility to act with respect, professionalism and proper procedure towards all people, including PLHIV. Look for help from others to overcome barriers to developing HIV prevention services in your community.
- Contact people who are already working with HIV and young people in your community or region and learn from their experiences (youth groups, nongovernmental organizations, health professionals, teachers, peer support groups, community leaders, etc). Join or develop networks of people working with these issues for support and for sharing information. Plan together, so that the strategies and HIV prevention messages which the youth hear and see are consistent and complementary.

Ask the participants to spend a few minutes now to make some notes. Ask them to reflect on this session and to think of at least one practical and realistic action which they can take to their clinic or community to help reduce young people's risk of acquiring or transmitting HIV.

Give them a few minutes to complete the task.

Refer them to the publication: Protecting Young People from HIV and AIDS: The Role of Health Services (WHO, 2004) - see reference list in the Handout. If you have printed copies of this from the CD-ROM, you can distribute them now.

This concludes the first half of the module, which is an important base for the discussions in the next sessions on HIV testing and counselling and on management of HIV in young people.

Session 5
HIV testing and counselling among young people

Aims of the session

- To emphasize the importance of provider-initiated HIV testing and counselling in all contacts with young people.
- To discuss special considerations in HIV testing and counselling with young people.

Activity 5-1
Mini lecture: Introduction

Explain to participants the current concept of HIV testing and counselling.

- Recently the concept of testing and counselling has broadened from making testing and counselling available to those who ask for it (client-initiated, i.e. at Voluntary Counselling and Testing [VCT] sites), to provider-initiated HIV testing and counselling (i.e. the health worker begins the discussion on HIV testing) during all contacts with patients in healthcare settings and even in the community. However, the patient always has the right to refuse testing.
- HIV testing and counselling is an important entry point to prevention, care, treatment and support.
- HIV testing and counselling is a crucial prevention intervention and is an important opportunity both for people who test positive and for people who test negative.
- HIV testing must only be offered with the "4 C": Confidentiality, informed Consent, Counselling, and Condoms.

Tell the participants that this information is in the Handout in Section 5.

Tell the participants that in this session we will discuss counselling young people in the context of HIV testing. In the next session we will look at counselling for young people who are living with HIV.

If there are national guidelines or a national protocol for the management of HIV testing and counselling available, show these documents to the participants.

If you have printed documents on testing and counselling from the CD-ROM, you can distribute them now.

Activity 5-2:
Mini lecture: HIV testing and counselling for young people

Ask the participants: *Why is HIV testing and counselling important?*

Allow some time for discussion, then show slide N5-1 and go through Talking points.

SLIDE N5-1

Knowing HIV status and receiving counselling and support, can enable

Individuals to:
- Initiate or maintain behaviours to prevent acquisition or further transmission of HIV.
- Gain early access to HIV prevention, care, treatment and support.
- Access strategies to prevent transmission from pregnant mothers to their infants (PMTCT).

And can help communities to:
- Reduce the denial, stigma and discrimination that surround HIV.
- Mobilize support and appropriate responses.

All people, including young people, have a right to know their HIV status.

Talking points

- Coming to know one's serostatus, when given with counselling support, may be a time when young people are open to making changes in their behaviour. HIV status is essential knowledge to empower those who are not infected to remain so and for people with HIV to access prevention (e.g. of STIs), care and support services, and to prevent further transmission.
- With counselling and support, the earlier young people know that they are HIV-positive, the sooner they can protect themselves and reduce the risk of transmitting HIV to their partners and loved ones.
- Many mother and child health (MCH) clinics now offer HIV testing and counselling and provide anti-retroviral drug regimens to prevent mother-to-child transmission (PMTCT).
- Communities that normalize the process of including HIV serostatus as part of general health-seeking behaviour have a greater chance of tackling the stigma and discrimination associated with the disease. Group counselling of young people can be considered as a way of discussing the benefits of testing and taking the focus away from the individual. However, any coercion of persons to get tested must be strictly avoided.
- Community mobilization can be facilitated by more people knowing their HIV status. In communities where many people have a friend or relative with HIV, the stigma associated with the virus can be less and support for PLHIV can grow. However, we may only reach this level in high prevalence settings.

Stop everyone and try to get the room to be still for a moment.

Then say to the participants: "I would like you to think about the very personal question I am now going to ask. I do not want you to answer, but just think about what you feel:

- "How many of us here know our HIV status?
- "How many of us have been for an HIV test?
- "What are our feelings if someone suggests that we have an HIV test today?"

Wait for a few moments to give them time to think and then say: "HIV testing is a very personal issue and is accompanied by many feelings: feelings of fear and feelings of anxiety about stigmatization and confidentiality. We should be aware of these feelings when we encourage young people to know their HIV status."

We should also make sure that services are available so that the testing is an entry point for prevention, treatment care and support.

If there is time, ask the participants if they can think of any special considerations in HIV testing and counselling among young people. Write their responses on a flipchart.

Then show Slide N5-2 and go through the Talking points.

Talking points

Special considerations in HIV testing and counselling among young people

Important elements:
- Do not discount the potential for HIV in young people.
- Understand the issues of consent and confidentiality for HIV testing and counselling of minors.
- Your first session with a young person may be your only one.
- Promote beneficial disclosure.
- Take the opportunity given by a negative HIV test.

SLIDE N5-2

- Most adolescents become sexually active before the age of twenty. Young people form a large percentage of groups at highest risk and highest vulnerability of HIV. This is why it is important to encourage young people to consider testing. Young PLHIV will probably have a long period after acquiring HIV when they will remain asymptomatic and will not be aware that they are HIV-positive.

  Even if they do not want to have a test immediately, health workers should provide them with information and other links in the community. Invite them to come back to the clinic when they are ready.
- As with any patient, consent and confidentiality are important considerations with under-age young people (minors) who come for HIV testing, especially if they are not accompanied by an adult. There may be legal restrictions on performing an HIV test without the consent of a parent or guardian. Each situation is different. If possible, an assessment should be made of the young person's risk for HIV, his/her risk of not returning for testing, and his/her capacity to understand informed consent. Health workers should take into account the best interests of the young persons and their evolving capacities. All health discussions with minors should be kept confidential, unless unlawful.
- It is important to take advantage of the initial session, as it may be your only chance to communicate the importance of being safe and the reality of HIV to this particular young person. As they may not come back, ensure that they have educational materials and links to community services and peer support, where they can access further information and support at a later date.
- All PLHIV need support to cope with living positively. But young people have special needs. The support from family and close friends can be particularly important for young people, but they will only be able to access this support if family and close friends know their HIV status. Counselling can help them to understand the benefits of disclosing their HIV status and discuss whom to tell and how to go about telling.

