

COMMUNITY HIV PREVENTION VOLUNTEERS PARTICIPANTS HANDBOOK

Among Adolescents and Young Women and Their Sexual Partners



USAID Zambia Community HIV Prevention Project (USAID Z-CHPP)

December 2017



Pact is a promise of a better tomorrow for all those who are poor and marginalized. Working in partnership to develop local solutions that enable people to own their own future, Pact helps people and communities build their own capacity to generate income, improve access to quality health services, and gain lasting benefit from the sustainable use of the natural resources around them. At work in more than 30 countries, Pact is building local promise with an integrated, adaptive approach that is shaping the future of international development. Visit us at www.pactworld.org.

December 2017.

Disclaimer:

This Participants Handbook is made possible by the generous support of the American people through the United States Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The contents of this handbook are the sole responsibility of Pact and Plan International and do not necessarily reflect the views of USAID, PEPFAR, or the United States Government.

Recommended citation:

USAID Zambia Community HIV Prevention Project (USAID Z-CHPP). 2017. *Zambia Community HIV Prevention Volunteers Participants Handbook* for HIV prevention among adolescent girls, boys, and young women. Lusaka, Zambia, and Washington, DC, USA: Pact.

Contacts:

Phesheya Vilakazi
Program Manager
Pact
1828 L Street NW, Suite 300
Washington, DC 20036
202-466-5666
pvilakazi@pactworld.org

Jackson Thoya
Chief of Party
Pact Zambia
Plot 35186, Block A, Alick Nkhata Road
Lusaka, Zambia
+260 (211) 254 089/91
jthoya@pactworld.org

How to Use This Handbook

Participants are not expected to memorize all information related to HIV prevention, testing, and treatment. Instead, participants are encouraged to take this handbook with them when they do their community-level discussion meetings and use it as a reference. Some illustrations and photos are included; please feel free to use these during your community prevention small-group meetings and for interpersonal communications with your target populations for conversations and explanations.

This Participants Handbook was developed for the participants of USAID Z-CHPP's Community HIV Prevention Volunteers Training. Instead of giving handouts throughout the training, this handbook acts as a one-stop resource for all topics covered in the workshop. The workshop has 11 sessions, and this Participants Handbook has 11 chapters. Each chapter mirrors the content presented in the workshop.

Contents

Introduction to Adolescents and Young Women	1
Who are Adolescents?	1
Who are Young Women and Their Sexual Partners?	1
What are the Risk Characteristics for These Two Groups?	1
Where Can We Find These Target Populations?	2
Chapter 1: Transition to Adulthood and Reproductive Organs.....	3
Female Sexual and Reproductive Organs.....	4
Male Sex and Reproductive Organs.....	6
Peer Pressure.....	9
Possible Questions for Discussion	9
Wet Dreams.....	10
Possible Questions for Discussion	10
Navigating Adulthood	10
Possible Questions for Discussion	11
Chapter 2: Basics of HIV Transmission	12
HIV Stands for Human Immunodeficiency Virus	12
HIV is Contained in Body Fluids	12
Modes of Transmission	12
Chapter 3: How to Prevent HIV	16
Chapter 4: HIV Testing Services	23
Chapter 5: Anti-Retroviral Therapy.....	27
Chapter 6: Stigma and Discrimination	32
Chapter 7: Gender and HIV	34
Chapter 8: Sexual and Gender-Based Violence and HIV	38
Gender-Based Violence (GBV) = Sexual and Gender-Based Violence (SGBV)	38
Reporting and Referrals for SGBV Victims	40
Chapter 9: Alcohol and Substance Abuse	42
Chapter 10: Family Planning and Sexually Transmitted Infections.....	45
What is a Sexually Transmitted Infection?.....	45
Transmission, Signs, and Symptoms.....	45
Treatment and Prevention	45
Prevention of STI Transmission	45
What is Family Planning?	46
Types of Family Planning.....	46
Benefits of Family Planning.....	47
Chapter 11: Communication and Negotiation	49
Communication and Negotiation Terminology.....	49
Peer Pressure.....	50
Stress	50

Acronyms

AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe
FGM	Female Genital Mutilation
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
HTS	HIV Testing Services
IUD	Intrauterine Device
PEPFAR	President's Emergency Plan for AIDS Relief
MSM	Men who have Sex with Men
MTCT	Mother-To-Child Transmission
NAC	National HIV and AIDS Council
PEP	Post-Exposure Prophylaxis
PrEP	Pre-Exposure Prophylaxis
PLHIV	People Living with HIV
SBCC	Social Behavioral Change Communication
SGBV	Sexual and Gender-Based Violence
STI	Sexually Transmitted Infection
USAID	United States Agency for International Development
VSU	Victim Support Unit
Z-CHPP	Zambia Community HIV Prevention Project

Introduction to Adolescents and Young Women

Targeting adolescents and young women for Human Immunodeficiency Virus (HIV) prevention is a critical piece of the USAID Zambia Community HIV Prevention Project (USAID Z-CHPP) to keep adolescents and young women healthy and to instill in them the knowledge and skills to protect themselves and their communities throughout their life. Data from the most recent Demographic and Health Survey (2013-2014) indicates that from the age of 15-35 years, Adolescent Girls and Young Women (AGYW) consistently have higher HIV prevalence than their male peers. Gender inequality also disproportionately affects AGYW, but addressing it requires working with both girls and boys to consider not only unequal power dynamics, but also risk practices and underlying social and gender norms.

This handbook's intent is to bring together Community HIV Prevention Volunteers working with adolescent boys, girls, and young women to give them current information on the HIV epidemic, the tools needed to discuss this sensitive topic with young people, and a safe environment to promote cross-learning and discussion.

Who are Adolescents?

Adolescents are boys and girls ages 10-19 years old. They are not yet adults. This critical time is when girls and boys experiment with sex and sexuality. They can become vulnerable to contracting HIV if they do not have the information needed to make wise choices. Adolescent girls are particularly vulnerable because they are encouraged to follow the ideal feminine trait of submissiveness, no matter what the situation. This can translate into dangerous sexual activity as many adolescent girls suffer sexual assault or sexual coercion during this period.

Who are Young Women and Their Sexual Partners?

Young women are classified as females between the ages of 20 and 24 – young adult women, married, widowed, divorced, or single. Both groups need greater access to clear and correct information about HIV transmission, cultural gender norms that might put them at risk, Sexually Transmitted Infections (STIs), and sexual and reproductive health information and services. It should not be assumed that these women are monogamous; the sexual partners referred to here are any men with whom a woman engages in regular sexual activity, whether it is mutual or coerced. Reaching the sexual partners of young women has proven to be extremely difficult because bringing a “sexual partner” to a clinic or peer counseling session is, by definition, admitting to having sexual relations. For young women, this is dishonorable and might lead friends and family to assume she is a prostitute.

What are the Risk Characteristics for These Two Groups?

Adolescents are most at risk if at least one of their parents is HIV positive or if they have lost a parent to Acquired Immunodeficiency Syndrome (AIDS). However, there are many other “hidden” risks that make adolescents more vulnerable:

- Adolescents are vulnerable when they do not have access to clear and correct information about HIV transmission, testing, and treatment.
- Adolescents who live in poverty are more likely to engage in transactional sex, which puts them at a higher risk of contracting HIV.
- Adolescents who use drugs (especially intravenous drugs) are at a much greater risk of contracting HIV.
- Adolescents in rural areas live without regular access to health care, specifically, reproductive and sexual health care.
- A young adolescent girl is biologically more prone to contracting HIV through vaginal sex since the vaginal lining in young girls is thin and delicate before it is fully formed.

- Adolescent girls are often the target of cultural practices (such as an opening ceremony where girls are made to have sex with a grandfather or uncle to prepare them for their husband) that put them at risk of contracting HIV.
- Adolescent girls are taught to be submissive to their superiors: family, teachers, community leaders, and male peers. Therefore, they are more likely to be coerced into sexual relations that would make them vulnerable to HIV. They can also be pressured into risky sexual behaviors to please men, such as dry sex or sex without a condom.
- Adolescents who are seeking higher education may find that they are asked to partake in transactional sex to pass entrance exams, receive scholarships, or get a recommendation from a past teacher. This issue affects more females than males.
- Young women are vulnerable when they do not have access to clear and correct information about HIV transmission, testing, and treatment.
- Young women using drugs (especially intravenous drugs) are at a much greater risk of contracting HIV.
- Young women are taught to be submissive to all men, including boyfriends and sexual partners. Therefore, they rarely have the power to negotiate sex or to determine when and how they have sex. They can also be easily coerced into risky sexual behaviors to please a man, such as dry sex or sex without a condom.
- Young women who seek higher education may be asked to partake in transactional sex to pass entrance exams, receive scholarships, or get a recommendation from a past teacher.

Where Can We Find These Target Populations?

Adolescents

- Out of schools (homes, churches, compounds, etc.)
- In schools (classrooms, school-related clubs, etc.)

Young Women

- Out of schools (petty trading places, traditional dancing events, fish-selling marketplaces, clubs and bars in border towns, in border towns for cross-border trading, compounds, villages, churches)
- In schools and colleges
- Workplaces (young women who are self-employed in villages and/or who are hired by companies in malls, factories, agricultural firms, etc.)

Chapter 1: Transition to Adulthood and Reproductive Organs

Adolescence (or puberty) is the transition period between childhood and adulthood. Puberty happens at different times for different people, which is normal. During this period, remarkable physical, social, and emotional changes take place in both boys and girls.

Physical Changes during Puberty

Girls	Boys
<ul style="list-style-type: none"> • Grow taller. • Increase in weight. • Hips get wider (preparing the body for childbirth). • Breasts develop; nipples get darker and more pronounced. • Hair growth under arms and around the pubic area. • Skin gets oilier, which can cause pimples or acne. • Menstruation begins. • Sexual feelings develop in the brain and experience first sexual dreams. • Girls may begin touching themselves (masturbation) to experience sexual pleasure and/or an orgasm. 	<ul style="list-style-type: none"> • Grow taller. • Shoulders get broader. • Muscles develop. • Testicles develop and begin to produce sperm. Semen comes through the penis for the first time (ejaculation). • Increased erections – often many times during the day. Most boys begin to touch themselves or apply pressure to the penis (masturbate) to relieve erections and to experience an orgasm. • Most boys do not learn how to control their erections for many years. • Hair begins to grow under the arms and on the chest. Pubic hair develops around the penis and testicles. Finally, facial hair begins to develop. • Skin gets oily, which can cause pimples or acne. • Voice becomes deeper and stronger. • Sexual feelings develop in the brain and experience first wet dreams. (This is when ejaculation happens in your sleep.)

Girls usually *begin* puberty sometime between the ages of 9 and 12, while boys begin puberty a little later; typically, between the ages of 12 and 13. However, these changes happen over time and will last for several years; typically, 2-5 years, but it can be longer for some people. Puberty is initiated by the production of certain hormones in the body. Hormones are natural substances that are produced in the body and that influence the way the body grows or develops. Some young people produce these hormones earlier than others; therefore, they start changing earlier than others. Starting early or late has no effect on how tall you will be or how large your breasts will become. It is important for youth to understand that these changes are normal – and are different for everyone.

Social and Emotional Changes During Puberty

Girls	Boys
<ul style="list-style-type: none"> • Sexual curiosity. • Mood swings: happy one minute and sad or grumpy shortly afterwards. • Need to be accepted by and belong to a peer group. • Desire for increased independence. • Question the values of authority and older generations. • May become concerned with appearance – or 	<ul style="list-style-type: none"> • Sexual curiosity. • Mood swings: happy one minute and sad or grumpy shortly afterwards. • Need to be accepted by and belong to a peer group. • Desire for increased independence. • Question the values of authority and older generations. • May become concerned with appearance – or

Girls	Boys
<p>self-consciousness.</p> <ul style="list-style-type: none"> • The desire to be more like an adult leads girls to mimic behavior of female role models around them. However, these behaviors can greatly differ, depending on which role models are most available. These will greatly differ due to geographical and life circumstances. 	<p>self-consciousness.</p> <ul style="list-style-type: none"> • The desire to be more like an adult leads boys to mimic behavior of male role models around them. However, these behaviors can greatly differ, depending on which role models are most available. These will greatly differ due to geographical and life circumstances.

Note: The emotional changes for girls and boys are THE SAME. Also, note the last bullet point. This is the time when adolescents are purposefully and specifically starting to mimic behavior they see elsewhere – adolescents are easily influenced. Therefore, it is critically important during this period for adults to role model healthy relationships, good decision-making, and effective communication.

Once adolescents begin to experience sexual feelings and a desire for sexual activity, they are at a higher risk of contracting HIV. It is essential that adolescents are taught to take precautions from the very beginning and adopt safe practices.

A man's and woman's sexual and reproductive organs are often private, personal subjects. It is difficult to discuss these functions, as sex and sexual pleasure is often not a comfortable topic for discussion. However, when discussed in simple medical terms, it is clear how miraculous the male and female body is – and how they can work together to reproduce new humans.

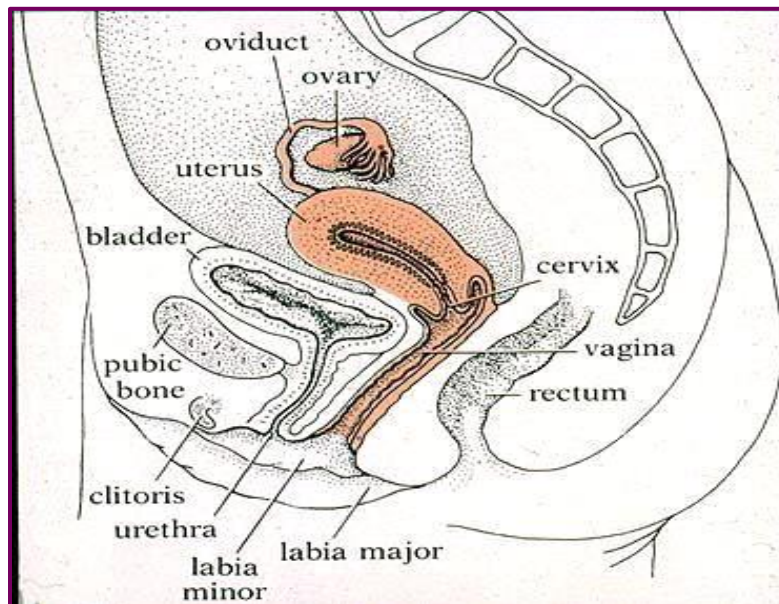
Female Sexual and Reproductive Organs

For a girl to see her exterior organs, she needs to use a mirror. This should be encouraged – every girl should know what her own sexual organs look like. However, most of a girl's sexual organs are inside the body. A female body is more complicated than a man's because women have the capacity to carry a baby to term; men do not.

- **Labia:** There are two pairs of labia or lips, the outer lips and the inner lips. They help to protect the opening to the urethra and the vagina. The outer labia may have some pubic hair on them.
- **Pubic hair:** Above the labia is the pubic hair, which may cover a small area or a large area on the lower abdomen. This hair develops during the teenage years and serves a protective function.
- **Clitoris:** The clitoris is partly internal and partly external. The external portion is a small bump at the top of external genitals where the labia meet in the middle. It enlarges during sexual excitement, and its only known function is for sexual pleasure. It is covered by a fold of skin as protection. The internal portion is shaped like a wishbone and, like a penis, it fills with blood during sexual stimulation. The clitoris has twice as many nerve endings as a penis, making it the most sensitive known human organ.
- **Anus:** The anus is the opening to the rectum. Although it is not officially part of the sex organs, it is included in this list because infections can happen here due to leakage from the vagina or from having anal intercourse.
- **Breasts:** Breasts are partly internal and partly external. Nipples can be a way to stimulate a woman's pleasure during sexual activity. Many men find breasts an erotic part of a woman's body. The internal portion is made of fatty tissue and milk-producing glands. During pregnancy and childbirth, the milk ducts prepare to produce colostrum, which is a thick yellow liquid produced in the first 1-2 days after childbirth. Colostrum, though not great in volume, contains all the nutrients and calories an infant needs in his or her first days of life. A baby nursing on the mother's breast stimulates a hormone release that causes the uterus to contract, helping to empty the uterus of excess blood and tissue after childbirth. The breasts may swell and become tender before menstruation starts, and they may also swell during sexual excitement.

- **Hymen:** This is a ring of skin around the opening of the vagina that gets broken during sexual intercourse, after which a girl/woman is no longer a virgin. Remember that the hymen can break when a girl is still a virgin – playing sports or a bad fall, for example, can also cause the hymen to break. So, not every broken hymen is a sign that the girl or woman has been sexually active. Sometimes light bleeding happens when the hymen breaks; sometimes there is no blood at all.
- **Vagina:** This is a hollow, muscular, tunnel-like structure that ends a few inches inside at the cervix. This is where the penis fits during intercourse. A baby goes through this tube when it is being born. During sex, the vagina produces mucus that serves two purposes: it lubricates and protects the vagina and helps carry semen to the uterus to stimulate pregnancy.
- **Cervix:** This is the bottom end of the uterus. It has a small opening through which menstrual blood can exit and semen can enter. During childbirth, the cervix dilates (or expands) to be large enough to accommodate a baby. The lining of the skin covering the cervix is different in young women who have not yet started to menstruate. This is important in the transmission of STIs because certain bacteria or viral cells may more easily infect younger women.
- **Uterus:** This is a muscular organ that has an inner lining with a lot of blood vessels. This blood-rich inner lining provides the necessary environment for developing an embryo and then a fetus. The uterus can grow during pregnancy to hold the developing fetus. During childbirth, the uterine muscles tighten, which is where contractions begin. When a woman does not become pregnant, the inner walls of the uterine lining are shed, forming monthly menstruation – or a period. The uterus also contracts during menstruation, which can cause mild to severe cramping and discomfort.
- **Fallopian tubes:** On each side of the uterus, there is a narrow tube that reaches out toward the ovaries. It is through this tube that the egg travels from the ovary to the uterus every month after ovulation. Fertilization can also take place in this tube if the egg meets a sperm along the way. Hopefully, the fertilized egg continues on to the uterus. However, sometimes a fertilized egg implants itself in the fallopian tube. This is called an “ectopic pregnancy,” in which case the pregnancy cannot go to term and treatment is required. Ectopic pregnancies can be fatal if not treated in a timely manner.
- **Ovary:** Every woman has two ovaries that contain eggs that develop and enlarge during the menstrual cycle. Ovulation happens about once a month; it is at this time when the ovary releases one or more eggs into the opening of the fallopian tube. The tube catches the egg and transports it toward the uterus. When a baby girl is born, she already carries all the eggs she will ever have. During her reproductive years, about 300-400 of those eggs are released. Ovaries also produce the hormones estrogen and progesterone.
- **Ova:** The ova is the medical word for a woman’s egg. The ova is what combines with a sperm to form a baby. If the egg travels down the fallopian tube without meeting a sperm cell, it deteriorates and comes out with the monthly menstrual flow of blood.