  Young people need a lot of support around issues of stigma and disclosure. Disclosure of HIV status may also involve disclosure of sexual activity and injecting drug use. The final decision on disclosure stays with the young person.
- A negative HIV test result provides a unique opportunity to discuss risk behaviour and promote behaviour change with a young person. Prevention education and risk-reduction counselling can help them to consider, plan and implement changes in HIV risk behaviour. Promotion of condom use should be part of all counselling sessions with sexually active young people, including distribution of condoms, as appropriate.

TIP FOR YOU

If you asked the question before showing the slide, now refer back to the points participants made on the flipchart and how they relate to the points on the slide.

ACTIVITY 5-3
MINI LECTURE: CIRCUMSTANCES FOR HIV TESTING

SLIDE N5-3

Circumstances in which poung people may present for HIV testing and counselling

- **Choice:** young person makes decision to come for testing
- **Recommendation:** other person advises, young person decides
- **Mandatory:** others make the decision to test young person

Display Slide N5-3.

Before going through the Talking points, ask the participants to give examples of situations for these circumstances. For example, "Can you give an example of a circumstance when a young person may [choose/ be recommended/ have others decide they need] to be tested for HIV?"

The examples can be based on their experience or from imagination. Remind them not to include any information that could identify individuals.

The following Talking points give examples of situations in these three circumstances for testing. Go through any points that were not covered in the discussion.

Talking points

Choice

- The young person may have recently experienced a situation that makes them think they could have been at risk for acquiring HIV (e.g. rape, condom breakage, unprotected sex, first experience with injecting drugs).
- He or she may be a person who has a risk behaviour that is regular in their lives (e.g. injecting drugs, sex worker).
- He or she may be on the brink of something new in their lives (e.g. a new relationship, marriage).

Recommendation

- Provider-initiated HIV testing and counselling recommends that health workers offer HIV testing and counselling during all routine contacts with patients in healthcare settings. The health worker may be following the health centre policy. All people should be informed and give their consent and the patient always retains the right to refuse testing.
- The health workers may have some reason to suspect that a young person could be HIV-positive (e.g. presence of a marker disease, e.g. tuberculosis). Having an STI increases the risk of acquiring and transmitting HIV, so a young person who has an STI or TB should be advised to be tested for HIV.
- Young people who are vulnerable to HIV (e.g. sex workers) should be counselled to be tested for HIV.
- Peer counsellors, outreach workers or youth counsellors may recommend that the young person comes for HIV testing.

Mandatory

- Mandatory screening of donors is required prior to all procedures involving transfer of body fluids or body parts.
- There are different reasons in each country why a person may be obliged to be tested for HIV (refer back to the reasons already identified by participants or ask them for examples).
- Testing may be required to enable them to do something they wish to do, e.g. entering the military, before marriage, applying for a job, visa or scholarship, etc.
- Some people may not have a choice (e.g. people in prison).
- In some places, routine HIV testing in healthcare settings may be done without the patient knowing. This is not ethical and is not in the best interest of the patient.

Tell the participants: *WHO does not recommend mandatory HIV testing as an effective public health strategy. It is not ethical and does not respect the human rights of the individual.*

TIP FOR YOU

The Window Period

It is important to point out that in situations where possible exposure to HIV may have been only hours or days before, the health worker needs to be aware that the young person may be in the window period (i.e. when antibodies have not yet formed after exposure to HIV or are not detectable in the blood). The patient should be counselled and advised to practice safer sex or abstinence and return for testing 6 weeks after possible exposure to HIV.

However, if the young person is going to receive Post Exposure Prophylaxis (PEP), they must begin treatment less than 72 hours after unprotected sex.

If there is time, ask the participants: *Where could young people in your community go to for HIV testing?* They may suggest that young people go to:

- Voluntary Counselling and Testing (VCT) Centres
- ANC settings as an entry point to MTCT prevention
- Routine treatment settings as part of standard care
- STI clinics, TB clinics, youth centres, private doctors
- Acute care settings.

Allow for some discussion and then ask: *Are there any reasons young people would not choose to go to any of these places for HIV testing?*

Allow some time for discussion.

Then move on and show the next slide. Go through the Talking points.

Rapid HIV test with same-day result

recommended for all people and especially for young people.

HIV testing must only be offered with the 4 C's:

Confidentiality, informed Consent, Counselling and Condoms

SLIDE N5-4

Talking points

- Counselling and rapid testing are recommended for young people, as they ensure that the person can get their results quickly. As discussed earlier, it takes a lot of courage for a young person to come to the clinic the first time. They may not return a second time, even if that means never receiving their results.

- Rapid testing allows for same-day results. Most tests can be read within 20 minutes. If the first test is negative, the person can be considered as negative. If the first test result is positive, another Rapid HIV Test must be performed (Confirmatory Test). With a second positive result, the patient can be counselled as a positive result. If the second test is negative, then the result is considered inconclusive, in which case the algorithm is repeated. This situation happens very rarely.

If available, refer the participants to the Algorithm for Rapid HIV Test in the National Guidelines on HIV Testing and Counselling or the WHO Guidelines for HIV Testing and Counselling.

ACTIVITY 5-4
PLENARY DISCUSSION: FEELINGS AROUND HIV TESTING AND COUNSELLING

Now we will discuss the thoughts and feelings that may be experienced by a young person who has come for HIV testing.

FLIPCHART N3

What are the possible feelings and the thoughts behind the feelings of a young person who has come for HIV testing?

- *Choice: John, the morning after condom breakage during sex*
- *Recommendation: Anne, pregnant young woman attending antenatal clinic*
- *Mandatory: Peter, application for a scholarship*

John *Anne* *Peter*

Put up the Flipchart N3.

Hold an open discussion.

Ask the participants about each young person in turn.

What may John/Anne/Peter be feeling? (Fear, anger, embarrassment, etc.)

Why may he/she feel this? (He may be embarrassed to talk about sex, or having had sex with a sex worker or a man; or is angry with himself, the condom, sex partner, you, authorities, etc.)

Write up the key "feeling" words under each name on the flipchart.

Ask the participants to focus on the feelings that are particular to young people, their level of maturity and experience.

Consider how the feelings may impact on the counselling situation.

TIP FOR YOU

If necessary, encourage the discussion with probing questions, e.g. Will John feel angry that you cannot test him now (window period)?

Why doesn't Anne just refuse testing? Why can't Peter keep the test result to himself?

Remind them to consider the thoughts and feelings of the young people in relation to how their family and friends could react to the test results.

If there is time, you can present other brief scenarios or ask the participants to suggest some, e.g. woman has been practising safer sex and now wants to get pregnant, woman/man after rape, young person with TB/STI.

Summarize the feelings identified.

Tell the participants that they have identified many of the feelings that need to be addressed in pre-test counselling. Pre-test counselling ensures that the young person is sufficiently informed about the testing process and consequences. By offering counselling, informed consent is possible and young people are not tested in a coercive (forced) manner.

Remind the participants that the thoughts and feelings of people coming to a clinic will vary depending on their circumstances. Each situation raises different issues for the young person. It is important for health workers to anticipate what the young persons may be thinking and to be sensitive to their feelings.