Female Reproductive Tract

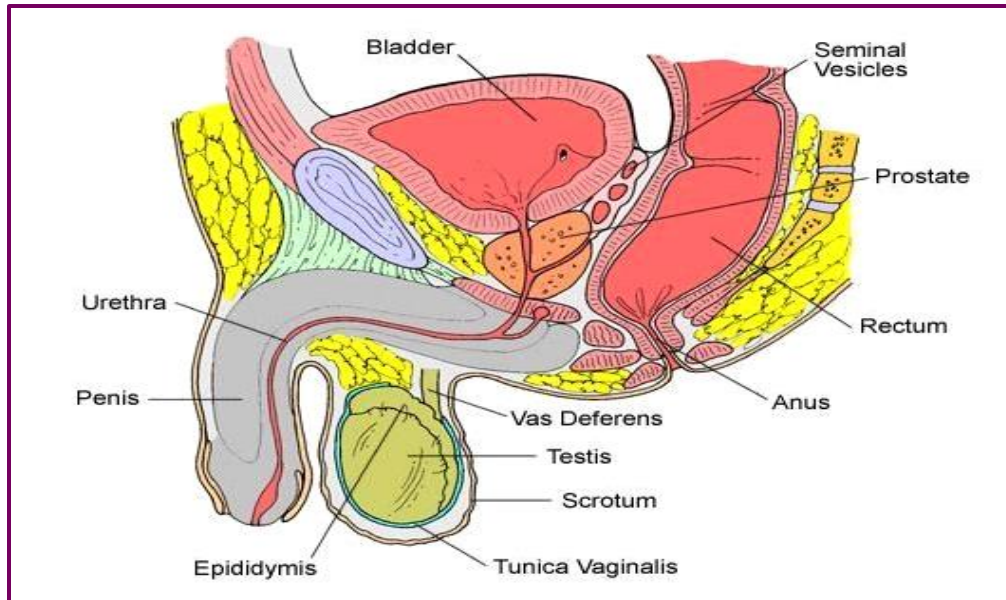


Male Sex and Reproductive Organs

- **Penis:** This is the cylinder-like organ between a man's legs. When "soft" or not aroused, the penis hangs downward. When a boy or man is sexually excited, the penis becomes hard and enlarges. An erect penis points out or upward. The penis contains two parts, the **shaft** and the **glans**. The glans is a bulb-like area on the end of the shaft. This area is the most sensitive to sexual arousal. This is also called the head of the penis. In uncircumcised men, the foreskin covers it. The shaft is filled with three layers of sponge-like tissue that fill with blood during sexual arousal, causing the penis to become erect and stiff. The penis is not a muscle.
- **Foreskin:** This is the small flat skin covering the glans. This is the portion that is cut off and removed during circumcision. In uncircumcised men, the foreskin can be gently pulled back to reveal the glans for cleaning, or it naturally pulls back when the penis is erect.
- **Scrotum:** This is the sac or bag that contains the testicles. The scrotum is located at the base of the penis. The testicles are outside the body because they must be at the right temperature to produce sperm. When it is warm outside, the scrotum relaxes and the testicles drop down, away from the body so as not to get too hot. When it is cold, the scrotum tightens up and brings the testicles close to the body to keep them warm.
- **Pubic hair:** This grows after puberty and is found above the penis, and on or around the scrotum.
- **Anus:** The anus is the opening to the rectum. Although it is not officially part of the sex organs, it is included in this list because infections can happen here due to having anal intercourse. Sometimes warts can spread from the front of a man to the back. Also, many other STIs can be spread to the anal area by having anal sex.
- **Urethra:** The tube inside the penis shaft. Urine and semen go through it. Only the opening is visible at the end of the penis. It is the place where STIs, such as gonorrhea and chlamydia, can live.
- **Prostate:** This gland produces some of the semen that comes out when a man has an orgasm. The prostate can be infected with some of the germs that cause STIs, such as gonorrhea or chlamydia. The germs are harder to get rid of when they get into the prostate, and antibiotic medicine usually has to be given for a longer time.

- **Vas Deferens:** This tube connects the testicles with the urethra. Its purpose is to carry sperm out the penis when a man ejaculates.
- **Testes (also called the testicles):** These are the “balls” inside the scrotum. Their purpose is to make sperm and to produce the male hormone, testosterone.

Male Reproductive Tract



Human sexuality is a central aspect of being human throughout life. It encompasses sex, gender identities and roles, sexual orientation, eroticism (feeling sexual desires), pleasure, intimacy, and reproduction (producing offspring).

A surge of sexual interest occurs around puberty and continues through adolescence. Factors that facilitate the surge include:

- Bodily changes and an awareness of them
- Rises in levels of sex hormones
- Increased cultural emphasis on sex
- Rehearsal for adult gender roles

Healthy sexual development involves more than sexual behavior. It is the combination of physical sexual maturation known as puberty, age-appropriate sexual behaviors, and the formation of a positive sexual identity and a sense of sexual well-being. During adolescence, teens strive to become comfortable with their changing bodies and to make healthy and safe decisions about what sexual activities, if any, they wish to engage in. Expressions of sexual behavior differ among youth; whether they engage in sexual activity depends on personal readiness, family standards, exposure to sexual abuse, peer pressure, religious values, internalized moral guidelines, and opportunity. Motivations may include biological and hormonal urges, curiosity, and a desire for social acceptance.

There is an added pressure today, especially with girls, to appear sexy in all contexts throughout their lives – school, leisure time, the workplace, with friends, in the community, and even while participating in sports or exercises. Girls often dress or act sexy because they feel this is what society desires of them or that this is what gives them value. **A girl who dresses or acts sexy does not necessarily mean that the girl wants to engage in sex.**

Decisions to engage in, or limit, sexual activity in ways that are consistent with personal principles and protective of health reflect an adolescent's maturity and self-acceptance. Often, decisions that lead to risk are highly influenced by peers and do not reflect self-acceptance.

Sexuality can be classified in three categories:

- Physical (puberty, physical disability, present physical state, etc.)
- Psychological (self-esteem, stress, pressure, etc.)
- Social (how we are brought up, what people say, what is socially accepted, etc.)

Society will influence how one feels on a psychological level, mental health will influence our physical health (psychosomatic symptoms), and our physical health will influence our mental health. All these issues are linked together. For example, social norms about what we think is beautiful will influence what other people find beautiful.

What are the most important parts of the body when it comes to having sex?

- The biggest "sex organ" is the brain. Everything starts from the brain. It is in the brain that conscious decisions are made, and arousal starts before the sexual organ starts responding.
- Sex is also the ability to enjoy the whole body. People need to know when and where they would like to be touched. We can never know what the other person likes until we communicate with that person.
- Sex is also about communicating our needs and wants to the other person. People need to be encouraged to communicate more. As individuals, we like different kinds of things, but the gender norms in our society often do not allow women to express sexuality and sexual desires in an open way.
- Since people are different and express our sexuality in different ways, we need to be nonjudgmental and reach out to people in an effective way.

Chapter 1 Pictures for Assistance with Community Work

Peer Pressure

Young people are subject to peer pressure and are often pressured to conform to the expectations of a group. There is a feeling of *needing to belong*. But once adolescents understand the stages of puberty and how hormones affect their physical and emotional self, they are better prepared to avoid risky behavior, which could prevent HIV infection.

Possible Questions for Discussion

- What are your thoughts about this picture? What lessons do you see here?
- How do you think the boy sitting by himself feels?
- What might he do to fit in with his friends?
- Would any of that behavior make him vulnerable to HIV?
- What if this young man was a young woman – what might she do to fit in?
- Do you think the messages that young people get from their parents are different than messages from their friends? Explain.
- How do you think the girl feels?



Wet Dreams

It is important for adolescents to understand their body and the body of the opposite sex. This will help them care for themselves, understand physical changes, and hopefully prepare them to be a more responsible sexual partner.

Wet dreams, pictured below, are when adolescent boys accidentally ejaculate in their sleep. They wake up “wet,” thus the term wet dream. Wet dreams are very normal and are in no way an indication of anything wrong. Usually this happens because of a dream about sex; they often happen without any touching of the penis. Wet dreams are a normal part of growing up, and there’s nothing that can stop them. Some boys have them several times a week, and some boys never have them.

Possible Questions for Discussion

- What are your thoughts about this picture? What do you see here?
- Do you know about wet dreams?
- Do you have any questions about wet dreams?