Tell the participants we will now continue with an activity to explore the role of the health worker in counselling young people who come for HIV testing.

TIP FOR YOU

If post-exposure prophylaxis (PEP) comes up in the discussion, refer the participants to Box 7 in the Handout. If PEP does not come up, refer them to Box 7 at the end of this session.

ACTIVITY 5-5
GROUP WORK: DO'S AND DON'TS IN TESTING AND COUNSELLING WITH YOUNG PEOPLE

TIP FOR YOU

Choose the three most suitable from the following four scenarios (see below).

Ask the participants to turn to the scenarios in Annex 5 of the Handout: Scenarios for do's and don'ts in testing and counselling with young people.

Divide the participants into three groups and allocate one of the four scenarios to each group.

Ask one participant to read the task.

Task for group activity on do's and don'ts in testing and counselling with young people

- Go over the scenario you have been given and work together in your group to develop the story further, making it a real life situation. Prepare a presentation (one person telling the rest of the story OR present it as a short role play).

- Identify a list of practices that the health worker should always carry out (the Do's) and practices that should never be carried out (the Don'ts) in a situation like this. Consider practices in the information already given in the scenario and practices in the additional story that you have developed. One person will present the list.

Give the groups 10 minutes to carry out the tasks. Move around the groups to listen and see if they are on the right track.
Scenario 4:

SCENARIO 1

A young pregnant woman, who appears to be in good health, comes to the weekly antenatal clinic. She is accompanied by an older woman, a kindly neighbour. The neighbour tells the health worker that this is their second visit to the antenatal clinic. At her first visit, in addition to a physical examination, the pregnant woman had blood taken for tests.

The health worker quickly looks at the notes from the previous visit and the laboratory test results. The test indicates that the woman is HIV-positive. "Another one. The third today….", the health worker mutters.

The neighbour leans forward and asks softly: "What did you say?"

SCENARIO 2

A young boy of 15 comes to the public health centre and asks to be tested for HIV. He appears healthy but anxious. The nurse asks him if he has come with a parent. The boy says no, neither of his parents knows that he is here. The nurse tells him he will have to come back tomorrow with one of his parents, but the boy becomes agitated and says he does not want to tell them, he just wants to be tested. He is sent away from the clinic but he is later seen waiting near the door.

SCENARIO 3

A young woman of 18 years comes to the clinic because she thinks she is pregnant. On discussion, she says she has a regular boyfriend who is the father of the baby and that she is glad to be pregnant. Later, when talking with the health worker, she says she is worried because she has recently learnt that her boyfriend injected drugs when he was younger.

SCENARIO 4

A young man, a university student, is in the consulting room of a private practitioner.

He is looking on anxiously as the doctor carries out a rapid HIV test.

The doctor is engrossed in his task, and the young man is in the grip of his fears and concerns. After several minutes of silence, the doctor scratches his head and says to the young man: "The test result is not clear. You should go to the hospital for another one." There is a sense of panic in the eyes of the young man. He says, "What do you mean that the test result is not clear?"

When the groups have completed their tasks, reconvene them in plenary. Ask each of the three groups to come forward and complete the stories, either as a story or a role play. Remind them to keep the discussion within the context of what is special to the young person.

Allow 3 minutes for each group presentation and 2 minutes for questions.

After each presentation, ask them to read their list of the dos and don'ts in the practice of the health worker in their story. After each group presentation invite comments and questions. After all three groups have completed their presentations, open the floor for discussion.

TIP FOR YOU

Press the groups to explain why they believe the actions they point to represent good or bad practice. Here are some examples.

	Do's	Don'ts
Scenario 1	Prepare for patient Maintain confidentiality Be professional	Make indiscreet remarks Pressure a pregnant woman to consider an abortion
Scenario 2	Assess risk for HIV and risk of patient not returning Give clear and understandable HIV information	Dismiss a young person who is distressed
Scenario 3	Be aware of risk of HIV for sexual partner of injector Offer HIV testing and counselling	Criticize patient for having unprotected sex or sex before marriage
Scenario 4	Be professional in practice Be aware of patient's emotions	Send away a distressed young person

WRAP UP

Tell the participants that this concludes the session and we will now recap the important points discussed.

- Knowing HIV status is essential for slowing the HIV epidemic.
- HIV testing should be offered to all young people and must always be accompanied by counselling and informed consent.
- For young people there are special considerations with HIV counselling and testing.

Show Slide N5-3 again (Special considerations for HIV testing and counselling among young people) and briefly go through the points.

Ask for any questions, comments or concerns.

Inform the participants that meeting the needs of young people who come for HIV testing and counselling is the first step in HIV management. In the next session we will discuss the other services in the management of HIV in young people.

Session 6
Management of HIV in young people

Aims of the session

- To discuss the management of HIV in young people.
- To identify the special considerations for managing HIV in young people.

TIP FOR YOU

This session presents a lot of information. To complete the session in the given time, much of the information is presented as mini lectures. You should encourage the participants to ask questions and to give examples when appropriate.

If there is extra time, you can change some mini lectures to participatory activities (e.g. ask the participants to work in buzz groups or in pairs, and to come up with some of the information that is in the slides and then present their feedback in plenary).

ACTIVITY 6-1
MINI LECTURE: INTRODUCTION

Tell the participants that we will begin by looking at what is involved in the management of HIV for all people. They can review this information later in the Handout, Section 6.

Show slide N6-1 and go through the Talking points.

SLIDE N6-1

Management of HIV

This involves a range of services that provide care and treatment, support, and positive prevention for people living with HIV. The aim of the services is to help these people to:
- Live positively
- Adhere to care and treatment
- Understand what is beneficial disclosure
- Cope with stigma and discrimination.

Talking points

- Positive living can help PLHIV to live a full and healthy life. Counselling and support can help them to stay healthy and improve their self-esteem and confidence, with the aim of protecting their own health and avoiding passing the infection to others.
- PLHIV may need to take medication for a range of infections and illnesses. As HIV progresses they may require ART. Adherence to all treatments is important. Adherence to ART is important for the health of the individual and to reduce the risk of drug resistance.
- PLHIV are often hesitant to reveal their HIV status to others for fear of stigma and discrimination. In order to receive the support of family and friends, young PLHIV will need to tell them of their HIV status. However, there is a risk of disclosing HIV status in an unsupportive setting; women in particular may be at risk of domestic violence.

- Health workers have an important role to play in combating stigma and discrimination and in assisting PLHIV to cope with the effect of HIV on themselves, their families and their loved ones. Unfortunately, PLHIV still encounter stigma and discrimination from many sectors of society, including the health services.

Tell the participants that we will now consider what is involved in these services.

HIV services for all PLHIV

- Care and treatment
- Support
- Positive prevention

SLIDE N6-2

Show slide N6-2 and go through the Talking points.

Talking points

Care and treatment

This includes all the medical care and psychosocial care in the healthcare setting or in the home, including antiretroviral therapy (ART) and prevention, care and treatment of opportunistic infections (OI), STIs and other infections, as well as treatment of other conditions (e.g. cancers, depression).

Support

This is the emotional, psychosocial, spiritual and material support that will enable the PLHIV to live positively. It is often provided by peers, family and community as well as the health services. This support can only be given when HIV status is known and when the people who are able to give this support know that the person is HIV-positive.

Positive prevention

This includes all strategies that increase the self-esteem, confidence and preventive actions of PLHIV, with the aim of protecting their own health and not passing the infection to others. This includes safer and healthier sex, harm reduction, preventing mother-to-child transmission (PMTCT), and the management of sexually transmitted infection (STI). It can also include provision of safe drinking water, impregnated bed nets and chemoprophylaxis (e.g. co-trimoxazole and INH).

Counselling is an integral part of all these services

Show slide N6-3 and go through the Talking points.

Then the participants: Now we will consider what is especially important in HIV services for young PLHIV.

HIV services for young PLHIV

Care, support and positive prevention are the most important services because:
- The majority of young PLHIV remain asymptomatic for years.
- They may require care and treatment for opportunistic infections (OIs), STIs etc., but ART is usually only required after many years.

Services must be available in healthcare settings and the community to provide:
- Continuity of care (links with different service providers and sectors).
- Continuum of care (a range of services).
- Transition of care (paediatric to adult).
- Youth-friendly health services.
- Referral to peer support, community support and specialist services.

SLIDE N6-3

Talking points

- Many young PLHIV will remain asymptomatic for long periods after an HIV-positive test result.

  Young PLHIV may require care and treatment for OIs, STIs etc. over the years, but for many of them ART will only be required after many years of living with HIV, when the immune system has substantially deteriorated. By this time many will no longer be young people.
- It is important that services are available to young people in healthcare settings and in the community, depending on their needs.

  Health services will be needed over many years, so continuity of care is important to ensure their follow-up with other health services, social and emotional support services, and peer support groups.

  There also needs to be a continuum (a range) of care to meet the changing needs of the individual (e.g. the health and emotional needs of a young PLHIV will change over time as HIV disease progresses).

  For young people who have been living with HIV all their lives, there will be a time when they will need to move from paediatric to adult care. It is often difficult for them to make the change.

  Peer support is especially important for young PLHIV.

  They will need referral to specialist services for counselling and support on particular issues (STI, fertility, treatment programmes for young injectors, etc.).

ACTIVITY 6-2
MINI LECTURE: CARE AND TREATMENT

Tell participants that we will begin with care. Ask them to turn to the General Principles of Good Chronic Care in their Handout, Box 9, Section 6.

BOX 9 - HANDOUT N

General principles of good chronic care

- Develop a treatment partnership with your patient.
- Focus on your patient's concerns and priorities.
- Use the 5 A's – Assess, Advise, Agree, Assist, Arrange.
- Support education of the patient and self-management.
- Organize proactive follow-up.
- Involve 'expert patients', peer educators and support staff in your health facility.
- Link the patient to community-based resources and support.
- Use written information – registers, treatment plans, appointment calendars, treatment cards – to document, monitor, and remind.
- Work as a clinical team and hold regular team meetings.
- Assure continuity of care.

From: *Chronic HIV Care with ARV Therapy*, Integrated Management of Adult and Adolescent Illness (IMAI), WHO, 2004.

Ask the participants to look at the list.

Explain that these principles can be used in managing many chronic diseases, including HIV. As we know, access to ART can mean that HIV can remain a chronic disease for many years.

We will go through the list with a view to how these principles apply to caring for young people living with HIV.

Ask one participant to read the first principle. Then ask the same participant to briefly state in what way this principle may be important for young PLHIV and to identify the issues raised by this principle in providing care for him/her.

For example:

- Why can a treatment partnership be important for the young PLHIV?
- Why is it important to focus on the young person's concerns and priorities? Etc.

Remind them that we are considering the needs of the young PLHIV.

Ask another participant to read the next principle and do the same.

Go through all 10 principles.

TIP FOR YOU

With question 3 ask which of the 5 A's is the most important with young PLHIV?

These discussion points are in the Handout, Section 6. You can use them now if a participant has trouble identifying an issue raised by the principle in providing care for young people. Otherwise, refer the participants to the section at the end of the activity.

Here are some general principles for *good chronic care* applied to young people living with HIV.

- A treatment partnership is a treatment plan that the young person and the health worker discuss and establish together. Young PLHIV may respond well to a treatment partnership because it gives them some ownership and control over their treatment and lessens the feeling that they are being told what to do. Involving adolescents and in their care can assist them in the transition from paediatric to adult care.
- By asking about and listening to the young patient, it is possible to respond to the issues that they see as the most important. Each young person may have different concerns which will change over a period of time. Their concerns and priorities may be different from what we expect. Respond to any signs and symptoms that the young patient is experiencing at the moment.
- The 5 A's are a key part of good chronic care. They are a series of steps used in caring for patients: Assess, Advise, Agree, Assist and Arrange. You can respond to a patient's symptoms and problems using the 5 A's (refer participants to Box 11 in the Handout). The Assist and Arrange will be particularly important for young people in order to provide them with links and support to other services.
- Many young people continue to have misconceptions about HIV. Young PLHIV need HIV education and care plans to help them manage to live positively. Young people may especially need support in their self-management. Involvement of PLHIV peer counsellors, family and friends is essential.
- Young patients may not return to clinic appointments. Health workers need to follow up on them (e.g. home visits or going to places where young people gather). However, this needs to be done with tact and while ensuring confidentiality. Find creative ways to encourage young patients to come back.
- It is very important for young PLHIV to be part of the planning and implementing of HIV services in the clinic and community. Their perspective will influence the work of the other professionals and provide a convincing example of positive living to other young clients. Encourage training and support for young PLHIV as peer counsellors to facilitate support groups and youth support services. HIV information presentations by peer educators at schools, post-testing groups, football clubs and girls' clubs can raise awareness and encourage young

people to seek testing and counselling. Encouraging self-management can improve their understanding of their care and prepare the adolescent for adult care.

- It is essential to provide links and referrals to other health services, peer support groups and other community-based resources. Ensuing continuity of care to meet immediate and longer-term needs of the young person is vital to maintain support in the community and home. Keeping a resource file of services for young people can help health workers to access local information easily.
- Patients' records need to be kept so that different support services can maintain continuity of care. Pictures, diagrams or words written out for an individual patient can assist young patients in understanding treatment plans and remembering treatments, appointments and information. Written information can be presented in a way that is interesting and attractive to young people.
- Working as a clinical team ensures that the patient receives consistent care and information from all staff at the clinic. Patients may be more comfortable if they see the same carer at each visit and are able to build up a relationship.
- Continuity of care is important in the clinic and through community support services. Young PLHIV may be using the services over many years and continuity of care ensures that the changing needs of the young client and their family can be met.