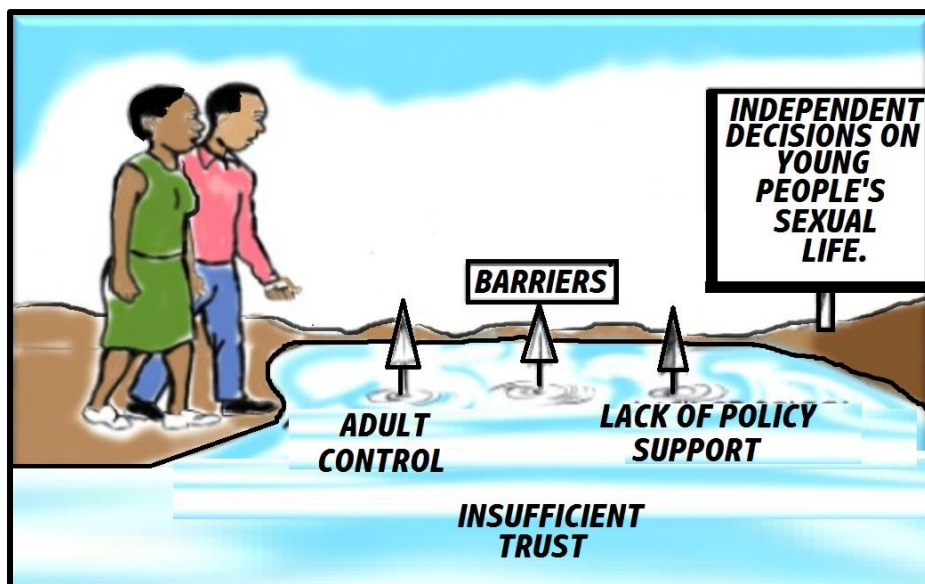
One common misconception in Zambia is that if a boy/man has an erection, he must ejaculate or else he will become sick, which often leads to boys/men pressuring girls/women to have sex. The truth is just the opposite – a boy/man cannot get sick from not having sex. The blood will eventually drain from the penis, and the erection will disappear on its own.

Navigating Adulthood

It is hard to be young! Adolescents and young people often have many barriers to making informed decisions for themselves. They are often given incorrect information from peers, family members, pastors, or teachers. Sometimes adults make all the decisions for them, and young people feel powerless. Also, there is often a lack of law or policy to protect young people.

Possible Questions for Discussion

- Do you relate to this cartoon? Why or why not?
- Do you feel like other people are making decisions for you? Give an example.
- How can you take back some decision-making power?
- Do you need anyone to help you – maybe a friend or counselor?



Chapter 2: Basics of HIV Transmission

HIV Stands for Human Immunodeficiency Virus

- HIV affects human health by making the body's immune system weak and less able to fight all kinds of sicknesses.
- As soon as the virus enters the body of an individual, he or she is said to be infected and infectious (capable of infecting others).
- HIV invades the body like termites invading a mud hut. At first, there is no apparent damage, but the termites slowly eat up the poles and thatch, which holds the hut together. One day, a strong wind comes along and knocks the house down. What causes the house to collapse: the wind or the termites?

HIV is Contained in Body Fluids

- The virus can be found in four main body fluids:
 - Semen
 - Vaginal secretions (vaginal fluid)
 - Breast milk
 - Blood of the HIV-infected person
- The body fluids of an infected person must enter the body of an uninfected person for infection to occur.
- HIV cannot live outside the body. To survive, the virus needs the food supply of cells in body fluids that have cells. Therefore, HIV will not be found in sweat or vomit.
- HIV must find a way to enter the blood stream. It cannot simply pass through skin.

Modes of Transmission

- **Unprotected sex:** HIV is transmitted mainly through unprotected sexual intercourse with an infected partner.
- **Mother-to-child transmission:** An HIV-positive woman can pass HIV to her baby before birth, during birth, or through breastfeeding. Often, this happens when a woman gives birth without knowing her status.
- **Unsterilized instruments:** HIV is transmitted by sharing needles or unsterilized blades, and through contact with infected blood or blood products from using contaminated syringes or sharp instruments.

People *cannot* get HIV from the following:

<ul style="list-style-type: none">• Handshakes• Touching• Swimming or bathing with an infected person• Sharing utensils (cup, plate, spoon, etc.)• Toilet seats• Mosquitoes	<ul style="list-style-type: none">• Using an infected person's towels and clothes• Sitting next to and sharing a bed with an infected person• Abstaining from sex• Kissing, if there are no bleeding gums and broken skin• Massaging	<ul style="list-style-type: none">• Masturbation – stimulating the genitals by hand• Vomit and sweat• Feces and urine do not carry HIV unless they contain blood• Cleaning and bathing a patient is therefore quite safe, if all open wounds are covered
--	--	---

Interventions to reduce the spread of HIV infection are:

- Abstain from having sex.
- Delay sexual activity until older.
- Be faithful to one partner who is also faithful to you.
- Use male or female condoms correctly each time you have sex.
- Go for an HIV test before you decide to become pregnant or as soon as you find out you are pregnant.
- An HIV-positive pregnant woman can take Anti-Retroviral (ARV) drugs during pregnancy to significantly reduce risk of transmission to the baby.
- Go for infant feeding counseling if you are an HIV-positive mother who needs information about HIV transmission through breastfeeding.
- Do not share needles, razor blades, etc.
- Go for voluntary counseling and testing services before you and your partner stop using condoms.
- Get STIs treated right away, as their presence makes HIV transmission more likely.
- Male circumcision and waiting until the full healing process is over to practice sex.
- If you are already HIV positive, taking ARVs and using condoms can reduce the chance of spreading infection.

Ask for help on issues of HIV from peer educators or health providers, parents, Religious Leaders, youth-friendly corners, and guidance and counseling teachers.

HIV is the infection stage of the condition, whereas AIDS is the disease stage:

- HIV is a virus that leads to AIDS. It weakens the immune system over time, resulting in the body's inability to fight infections and diseases.
- When persons develop certain opportunistic infections, this is when they are said to have AIDS.
- HIV enters the body and circulates in the blood stream. HIV invades cells – known as CD4 cells – that help the body to protect itself from diseases. When the CD4 cells are depleted, the body's immune system is an easy target for germs and viruses. These result in the person developing opportunistic infections (e.g., skin cancers and pneumonia). These opportunistic infections mark the beginning of AIDS.

AIDS is a state of lowered immune response to infections and allergies and is characterized by high viral load and presence of opportunistic infections.

The **Window Period** is the 2-3 months (6-12 weeks) that it takes for HIV antibodies to appear in the bloodstream:

- It is the time frame between infection with HIV and the development of antibodies to fight the infection.
- It can take anywhere from 6 weeks to 6 months after HIV enters your body to develop enough antibodies to be measured on an HIV test (the average time is 25 days).
- During this period, an infected person will test negative, even if she or he has the virus and is infectious. There may be some short-term symptoms of infection; but without an HIV test, you will not know for sure if you have the virus.
- Someone can transmit the HIV virus to another person while they are in this “window period.”

Going for HIV Testing Services (HTS) can determine if you are infected with HIV.

Asymptomatic infection:

- The person may remain asymptomatic and feel and appear healthy for years, even though he or she is infected with HIV.
- During this period, the person remains infectious (i.e., able to transmit the virus to others) as the virus continues to replicate.
- It causes progressive damage to both the immune and nervous systems.
- The person can test positive for HIV antibodies.
- Some individuals will have persistently enlarged lymph nodes during the asymptomatic stage of HIV infection.

Many individuals eventually develop a variety of indicators of ill health due to HIV infection, without developing opportunistic infections or secondary cancers:

- These symptoms include complaints such as oral thrush, diarrhea, weight loss, low-grade intermittent fever, loss of energy, etc.
- Various fungal or viral diseases may be seen; individuals feel chronically ill during this stage of HIV infection.
- These symptoms alone cannot determine a person's HIV status.

Opportunistic infections are infections or diseases that attack or take advantage of the body when it is weak:

- In HIV, opportunistic infections enter the body when the immune system is weak – the way rain enters a house when its roof is falling apart.
- Opportunistic infections are not a sign that the person will soon die. They simply serve as a sign that the body's immune system is growing weaker. If these infections are treated, the person's immune system can get stronger.
- Some people are given antibiotics to prevent them from future opportunistic infections, such as co-trimoxazole.
- A person can prevent opportunistic infections through positive living, including good hygiene, safe drinking water, protecting himself or herself from HIV re-infection, and keeping clinic appointments.
- If a person has signs of an opportunistic infection, treatment works best when it is started early. He or she should seek immediate treatment.
- Many opportunistic infections can be treated with antibiotics and other medication.
- If opportunistic infections are treated, the person's immune system can get stronger and he or she can enjoy better health.

List of Common Opportunistic Infections and Their Signs and Symptoms

Type of Opportunistic Infection	Signs and Symptoms
Tuberculosis	Cough lasting over 3 weeks, coughing blood, night sweats, chest pains, your sweat soaks your bed, trouble breathing, loss of weight
Candidiasis (thrush in the mouth, throat, vagina)	Oral/throat pain when swallowing, sore mouth or tongue, whitish patches in the palate or sides of the mouth, swelling, burning, itching, soreness, thick vaginal discharge, pain during sexual intercourse

Type of Opportunistic Infection	Signs and Symptoms
Meningitis (fungal type)	High fever, frequent and severe headaches, problem in seeing (visual impairment), nausea and vomiting, stiff neck, feeling more and more tired
Pneumonia (PCP)	Difficulties in breathing, especially when climbing stairs; fever or chills; weight loss
Kaposi's sarcoma (skin cancer)	Skin lesions (rash) that may appear as dark, non-itchy, and painless lumps that can affect any part of the body
Herpes zoster (shingles)	Very painful blistering rash, fever

Taking ARVs can prevent most opportunistic infections. ARVs strengthen your immune system.

How long will it take after one is infected with HIV until they develop AIDS?