Congratulate the participants on viewing these principles from the perspective of the needs of young PLHIV.

Then show the next slide.

Tell the participants that we will now consider treatment.

Treatment includes antiretroviral therapy (ART), as well as prevention, treatment and care of opportunistic infections (OI) and STIs. Treatment also includes management of other chronic conditions (e.g. cancers, depression).

We will not discuss the full range of clinical care for PLHIV in this module. This is provided in other guidelines (e.g. National Guidelines for Clinical Care for PLHIV, WHO IMAI Chronic Care with ARV Therapy).

We will next focus on ART and young people.

ACTIVITY 6-3
MINI LECTURE: ANTI-RETROVIRAL THERAPY (ART)

SLIDE N6-4

ART (anti-retroviral therapy)

Anti-retroviral (ARV) drugs inhibit the replication of HIV.
ART does not remove this virus from a person's body, but does dramatically reduce the viral load and delay damage to the immune system.

ART can:
- improve the quality of life;
- provide an important incentive for learning one's HIV status.

Display slide N6-4 and go through the Talking points.

Talking points

- ART can lead to a rapid clinical recovery, improve the quality of life, and dramatically reduce the rate of HIV-related mortality and morbidity. ART has changed HIV to a manageable

chronic illness. It has been shown in many settings that ART can also reduce the stigma associated with HIV.

PLHIV taking ART can usually remain in a good state of health for many years, continue to play an active role in their families and community, and be active in supporting other PLHIV.

- As ART offers a way of managing HIV, more people are willing to get themselves tested and should be encouraged to do so.

Tell the participants that providing ART requires specific knowledge and skills. This module will not discuss the specifics of prescribing ART. For more information on treatment, refer the participants to the National Guidelines or the WHO IMAI Guidelines: *Chronic Care with ARV Therapy* (available on the CD-ROM).

We will now discuss some important ART-related issues in the context of working with young people and young PLHIV.

Challenges in maintaining adherence to ART for young PLHIV

SLIDE N6-5

Adherence can be difficult because many young people:
- prefer to live in the present;
- desire independence;
- have not disclosed their HIV status;
- may not know their HIV status;
- fear the stigma of HIV.

Factors that contribute to adherence include:
- informing them of their HIV status;
- providing clinical support and peer support;
- giving clear information on HIV and ART treatment;
- making an agreement of care with the young person.

Show slide N6-5 and go through the Talking points.

Talking points

- To stick with a complicated drug regimen is a difficult task for anybody, but may be especially difficult for young people. Some of the factors contributing to non-adherence relate to young people themselves and some to the features of the drug regimen. Adherence can be difficult because many young people:
  - prefer to live in the present rather than plan into the future, and they may have a perception of being immortal;
  - desire their independence and wanting to move to adulthood;
  - have not disclosed their HIV status to people who could give them support, because of feelings of shame or fear of stigma;
  - who were infected around birth may not know their HIV status, and the importance of ART may not have been explained to them;
  - who are taking regular medication may be identified as having HIV and be exposed to HIV stigma and discrimination.

- Factors that contribute to adherence include:
  - informing young people of their HIV status if they did not know (e.g. with perinatal transmission).
  - providing a support system to assist with clinical care and advice (e.g. management of side-effects, monitoring of missed doses, simplify dosage, etc.).
  - access to peer support to help them with finding strategies that assist with adherence and improve self-esteem and reduce stigma of HIV.
  - providing clear information on HIV, the aims and advantages of the regimen and the importance of adherence. Prescribe the easiest possible ART regimen (e.g. single dose).
  - giving young people more responsibility for their care and a better understanding of their treatment through negotiating a treatment partnership.

It is important to discuss adherence and adherence-related problems openly and with respect and empathy in every encounter with the young patient, and to seek solutions to adherence problems.

ACTIVITY 6-4
MINI LECTURE: SUPPORT

SLIDE N6-6

Support for young PLHIV

- Is not just ART and care.
- Is about assisting young PLHIV to cope with the impact of HIV on their lives.
- Begins with post-test support and continues to on-going support.
- Addresses the needs of young PLHIV, but also goes beyond them.
- Includes spiritual, emotional, social and material support to meet daily needs.

We will now discuss Support.

Show slide N6-6 and go through the Talking points.

Talking points

- Support may be connected to ART and care, but for young people support should start before they need ART. The majority of young people living with HIV are not sick but they do need or they will need support to help them cope with their HIV status. The support needed will be different for each young person.
- HIV impacts on every aspect of life. Like all people, young people can feel overwhelmed and depressed by the prospect of living with HIV. They may not have the same experience, relationships, or maturity to help them cope as well as some adults. Having the support and positive example of other young PLHIV is very valuable.
- Support from the health services will change with the changing needs of the young PLHIV. It can begin with post-test support, continue over the years when the young PLHIV has no symptoms, and become ongoing support.
- HIV has emotional, social and economic impacts on the whole family. Frequently, the whole family experiences the stigma and discrimination associated with HIV and needs support to cope.
- Support includes all measures that alleviate the impact of HIV on the young PLHIV, the family and the community. As with all chronic diseases, there is usually less money in a household living with HIV.

Show the next slide and go through the Talking points.

Talking points

Psychosocial issues especially pertinent to young PLHIV

- Will I still be able to have sex?
- Will I be able to have children?
- Will I die early?
- I am too young to have a chronic disease.
- I can't tell anyone that I am HIV-positive.
- I am afraid that people will reject me, shun me or be violent towards me.
- Can I still smoke, drink, go out and have fun like my friends?

SLIDE N6-7

People who work with young PLHIV say that, in general, the following questions identify the young PLHIV's greatest concerns. Health workers may find it hard to raise and discuss these sensitive issues and young people themselves may not be able to voice their concerns.

Will anyone want to have sex with me if they know I am HIV-positive?

PLHIV can continue to have sex. However, there is a high risk of HIV transmission if a PLHIV has sex without a condom. Always use a barrier to prevent contact with blood or sexual fluid. Use condoms correctly and consistently every time you have sex. Although it is not easy, it is important to tell your partner you are HIV-positive before there is any risk of HIV transmission. Counselling and support from other young PLHIV can help people to understand their options for enjoying a healthy sexual life.

Will I be able to have children?

Like all people, PLHIV have the right to have children. HIV-positive women and couples affected by HIV have the right to choose for themselves whether they want to have children or not. They need to have access to sexual and reproductive services, including counselling to make them aware of their reproductive choices and the health risks for their child, in order to make informed decisions. Couple counselling should be encouraged but the individual's situation may make this impossible and the counsellor needs to support the client's decision.

Will I die early?

Some young people may not understand the difference between HIV and AIDS. They may think that a positive test result means they will die soon. With more effective drug regimens and earlier detection, it is possible to remain healthy for many years. But the reality is that they will die earlier than they would without HIV.

Emotional and spiritual support can help alleviate depression, help to prevent suicidal ideas, and help deal with the strong emotions associated with a chronic and fatal condition. For young people, peer support is especially important. If peer support is not available, the health worker can be active in starting a peer support group for young PLHIV.

I am too young to have a chronic disease.

Adolescence is a special time in people's lives. All people have dreams for the future and to learn that you must live with HIV is shocking news at any age. The health worker can play an important role in providing the young person with hope, and in helping him/her to develop the perception that life can continue - and be meaningful - even in the presence of HIV infection.

I can't tell anyone that I am HIV positive.

Many people are fearful of telling family, friends and sexual partners that they are HIV- positive. Young people should be encouraged to understand the benefits of telling family and friends their HIV status. They need their support to help them cope with living positively. They will also benefit from the support of other young PLHIV. However, young people will need support to do this and all concerned must be aware that there may be a risk of disclosing HIV status in unsupportive settings.

I am afraid that people will reject me, shun me or be violent towards me.
Acts of discrimination against people living with HIV can range from inappropriate comments to violence. Information and education about HIV can help moderate the fears and misconceptions of people in the community and reduce the stigma and discrimination. Young people will need support and advice on how to manage their future opportunities.

Through counselling they can be made aware of the benefits of disclosing their HIV status to selected people who can support them to live positively.

Can I still smoke, drink, go out and have fun like my friends?
Young PLHIV should be encouraged to live the same life as their friends, but they may need to be more aware of maintaining their good health and avoiding activities that jeopardize their health. Health workers should ask for permission to give the young person information on how to stay healthy; however, young people will decide for themselves their limits and the risks they will take. Remind them that substance use can impair judgement, making a person more susceptible to pressure to engage in unwanted or unprotected sex. Using substances may also interfere with their medication. Young PLHIV will need support on deciding whom (among their friends) to tell and how to tell about their HIV status.

Ask the participants if they have any questions regarding these psychosocial issues.

ACTIVITY 6-5
MINI LECTURE: POSITIVE PREVENTION

SLIDE N6-8

Positive prevention for young PLHIV

This is based on strategies that increase self-esteem and confidence, with the aim of protecting individual health and preventing HIV transmission to others.

An important part of positive prevention is counselling, with the aim of supporting:
- Positive living (emotional, psychological and physical).
- Healthy sexual life.
- The involvement with peer support groups or associations of PLHIV in the community.

Show Slide N6-8 and ask a participant to read it aloud.

Talking points

Improving the self-esteem and confidence of young PLHIV has many benefits at the individual, family and community level.

Positive prevention recognizes the rights and needs of PLHIV and can empower them and help them to take charge of their lives and encourage them to take responsibility for preventing HIV transmission.

- Counselling for positive living can help young PLHIV to live healthily and take responsibility for their health.
- Counselling can help young PLHIV to learn how to enjoy a healthy sexual life without fear of infecting their partners.
- Positive prevention encourages the meaningful involvement of young PLHIV in the planning and implementing of activities intended to benefit them. Young PLHIV can work with HIV prevention, care, support and treatment initiatives to make strategies relevant and useful to young people. They can give a perspective that is unique and provide credibility and relevance to the local context.

Invite questions and comments.

ACTIVITY 6-6
MINI LECTURE: COUNSELLING YOUNG PLHIV

Tell the participants: "As we have seen, counselling is an integral part of all aspects of HIV management because the mindset of the young person will greatly determine the success of treatment, care, support, and positive prevention efforts. HIV counselling has both prevention and care as its objectives."

We have discussed counselling in the context of HIV prevention in Session 4. Now we will discuss what is important when counselling young PLHIV.

Display slide N6-9.

How to modify counselling to respond to the needs of young PLHIV

- Be prepared for the variety of ways they may respond.
- Give links or refer for further support.
- Provide support for the development of skills in HIV risk-reduction.
- Help them to develop an immediate plan for the moment they leave your clinic.

SLIDE N6-9

Talking points

- As discussed earlier, young people may be faced with a diagnosis of HIV in many different situations. By being aware of the different situations and of what their thoughts and feelings are likely to be, you may be able to prepare yourself for the different responses you may encounter.

  Try to be empathetic and 'put yourself in their shoes', i.e. to try to understand what they may be thinking and feeling. This will help you respond to them more effectively and with greater sensitivity. Try to encourage trust and comfort. Be supportive of their situation and their decisions. Guide them appropriately, without letting your personal opinions and values interfere.
- Be sure to provide them with links to places where they can seek further assistance. In order to ensure the quality of these links, the health worker can visit these places to be sure they are reliable and where young people will feel comfortable. These links may be essential in supporting the young person. Support from other young PLHIV is particularly important. Many young people need a safe place to go and 'be' without having to feel judged.
- Young people need support in learning the skills required to reduce the harmful effects of behaviours (such as unprotected sex) both on others and on themselves. This information needs to be clear and practical. Handing over condoms is not enough, the health worker needs to ensure that the young person knows how to use them correctly and understands the importance of putting one on (male) or inserting one (female) every time before intercourse. Group counselling sessions can be considered with young PLHIV as a method of discussing difficult situations in living with HIV (e.g. disclosure, sexuality, living with peers). This method takes the focus away from the individual and requires the group to come up with strategies.
- When young persons newly diagnosed with HIV leave the clinic, they will probably have many unanswered questions. By developing an immediate plan with them, they will know where to go to access the information or support they need until their next appointment with you. Focus on this short-term approach while making sure that they understand the importance of coming in again for the next step in this process.

Respond to any questions or comments regarding counselling of young PLHIV.

ACTIVITY 6-7
GROUP WORK: YOUNG PLHIV AND THE HEALTH WORKER

TIP FOR YOU

Choose the most suitable from Case Study number 1 or 2 below.

Divide the participants into 3 groups.

Ask them to turn to Annex 6 in the Handout: Case Studies: Young PLHIV and the Health Worker. Assign each group a case study.

Give each group a flipchart and pen. Ask them to choose someone to write and someone to present in each group.

Tell the groups that they have each been assigned a case study in which a young person with HIV has approached them with a concern.

The task for each group is to discuss the case study and identify the concerns for the young patient and the important information that the health worker should communicate to this patient in this situation.

They have 10 minutes to complete the task.

CASE STUDY 1

Sexuality

A 20-year-old young man tested HIV-positive one week ago. He tells you that he has had unprotected intercourse over the last year with five different young men at the college he is attending. In spite of the relatively low HIV prevalence within this community, the boy became infected. After finding out about his infection, he was very upset by the fact that the man who transmitted the virus did not tell him his HIV status. Now, he wants to continue his sexually active lifestyle but does not want to put his future partners at risk. He says that there are many misconceptions and little understanding about HIV in his community, so he is afraid to tell anyone. What options can you, as the health worker, give him to consider in this situation?