- This depends on many factors – the health of the individual, at what age is one first infected, the general nutrition intake that someone has, access to medical care and treatment, as well as the strain of virus that one has been infected with.
- In some developed countries, people have lived for 20 years or more after being infected with HIV.
- In most developing countries, the time to develop AIDS is generally shorter. In most cases, people will develop AIDS within 7-8 years after first being infected with HIV.

Knowing the differences between HIV and AIDS can help people to understand that:

- You cannot tell by looking at someone whether one is HIV positive.
- If you are HIV positive, it does not mean that you will die soon.
- A person who is HIV positive can live a long time without suffering from AIDS.

Chapter 3: How to Prevent HIV

Male condoms are rubber sheaths made of latex intended to provide a protective barrier to prevent body fluids such as blood, semen, or vaginal fluids, as well as viruses and bacteria, from passing from one person's body to another during sex.

- Male condoms are worn on an erect penis before and during sexual intercourse.
- Any man who is sexually active can use a condom to prevent contracting or passing on STIs.
- No penis is too big or too small for the male condom.
- Most condoms are lubricated for comfort; some of the lubricants contain spermicide.

Female condoms are disposable, odorless sheets of latex manufactured from polyurethane.

- They are intended to be a protective barrier to prevent body fluids such as blood, semen, or vaginal fluids, as well as viruses and bacteria, from passing from one person's body to another during sex.
- Female condoms are inserted into the vagina before sexual intercourse.
- Most condoms are lubricated for comfort; some of the lubricants contain spermicide.

Both male and female condoms are used as a family planning method and to prevent STIs from being passed from one person to another.

Can a female condom and male condom be used at the same time? No. Only use one condom at a time. Either use a female condom or a male one. These two condoms should never be used at the same time.

Are male condoms effective in preventing transmission of HIV? Condoms are very effective when used correctly and consistently, and they can significantly reduce your chances of getting HIV and other STIs. Latex condoms do not allow the HIV to pass through the condom. Human error is usually the #1 cause for condom breakage.

Are female condoms effective in preventing transmission of HIV? The female condom is designed to fully protect you and your partner by lining the inside of the vagina and covering the outer vaginal area. The female condom provides an effective family planning method that also protects against the transmission of STIs, including HIV.

What can damage condoms? Condoms should be handled with care, especially when opening the package. They should not be exposed to sunlight or heat. Do not use oil, Vaseline, or lotions to lubricate the male condom; they damage the condom. Only use a water-based lubricant. Never use it at the same time as a female condom.

Which is most effective – a male condom or a female condom? Both condoms are effective; it all depends on how they are used. However, the female condom has some advantages over the male one:

- The female condom is 10 times stronger than the male condom.
- The female condom can be worn up to 8 hours before sexual intercourse, while the male condom can only be put on an erect penis.
- The female condom generates warmth from the vagina; there is no need to withdraw the penis immediately after ejaculation.
- The female condom can be re-lubricated while the male one cannot.
- In addition to blocking the exchange of body fluids between the man and the woman, the female condom also protects the outer part of the vagina.

The following information and photos on how to use a condom may not be appropriate for all adolescents. Please take care with the following information.

Reasons to Wear a Condom

- They are safe and secure. If used correctly and consistently, they prevent most STIs, including HIV.
- If you use condoms correctly and consistently with every partner, you will also reduce the number of times you visit the clinic for STI treatment and prevent HIV infection.
- They prevent unwanted pregnancy and, therefore, prevent the responsibilities of unprepared parenthood.
- They can be used for child spacing.
- Condoms, especially the male condom, are convenient and inexpensive to use.
- They reduce worry about getting HIV and AIDS.
- They protect people from getting an STI, which may cause infertility and other complications.
- They can make sex last longer by delaying the male orgasm.
- Most condoms are lubricated, and this helps if the woman's vagina is dry.

Tips for Condom Negotiation

- Say no to sex without condoms – clearly and directly.
- State firmly and clearly that your life and health are more important than the sexual relationship.
- Ensure that you have a condom before you have sex.
- Persuade your partner that you will make putting on and using a condom very exciting.
- State your reasons for refusing sex without a condom in a firm manner.
- Tell your partner that, in addition to your concern for your own safety, you are concerned about his or her safety.
- Always be conscious of situations you may not be able to handle and, wherever possible, avoid him or have a well-thought-out escape route.
- A partner that has consumed a lot of alcohol may not be reasonable. Female condoms are a good alternative in this situation.
- If your partner is not ready to use the male condom, introduce the idea of the female condom.

How to Use a Male Condom

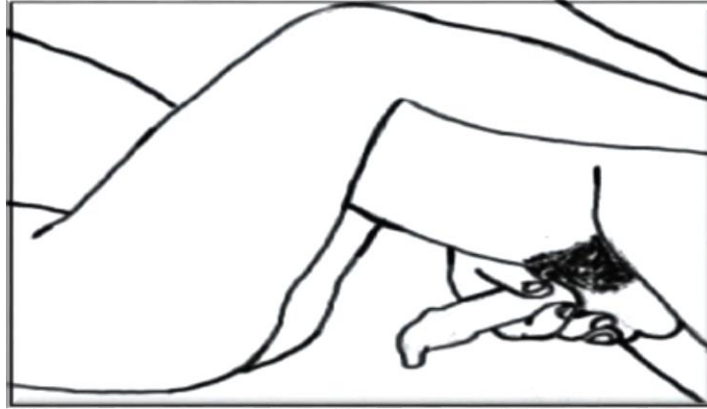
The condom should be put on after the penis becomes hard (erect) and before any genital contact. Always use a new condom every time you have penetrative sex. Check the packaging, including the date of the condom. If the wrapping is ripped or damaged in any way, or the “use by” date has passed, use a new condom.



Tear open the condom packet and remove the condom. Do not use your teeth to open the wrapping and be careful of long nails or jewelry damaging the condom. Hold the tip of the condom between your finger and thumb, leaving space at the tip to collect semen. With your other hand, put the condom on the end of the penis and unroll it down the length by pushing down the round rim of the condom. If this is difficult, the condom is inside out; turn it the other way around by taking hold of the other side of the tip and unrolling it.



When the rim of the condom is at the base of the penis (near the pubic hair), penetration can begin. Soon after ejaculation, withdraw the penis while it is still hard, holding the bottom rim of the condom to prevent it from slipping off the penis.



Do not let the penis go soft inside your partner because the condom may slip off and spill semen in or near the vagina. Wrap the used condom in waste paper before disposing of it safely.



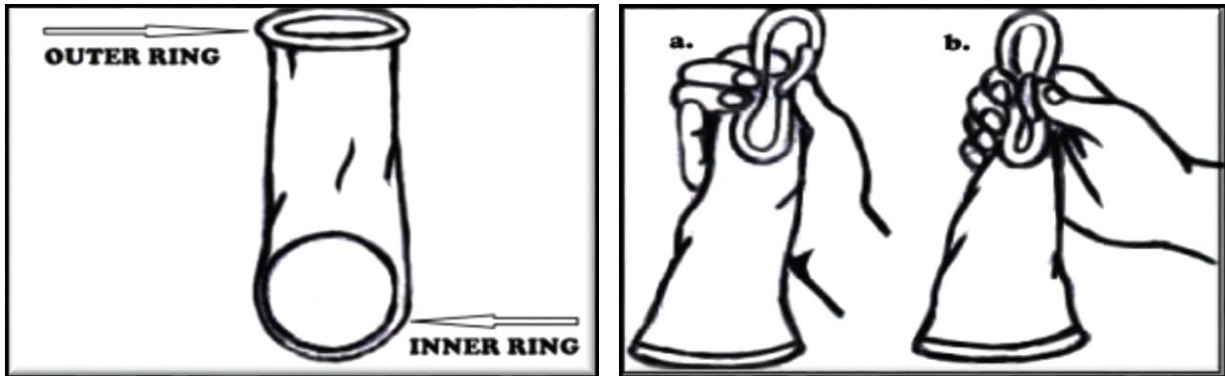
Do not throw the condom in a flushing toilet because it can cause a blockage – throw condoms down a pit latrine or bury/burn them. Put them in a place where children will not find them. Wash your hands and other body parts if contact with semen or vaginal fluids occurs.

Use another condom if you want to have sex again!

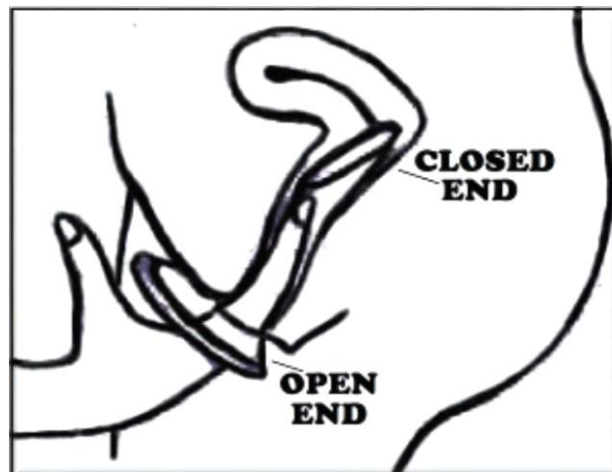
How to Use a Female Condom

- This condom can be inserted up to 8 hours before sex or immediately beforehand.
- Check the packaging, including the date of the condom. If the wrapping is ripped or damaged in any way, or the “use by” date has passed, use a new condom.
- Carefully tear open the packet and remove the condom. Do not use your teeth to open the wrapping and be careful of long nails or jewelry damaging the condom.
- The condom has two plastic rings – a loose, smaller inner ring at the closed end, which is inserted into the vagina, and a firm, larger ring at the open end, which stays outside the vagina.