CASE STUDY 2

Sexuality

An 18-year-old HIV-positive man says he believes he was infected with HIV after engaging in unprotected sex with a female sex worker. It was his first sexual experience. He says he was pressured into doing it by his peers who said that he would gain experience and enter manhood through his first sexual encounter. Now he is interested in pursuing a relationship with a particular girl. He wants to have sex with her but is afraid because of his HIV status. What can you, as his health worker, suggest to him in this situation?

CASE STUDY 3

Fertility

A young woman of 16 years has been diagnosed as HIV-positive. She recently married a man who frequently travels to neighbouring towns for work. She never had sex prior to her marriage. In her culture, it is expected that she should bear many children for her family. She believes that her husband unknowingly acquired HIV after unprotected intercourse with sex workers in the neighbouring town. The health worker at the antenatal clinic told her that she should not get pregnant but she is distressed because she wants to have children. She comes to you for advice and help. What can you, as the health worker, do for her?

CASE STUDY 4

Living with chronic disease

A 22-year-old man, who is a university student, recently tested HIV-positive. He admits to you that on a few occasions in the past he has injected drugs and shared needles. Now he feels that his life is over and he has given up on everything. He spent several months in his room not wanting to talk to anyone. He does not know anyone who has HIV but he heard of a student who people said had AIDS; he was treated badly and thrown out of the university. He says he has a girlfriend for 6 months and does not know what to tell her. He is in the clinic now for the first time since his positive test result. What can you, as the health worker, suggest to him regarding his situation?

Make sure the groups understand their assignment and let them begin working. Move from group to group while they work, staying in the periphery and offering suggestions only if needed.

After the groups have had 10 minutes for the assignment, reconvene the participants to present their flipcharts.

Ask each group presenter to summarize their case study and then, using the flipchart, outline the important factors that they have considered for each patient.

After all three groups have presented, lead a discussion taking the factors listed below into consideration. Make sure the participants understand the options of the young person in each of the case studies and the importance of relaying this information to each patient.

TIP FOR YOU

Given below are important factors to consider in each Case Study.

Case Study 1 and 2: Sexuality

He needs to:

- Be told that he can still be sexually active so long as he practises safer sex.
- Know that a condom is advised for each act of penetrative sex.
- Be aware that for anal sex, the risk of condom breakage is greater and use of a water-based lubricant (not oil-based) is recommended with condom use.
- Consider the pros and cons of disclosure to his partner(s).
- Know that if people are not well informed about HIV, they may be afraid of being with him. He may experience discrimination.
- Be told that the man who transmitted the virus to the young client may not have known that he himself is HIV-positive.

Case Study 3: Fertility

She needs to:

- Know that she can still have a baby and that she, like all individuals, has the right to make her own reproductive choices. She should not feel pressured to consider an abortion.
- Be informed of prevention of mother-to-child transmission: how to avoid it, how it is never too late in a pregnancy to prevent transmission of HIV, and how to avoid transmission before, during and after birth.
- Be offered a broad range of contraceptive options to avoid unintended pregnancy.
- Choose a drug regimen carefully in order to preserve fertility.
- Understand that she may die prematurely and to plan for her children's future.
- Understand the importance of considering why and how she might disclose (or not) her status to her partner and family.
- Be encouraged to return as a couple for counselling.

Case Study 4: Living with chronic disease

He needs to be:

- Made aware that he can continue to stay well for a long time (possibly many years) before becoming immuno-depressed, especially with the care, treatment and support that is available today.
- Made aware that he can live a full life even in the presence of HIV infection, and the extent to which this happens depends largely on him.
- Aware that HIV-related stigma and discrimination exist and can have an impact on a person's life and to discuss ways of coping with it.
- Consider the pros and cons of telling his girlfriend his HIV status.
- Aware that he can only receive support if he tells people he is HIV-positive.
- Consider whom he could tell and how.
- Encouraged to find support and advice from other young people living with HIV or other community groups.

WRAP UP

Tell the participants that this is the end of this session. A lot of important information given in this session can be reviewed in your Handout in Section 6.

Acknowledge that it is a challenge for health workers to provide quality HIV services that require time, a deep understanding of the issues, strong communication skills, empathy and professionalism. Remind the participants that health workers who are working with a chronic fatal condition such as HIV can suffer from "burnout". They may need to seek or develop professional support networks to help them cope with HIV in their community.

Invite the participants to share any final questions or comments.

Session 7
Module review

Aims of the session

- To discuss answers to Spot Checks and review the Matters Arising Board.
- To review the module objectives and key messages.
- To complete OPPD.

ACTIVITY 7-1
Review of Spot Checks and Matters Arising Board

Tell the participants to turn to the Spot Checks in their Handouts, which they completed in the first session of the module. Then, ask them to quickly review their initial responses and consider changing these if they feel it is appropriate after having participated in the module.

Address each Spot Check one at a time. Ask if any participants are willing to share their initial responses, their adapted responses and the reasons for changing them. Reassure them that they are not obliged to share if they would prefer not to. After some participants have given their responses, give them the correct answer, discuss as needed and move onto the next Spot Check.

Encourage questions and comments as you proceed.

Examples of responses to Spot Checks:

1. Explain the difference between HIV and AIDS.
   - HIV stands for Human Immunodeficiency Virus, the virus that causes AIDS.
   - AIDS stands for Acquired Immune Deficiency Syndrome.
   - HIV is the virus; AIDS is the syndrome of opportunistic infections that occur because HIV has damaged the immune system.

2. Globally, what percentage of all new HIV infections per year is among young people?
   - 40% of all new HIV infections occur among young people.

3. What percentage of young people aged 15-24 years who are living with HIV in sub-Saharan Africa are female?
   - Up to 75% of youth living with HIV in highly affected regions are female.

4. Why are young people more likely to be exposed to HIV? List 3 reasons.
   - Lack of HIV information, education and services.
   - The risks that accompany adolescent experimentation and curiosity.
   - Inter-generational sex, coerced sexual relationships.
   - Young people represent a large proportion of those who are most vulnerable to HIV infection.
   - They may not have access to harm-reduction strategies (condoms, sterile needles and syringes).

5 Why are girls and young women biologically or culturally/socially vulnerable to HIV infection upon exposure? List 4 reasons.

- Inadequate mucosal defence mechanisms.
- Immature lining of the cervix.
- Coerced sex can lead to trauma and increase the susceptibility for HIV.
- Female genital mutilation.
- Young women often not empowered to negotiate safer sex, consensual sex or to refuse sex.

6. How confident do you feel about working with young people on the issues of HIV?

- Tell the participants there are no right or wrong answers here. Ask them to look at their responses at the beginning of the module and reflect on any changes they would make now. Ask if anyone is willing to share their change in view.

7. What can be done to reduce HIV transmission among young people in the clinic and in the community? Provide two examples for each.

Clinic

- Make it easier for young people to obtain the health services they need.
- Provide condoms and counselling on correct and consistent use.
- Offer provider-initiated HIV testing and counselling.
- Train health staff in HIV prevention and the special needs of young people.

Community

- Information and education programmes on sexuality, family planning, STIs and HIV.
- Raise awareness with community leaders on issues of HIV and young people.
- Compile community resources for HIV and young people.
- Make HIV information widely available.
- Increase condom availability through outlets in the community (e.g. shops).

8. What is important in counselling young people?

- Confidentiality and consent.
- Take the young person's concerns seriously.
- Try to put yourself into the young person's place.
- Respond on their level.
- Be prepared for the variety of ways they respond.
- Refer for further support (health services, peer support, group counselling, etc.).
- Promote and support beneficial disclosure.

9. A high percentage of drug injectors are young people. Injectors are at high risk of acquiring HIV through use of non-sterile needles. Name 3 strategies for harm reduction.

- Access to sterile needles and syringes programmes (NSPs).
- Provide condoms, with counselling on correct and consistent use.
- Voluntary counselling and testing and provider-initiated HIV testing and counselling.
- Drug substitution programmes (e.g. methadone and bruphenorphin for opiate users to stop injecting).

10. Read the statements and tick the box that reflects your point of view. Tell the participants there are no right or wrong answers here. Ask them to look at their responses at the beginning of the module and to reflect on any changes they would make now. Ask if anyone is willing to share their change in view.

Ask if there are any comments or questions.

Then move on to the Matters Arising Board. Go through the comments or questions that have been put up.

Ask the participants to confirm which ones have been addressed in the module or during the day's discussions. Address the remaining comments or questions.

ACTIVITY 7-2
REVIEW OF OBJECTIVES AND KEY MESSAGES

Display the module objectives once again in Slide N1-1. Read them out aloud.

Module objectives

- Explain the global and local situation of HIV among young people.
- Discuss issues specific to HIV and young people.
- Identify key factors that impact on young people's risk of acquiring HIV.
- Explore HIV prevention strategies among young people.
- Recognize the importance of provider-initiated HIV testing and counselling.
- Understand the special considerations in the management of HIV among young people.

SLIDE N1-1

Display Slide N7-1 and go through the Talking points.

Key messages of the module on HIV and young people

- HIV transmission and infection among young people is high.
- Young people differ from adults and from one another.
- If nothing else, provide referral to other services for young people.
- Young people are a unique resource in the response to HIV.

SLIDE N7-1

Talking points

- As seen by the global statistics, HIV infection among young people is high. Young women are at particular risk. Be aware of the potential risk of HIV in young people and take every opportunity to inform, educate and encourage them to reduce their risk of acquiring or transmitting HIV.
- Young people differ from adults in the likelihood of exposure, susceptibility to infection, and natural course of HIV infection. They also differ from each other. Various factors place young people at the centre of HIV vulnerability. Approaches to prevention, treatment, care and support for young people need to be appropriate to their needs.
- It is important to provide referrals to other places where the young person can access further information and assistance on HIV. Take the initiative to establish trusted networks within your community to which you can refer your patients. Prevention, care, treatment and support services need to work together to effectively slow the HIV epidemic. Support for these services must come from people in all sectors of society.

- Young people are both the most threatened – globally accounting for half the new cases of HIV – and the greatest potential for changing the epidemic. Collaboration with networks of young people, especially young PLHIV, is crucial for sustainable success. The countries that successfully decreased national HIV prevalence achieved these gains mostly by encouraging safer behaviour choices among young people.

ACTIVITY 7-3
ORIENTATION PROGRAMME PERSONAL DIARY (OPPD)

Inform the participants that they will now be given a few moments to reflect on what they have learnt in this module on HIV and young people.

Ask them to get out their OPPD. Meanwhile, put up Flipchart N4.

FLIPCHART N4

List three important lessons that you learned through participation in this module

List three things that you plan to do in your work for/with young people

Ask the participants to reflect for a moment on the issues in the module which they found particularly relevant to their work. Get them to follow the instructions displayed in Flipchart N4 and record their responses in the OPPD for future reference. Remind them that it is important to record their thoughts every day as the OPPD will be used in the concluding module and can be very helpful in implementing actions after they return home.

ACTIVITY 7-4
REMINDERS AND CLOSURE

Remind the participants to add their comments to the Mood Meter.

Tell them that this module is for orientation on HIV and young people. Encourage them to seek further education and training which may be available.

Remind them that the Handout and other documents provide additional information on the issues covered in the module.

Thank them for their participation and contributions to the discussion.

Orientation Programme on Adolescent Health for Health-care Providers

Annex 1

Spot checks

Sessions 1 and 7

SPOT CHECK 1

Please explain the difference between HIV and AIDS.

SPOT CHECK 2

Globally, what percentage of all new HIV infections per year is among young people?

please mark your estimate with a spot anywhere along the line

SPOT CHECK 3

What percentage of young people aged 15-24 years who are living with HIV in sub-Saharan Africa are female?

please mark your estimate with a spot anywhere along the line

SPOT CHECK 4

Why are young people more likely to be exposed to HIV?

please list three reasons

SPOT CHECK 5

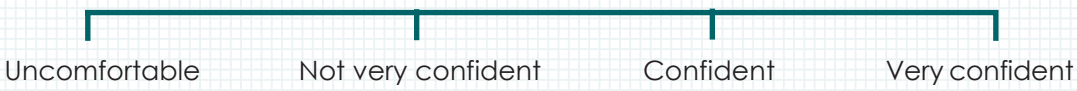
Why are girls and young women biologically or culturally/socially vulnerable to HIV infection upon exposure?

please list five reasons

SPOT CHECK 6

How confident do you feel about working with young people on the issues of HIV?

please mark your answer with a spot anywhere along the line



SPOT CHECK 7

What can be done to reduce HIV transmission among young people in the clinic and in the community?

Clinic

Community

SPOT CHECK 8

What is important in counselling young people?

please provide three answers

SPOT CHECK 9

A high percentage of drug injectors are young people. Injectors are at high risk of acquiring HIV through use of non-sterile needles.

please name three strategies for harm reduction

SPOT CHECK 10

Read each statement and tick the box that reflects your point of view

	I agree	I disagree
Young people who get HIV have brought it on themselves by their behaviour	○	○
Everyone should have to have an HIV test whether they want to or not	○	○
As a health worker, I should be allowed to refuse to treat a client who is HIV positive	○	○
It is acceptable for boys to have sex before marriage	○	○
It is acceptable for girls to have sex before marriage	○	○
It is wrong for young men to have sex with men	○	○
Our health services should not waste money on treating people with HIV	○	○
Girls and boys need to have information on sexuality and HIV	○	○
If a young person tests HIV negative I do not need to give them counselling	○	○
If a boy of 14 years came for HIV testing I would tell him I could not help him unless he comes back with a parent	○	○
If a young person tests HIV positive, it is my duty to tell their parents or their spouse	○	○
If an unmarried girl asks me for condoms, I would not give them to her and tell her to wait until she is married	○	○