- Hold the condom by the inner ring (closed end), squeezing it between your thumb and middle fingers, or simply grasp it in your hand, whichever is easier – you may find this a little difficult to get used to at first.



- Find a comfortable position – either squatting, lying down, or with one foot on a chair – and insert the inner ring into the vagina.
- Put your index finger inside the condom and push the inner ring up inside your vagina.
- The condom is in place when you can feel the inner ring pushing against your cervix – your cervix feels like the tip of your nose.



- Let go of the condom, and the inner ring should stay in place, with the outer (open) ring outside.
- When your partner penetrates, you may need to guide his penis into the condom – the outer ring should remain flat against your vagina, and you should not be able to feel the condom during sexual intercourse.
- Your partner does not need to remove his penis immediately after ejaculation – the condom can be removed when you are both ready.

- To remove the condom, twist the outer ring (to keep the sperm inside) and gently pull the condom from the vagina.



- Wrap the used condom in waste paper before disposing of it safely.
- Do not throw the condom down a flushing toilet because it can cause blockage – throw condoms down a pit latrine or bury/burn them.
- Wash hands and other body parts if contact with semen or vaginal fluids occurs.

Use another condom if you want to have sex again. Do not ever reuse or wash a condom!

Where Can You Get Male/Female Condoms?

- Condoms are free of charge at government health facilities and at other HIV service provider organizations.
- Condoms can also be bought at any chemist warehouse or supermarket around the country.
- There are different types and brands in the Zambian market. Male and female condoms are subject to quality assurance tests before they are introduced into the market. For example, before the Maximum condom gets into the market, it goes through quality assurance.
- Condoms come in different colors to create variety.

Male circumcision is the removal of all parts of the foreskin of the penis:

- The foreskin is the fold of skin that covers the head of the penis. All baby boys are born with foreskin over the penis.
- Circumcision is often performed within 2 weeks of birth or during adolescence. In many places, it has an important symbolic, cultural, and religious meaning.
- The prevalence of circumcised men varies greatly, from as low as 15 percent in parts of Southern Africa to more than 70 percent in parts of Eastern Africa.

Scientific evidence clearly shows that male circumcision reduces men’s risk of HIV infection during vaginal sex.

- Male circumcision reduces the risk of HIV acquisition in men by about 60 percent.
- The foreskin of the penis has many cells of a type that is vulnerable to HIV infection. Removing the foreskin removes these target cells and makes the penile skin more durable, which might also reduce risk.
- Male circumcision offers additional protection from HIV because it reduces the possibility of tear and injury to the penis during sex and removes cells that are vulnerable to HIV infection.

- A circumcised penis also dries more quickly after sex, which may reduce the life span of any HIV present after sex.

Circumcision is not protective for all men. There is currently no evidence that circumcising men already living with HIV will reduce the likelihood of HIV being transmitted to their sexual partners. There is no evidence that male circumcision is protective for Men who have Sex with Men (MSM).

Male circumcision does not provide complete protection against HIV and needs to be part of a comprehensive prevention package, including condoms.

- A man who is circumcised can still contract the HIV virus.
- Male circumcision does not replace other HIV prevention methods. Whether circumcised or not, men are at risk of HIV infection during sexual intercourse.
- Even if they are circumcised, men should limit their number of sexual partners, use condoms consistently and correctly, and seek prompt treatment for STIs to further reduce their risk of infection.
- Men and their partners should not relax their attitude toward safer sex after circumcision.

Male circumcision has the following additional health benefits for both men and women:

- Circumcised men have a lower risk of some STIs, especially those that cause ulcers on the genitals, like chancroid (symptoms of which include sores and swelling) and syphilis.
- There are lower rates of infections of the urinary system in male infants who are circumcised.
- Circumcision prevents swelling of the head of the penis and of the foreskin.
- Men who are circumcised do not suffer health problems associated with the foreskin such as *phimosis* (an inability to pull back the foreskin) or *paraphimosis* (swelling of the foreskin when pulled back, causing an inability to return it to its normal position).
- Circumcised men do not have to clean under their foreskin, so they may find it easier to maintain cleanliness of the penis.
- Female partners of circumcised men have a lower risk of cervical cancer.
- Circumcision is associated with a lower risk of cancer of the penis.

Circumcision of a male has benefits for his female partner. However, there are NO benefits for Female Genital Mutilation (FGM)/cutting. FGM must be discouraged as a harmful practice with zero health benefits to women or men.

How long does it take to heal after circumcision? The dressings can be removed after a couple of days, but full recovery takes 6 weeks. Sex and masturbation should be avoided during this period to ensure the penis is fully healed, as there could be an increased risk of infection during this time.

Is the procedure safe? Circumcision should be done in health facilities with appropriately trained providers, proper equipment, and under aseptic conditions. However, whether the procedure takes place in a clinical or traditional setting, safety is of paramount importance.

Will I be tested for HIV? Yes. People who go for male circumcision are given HIV counseling and testing before the procedure.

To access the service, please visit your nearest health facility (service provided with support from SFH, Jhpiego IntraHealth and CIDRZ).

Chapter 4: HIV Testing Services

HIV Testing Services (HTS) is a common term used to describe the process of taking an HIV test. HTS is the process by which an individual undergoes pre- and post-test counseling, enabling him or her to make an informed choice about being tested for HIV. This decision must be entirely the choice of the individual, and he or she must be assured that the process will be confidential. HTS is “client-centered” to the extent that it focuses on the client’s unique issues and circumstances related to HIV risk.

HTS is a form of HIV prevention:

- HTS helps people know their HIV status; whether positive or negative, this helps prevent the spread of HIV.
- If negative, an individual can learn about ways to protect himself or herself from HIV infection.
- If positive, an individual can learn about how to live positively, which includes not transmitting HIV to others.
- Positive pregnant women can seek advice at HTS centers on how to reduce the risk of transmitting HIV to their babies.

There is no set time to go for testing. However, it is important to go for testing if you do not know your HIV status, and you think you may have been exposed to HIV. If this is the case, testing and knowing your status is vital to enable you to be sure.

HIV testing is recommended if someone is concerned that he or she may be infected because:

- Of unprotected sex
- Of transfusion with untested blood
- Of sharing needles or other injection material
- One of the sexual partners is infected

Adolescents under the age of 16 must have a parent’s or guardian’s consent to their HIV test.

HTS is an entry point to HIV treatment and care:

- By knowing their status, people can begin treatment and positive living – if they are HIV positive, *before* they become ill.
- With the increasing availability of ARVs, knowing your HIV status is no longer the “death sentence” it was once thought to be. With Anti-Retroviral Therapy (ART) programs and more knowledge of how to stay healthy with HIV, there are many real benefits to knowing your status.
- HTS can link People Living with HIV (PLHIV) with other services, such as support groups and medical facilities.

Barriers to going for HTS:

- Stigma surrounding HIV and AIDS
- Concerns about confidentiality of results
- Fear/belief that HIV is a death sentence
- Cost of taking the test
- Location of services (distance)
- Time that services are offered
- Fear of violence from partner/family
- Fear of judgment (only “bad” kids need an HIV test)

- Some service providers are less friendly to adolescents

Step One: Pre-Test Counseling

An HTS counselor will talk to the individual alone (or with a friend or partner, if they prefer) about confidentiality, what will happen during the test, and what the test results mean. No one will know about the person's results or even that they have come to have an HIV test, if they prefer it that way. To proceed with testing, **informed consent** must be reached between the individual and counselor. If the person decides they do not want to take an HIV test after pre-test counseling, they are fully entitled to make that choice. **HTS is voluntary and NOT mandatory testing.**

A positive result on an HIV test means that HIV antibodies are present in your bloodstream and that the person is HIV positive.

A negative result on an HIV test usually indicates that the person is not infected with HIV. However, if this test is during the window period, HIV may be present in the body, but the body's immune system has not yet developed antibodies. Retesting after 3 months is suggested if the person has engaged in high-risk behavior since the test.

Step Two: Blood Sample

Depending on the type of test kits used, the person may be able to wait for a few minutes to receive their results. In many tests used now, the person will be able to receive the results in a matter of 15-30 minutes!

Step Three: Post-Test Counseling

After the test, the HTS counselor will talk to the person alone about their results (it is up to them whether they want to tell others their status). This is called *DISCLOSURE*. In addition to discussing the test results, the counselor should provide information on HIV prevention, care, and support. The HTS counselor is there to discuss any other issues or problems the person may have (e.g., family planning, questions about STIs) and can give that individual a referral to other health services, if needed.

Step Four: Knowing Your Status

The most empowering aspect for people who use HTS is that they will know their HIV status and more about HIV and AIDS.

- Whether they are HIV positive or negative, knowing their status will allow individuals to make important choices about their health and future life.
- Ongoing counseling and support is often made available to those who are HIV positive so that they can begin to live positively and know they are not alone.
- It is important to consider the window period (the time immediately after HIV infection when HIV antibodies may not appear in a person's blood). Therefore, it is possible that during the window period individuals infected with HIV will test negative (a result called a **false negative**). If they feel they have been at risk of contracting HIV, they should have another HIV test approximately **3 months after the time they felt they were at risk.**

HTS can be offered by:

- Local clinics and hospitals
- Special clinics set up just for HTS
- A mobile or door-to-door unit that offers services in your community
- Non-governmental, faith-based, or community-based organizations
- Lay counselors in the community who have been trained in HTS

Where are the best testing centers in YOUR area?

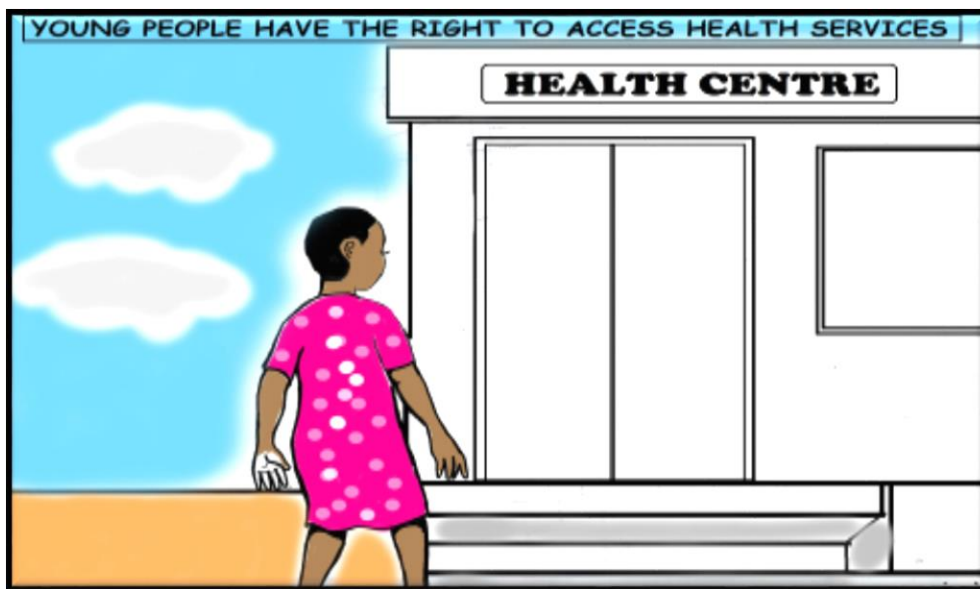
Chapter 4 Pictures for Assistance with Community Work

Accessing HTS

Accessing HTS can be hard for adolescents because the consent age in Zambia is 16. Therefore, anyone under the age of 16 must come with a parent's permission.

Possible Questions for Discussion

- Have you ever wanted to be tested for HIV but could not because of your age? If so, what did you do?
- Do you know where to find testing services near you?
- Are you confident that testing services are confidential? Do you worry that if you test, then everyone will know your status?
- How might we convince parents to allow their children to get testing services before they are 16?



Chapter 5: Anti-Retroviral Therapy

If a person has HIV, at some point that person will likely need treatment. HIV treatment is the use of ARV drugs in people with HIV infection to slow the development of AIDS. In most people, this helps in reducing the viral load to undetectable levels.

What are ARVs and what is ART?

- ARVs are medicines used to treat PLHIV. ARVs can bring a person with AIDS back to good health and keep an HIV-positive person healthy for a long time. It is a treatment and not a cure for HIV.
- ART refers to the treatment of HIV using ARVs.
- ART or ARVs can help in decreasing the viral load (amount of virus).
- ARVs are taken in combination.
- The combination of drugs is tailored for each person. (*Usually*, people take two to three ARVs a day.)
- Once started, ARVs must be taken for the rest of a person's life.

Previously, not everybody who was positive was encouraged to start taking ARVs immediately. However, experts are now advocating the “test and start” approach to suppress the virus early and to reduce further infection. The Government of Zambia is now encouraging PLHIV to speak to an ART health professional once they know their status to discuss possibly starting earlier. When PLHIV are linked to treatment, the ART clinicians will assess the condition of the client per the current standard and procedure.

- Treatment may not be given for every HIV-infected person for different medical and social reasons.
- Treatment is recommended for all HIV-infected pregnant women and for all HIV-infected children.
- People infected with HIV can still stay strong by maintaining healthy living as discussed earlier.

To determine if someone is fit for treatment, a blood test called the CD4 count, which looks at the strength of the immune system, will be carried out. A different blood test (called viral load) can determine how much HIV is in the body. In addition, the doctor or health care provider will consider the following factors:

- Whether the client has advanced symptoms.
- Client's willingness to start treatment.
- Whether the client will be able to take treatment daily and per instructions given (drug adherence). This is important, as it will determine the success of the treatment.
- How the treatment will benefit the client or whether the client is likely to have side effects. (This may be because the client is already taking other drugs, which may have side effects, or the client may develop drug resistance.)

What is a CD4 count? The CD4 cells are the cells that fight off infections. HIV attacks CD4 cells, weakening the immune system. A CD4 count records how many CD4 cells are remaining in the body. The more CD4 cells, the stronger the body is.

Who should take ARVs? In the past, not every person with HIV needed to take ARVs. Recently, however, the Government of Zambia is providing treatment to people who tested positive right away. Treatment should begin before the virus damages the immune system.

HIV-positive pregnant women should take ARVs to reduce the risk of HIV transmission from the mother to child during pregnancy, labor, delivery, and breastfeeding. A pregnant

woman should take ARVs throughout her pregnancy and continue them after delivery so that her child is protected when breastfeeding.

Mother-To-Child Transmission (MTCT) may occur at different times:

During pregnancy: The baby can be infected during the pregnancy. The risk is higher if the mother has a high amount of HIV virus in her blood (e.g., a high viral load).	During labor: The most dangerous time for the baby in terms of being infected is during labor. As the baby is being born, it struggles to get out, and the mother struggles to bring it out; this often leads to the baby being bruised and exposed to the mother's body fluids (vaginal fluid and blood).	After delivery: HIV is contained in breast milk; therefore, it is possible for a mother to pass on the virus to her child while breastfeeding. The presence of breast sores or infection increases the risk of transmission to the infant.
--	--	--

ARV drugs are available for children. As with any drug, the dosage is not the same as for an adult, and the drugs should be prescribed by a qualified medical practitioner. Like adults, once children start taking ARVs, they must take them for the rest of their lives.

Post-Exposure Prophylaxis (PEP) refers to a method of preventing the uptake of HIV after being exposed to transmission by blood or other body fluid contact with an HIV-infected person. PEP itself is an ARV and should be taken within 72 hours from the time of exposure to HIV infection. PEP must be taken for a full 4 weeks to ensure HIV uptake. While PEP often refers to a specific medication taken by people who think they have been exposed to HIV, there are other precautions they can take in cases of exposure before taking PEP drugs, or if PEP is unavailable.

Pre-Exposure Prophylaxis (PrEP) refers to a method of preventing the virus from establishing a permanent infection in the body after exposure. PrEP is a combination of medications taken orally for people at high risk of contracting HIV. Recent data shows that if used properly, it can be up to 92 percent effective. However, PrEP must be taken regularly; it is less effective if not. Clients on PrEP must be committed and able to take their medication consistently. The **Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS)** project is working to partner with a clinic to provide PrEP to adolescent girls and young women who attend the DREAMS center.

If someone thinks they have been exposed:

- Immediately wash (with soap and water) any wound or skin site in contact with infected blood or fluid, then wash it out with saline or a mild disinfectant.
- Rinse eyes or exposed mucus membranes thoroughly with clear water or saline.
- Report immediately to a hospital or clinic in charge of PEP and follow local PEP protocol.

Advantages and benefits of ARVs:

- Controls or inhibits the virus from multiplying
- Protects and/or restores the immune system
- Improves overall health and prolongs life
- Reduces HIV-related illness and deaths
- Prevents MTCT of HIV infection
- Is used as a PEP
- Improves quality of life

Disadvantages: Side effects are reactions that may occur when ARVs are taken. All drugs have side effects; some are more severe than others. ARVs can cause side effects (e.g., nausea, anemia, rashes, and headaches). Health care professionals often have advice on how to mitigate these side effects.

ARVs must be taken properly every day at the correct times. If a person does not take all of the right medicines (ARVs) every day at the right times, the ART will not work.

When a person takes all the medicines every day at the right times, we say that there is compliance or adherence. Adherence maintains the correct number of drugs to fight HIV in a person's body. If ARVs are not taken properly, they can cause more harm than good.

Everyone should know their status! Go for HTS and undertake the HIV test. Then, if positive, have a medical examination conducted by a qualified medical practitioner before embarking on ART.

ARV drugs should never be shared. When they are prescribed, they are for one person. Do not buy drugs from a pharmacy or drugstore. Take the correct medications as prescribed, at the right time, for the rest of your life. To access the service, please visit your nearest health facility, rural health center, or a faith-based health center or community-based ART center.

The Asha Case Study is presented on the next page, followed by the Answers sheet.

Asha Case Study from the Workshop

Asha is a young woman from the Copperbelt area. She is 18 years old. She tested positive for HIV 6 months ago, and it took many months for the shock to sink in. Then, she had questions about treatment, so Asha went to a drop-in center to ask questions. It was there that Asha met Maggie. Maggie is a nurse and was very helpful in giving Asha honest information.

Maggie explained that ARVs do treat the symptoms of HIV, but ARVs are not a (1). ARVs work by suppressing the (2) in a person's body. ARVs can keep a PLHIV (3) for a long time. ARVs can also make someone who is sick with (4) feel well again.

Asha told Maggie that she knows some people who are HIV positive but do not take ARVs. Maggie explained that, in the past, people did not start taking ARVs when they first learned of their status. However, experts are now suggesting that people "test and (5)" to suppress the viral load early; also, the Zambian government is encouraging this.

Asha asked, "How do I know if it is best for me?" Maggie explained that once you begin ART, you cannot (6) and must take it for the rest of your (7). Therefore, to start, you must be committed. Maggie explained that it is also important to take ARVs at the same (8) every day, and a person should never miss a dose. Following these instructions is called (9), which is critical for ART.

However, Maggie added, all pregnant women should start ARVs (10). Asha said she was not pregnant, but she would remember that if she became pregnant. Maggie explained that by working with the clinic and with drug adherence, there is a very high chance of delivering a healthy, HIV-negative baby. Asha asked how that works. Maggie explained that, if taken appropriately, ARVs decrease a person's (2) and increase their (11) count. The more (11) count in your blood, the stronger your immune system is. During pregnancy, a baby is at higher risk if a mother's (2) is high. So, ARVs are recommended to reduce that risk.

Asha asked about kids and babies – can they take ARVs? Maggie explained that children (12) take ARVs. Like adults, they must take them for the rest of their (7). But – it is an option.

Asha asked about price – are ARVs expensive? Maggie explained that ARVs were readily available throughout Zambia and were (13). Getting access to treatment would not be an issue should Asha decide she wanted to begin ART.

Asha was scared about starting ART. She had not told her family yet and was scared someone would find her medication and throw her out of the house. Maggie agreed that, if taken improperly, ARVs can do more (14) than good. She also stressed that ARVs should never be shared because prescriptions are specifically for (15) only.

Asha and Maggie set an appointment for another session next month. Maggie encouraged Asha to think about ARVs and also told her how important it was for PLHIV to practice (16) sex and eat (17) food.

Answers:

1)

2)

3)

4)

5)

6)

7)

8)

9)

10)

11)

12)

13)

14)

15)

16)

17)

Chapter 6: Stigma and Discrimination

Stigma can be described as a set of negative (and often unfair) beliefs that a society or group of people has about something. It can also be a mark of disgrace associated with a particular circumstance, quality, or person. Stigma often is not based on fact, but perception. Stigma also has important consequences for the way in which individuals come to see themselves.

Discrimination is the unjust or prejudicial treatment of different categories of people (e.g., on the grounds of race, age, sex, or HIV status). It occurs when a distinction is made against a person that results in their being treated unfairly and unjustly on the basis of their belonging (or being perceived to belong) to a particular group.

HIV stigma often leads to HIV discrimination:

- Stigmatize is something that people do to other people.
- People can stigmatize others directly or in a passive way.
- The group who stigmatizes others is made to feel superior.
- The groups that are victims of stigma are often devalued and ashamed.

Types of stigma include:

- ***Felt or perceived stigma*** – Real or imagined fear of societal attitudes due to the arising of a particular undesirable attribute, disease (like HIV/AIDS), or association with a particular group. This may include denial of the risks of HIV, refusal to use condoms, refusal to disclose status for fear of possible negative reactions from friends and relatives.
- ***Self-stigma*** – A PLHIV who blames and isolates himself or herself.
- ***Enacted stigma*** – The real experience of discrimination. For example, if someone's HIV status is disclosed and leads to the isolation of the individual by family, friends, and workmates.
- ***Moralizing behavior*** – An individual with a judgmental attitude. For example, someone who believes that PLHIV are sinners or deserve what they are going through.
- ***Cultural norms*** – Where individuals are denied information or services that would empower them in making choices because of their status or position.
- ***Service providers*** – Sometimes service providers have stigma toward adolescents who are in need of HIV testing and treatment services, thus making them unfriendly and unwelcoming.

Examples of stigma include:

- Isolation, insults, judging, blaming
- Stigma by looks or appearance
- Stigma by type of occupation
- Stigma by association – whole family affected by stigma

Possible effects of stigma:

- Stigma results in denial, rejection, and discrediting.
- Stigma leads to discrimination, which inevitably leads to the violation of human rights.
- Stigma fuels the spread of HIV because it undermines prevention activities, care, and support of infected individuals.
- People hiding their status may not be able to refuse sex to avoid arousing suspicion, which increases the risk of transmission and reinfection.

- Stigma also causes discrimination against individuals suffering from HIV/AIDS infections.
- Stigma brings about shame, denial, self-isolation, neglect, loss of hope, depression, alcoholism, self-rejection, anger, and violence.
- Kicked out of family, house, work, rented accommodation, organization, etc.
- Dropout from school (resulting from peer pressure – insults).
- Depression, suicide, alcoholism.

How can we reduce stigma and discrimination?

We can combat stigma and discrimination through education and dialog. The more facts people have about HIV the less likely they are to stigmatize PLHIV and their families. Here are seven ways to fight stigma in your community:

1. **Know the facts.** Educate yourself about HIV statistics and prevent the spread of rumors and gossip.
2. **Be aware of your own attitudes and behavior.** We've all grown up with prejudices and judgmental thinking, and we can't help others reflect on their attitudes until we can honestly reflect on our own feelings. This takes a level of humility and maturity, and a willingness to change.
3. **Choose your words carefully** so you can model what being stigma-free looks like.
4. **When you hear others stigmatizing, gently educate them about how their words can hurt.** Avoid accusing *people* – that tends to make people defensive and less willing to dialogue; instead, accuse words or actions and help people reframe those words and actions.
5. **Focus on the positive.** When you hear someone using correct terminology, congratulate them. Praise them.
6. **Support people and understand that it takes time.** Be patient. Listen to them and explain your opinions calmly and professionally. Help people to grow in their own time. Do not fight judgment with further judgment.
7. **Include everyone. EVERYONE!** No one is immune from stigmatizing – even accidentally. Have the courage to stand up to anyone who stigmatizes. If you aren't confident to do so alone, ask a friend to help you.

Chapter 7: Gender and HIV

Gender is the collection of social, cultural, and psychological features that a society often considers as either masculine or feminine. Gender is:

- Highly variable across cultures;
- Learned behavior; and
- Continually subject to change.

Sex is the biological and physiological characteristics that describe the difference between individuals as female and male. *Sex* classifies a person as either male or female. **Sex characteristics** are:

- Universal and naturally unchanging; and
- Defined by genetic make-up, such as chromosomes, external and internal genitalia, and hormonal status.

Difference between Sex and Gender

Sex	Gender
<ul style="list-style-type: none"> • Biological/born with it • Same throughout time • Same everywhere 	<ul style="list-style-type: none"> • Social/Learned • Changes over time • Changes according to social context

What are sex roles? Sex roles are biologically – and physiologically – determined functions distinct to females and males. Sex roles are naturally unchanging and include:

- **Women:** Pregnancy, giving birth, breastfeeding
- **Men:** Impregnation

What are gender roles? Gender roles are behaviors, activities, tasks, and responsibilities that females or males learn in society (e.g., cooking, income generation, and decision-making). Gender roles:

- Can change over time
- Are affected by age, race, economic status, culture, education, religion, technology, ethnicity, etc.
- Can change based on individual choices, social or political changes, natural disasters, and conflict

Differences between Sex Roles and Gender Roles

Sex Roles	Gender Roles
<ul style="list-style-type: none"> • Women: Pregnancy, giving birth, breastfeeding • Men: Impregnation 	<ul style="list-style-type: none"> • Women: Cooking, taking care of the children, nursing the sick, cleaning/sweeping the home, babysitting, washing clothes, serving food • Men: Decision makers, breadwinners

What are gender stereotypes? Gender stereotypes are rigidly held and oversimplified beliefs about the characteristics of females and males.

- For example, men are strong, women are emotional, men are able to make important and objective decisions, women are weak.
- Society overlooks the reality of individual differences and, instead, judges females and males simply for being a man or a woman.
- Gender stereotypes strengthen assumptions that reinforce inequality.
- Gender stereotypes define how people should be and limit the options and life choices for everyone: women, men, boys, and girls. They also violate human rights.

Illustrative Gender Stereotypes

Masculine	Feminine
<ul style="list-style-type: none"> • Aggressive • Adventurous • Assertive • Powerful • Unemotional 	<ul style="list-style-type: none"> • Obedient • Timid • Passive • Weak • Emotional

How Stereotypes Influence Behaviors and Risks Associated with Sexual Relationships

Aggressive, Adventurous Behaviors	Timid, Passive Behaviors
Has many sexual partners. Dominates in the relationship. May use psychological or physical violence to exert control. May use money as a way to bribe/coerce in the relationship.	Afraid to say “no.” Unable to negotiate terms of relationships, including safe sexual interactions. May be vulnerable because of a need for money for school or family.

Note: The problem is not that girls/women and men/boys are biologically different; the problem is that society values them differently based on these differences. Gender stereotypes reinforce the power imbalance that exists in society between men and women. The gender power imbalance perpetuates gender discrimination and gender inequalities at all levels, and greatly constrains the advancement of women in a nation. Gender equality demands that people of both sexes are free to develop their personal abilities and make free choices. Gender equality means that no one is held back by gender stereotypes or prejudices.

How can gender norms be restrictive to men?

- Being a provider of a family causes stress and pressure. This is especially true if a man is poor and/or cannot find work.
- Feelings of stress can lead to physical illness, risky behaviors (like alcohol consumption), and suicide.
- Men are not taught to be emotional, so they have no outlet for feelings. They must remain strong even when they feel sadness (e.g., after the death of a family member).
- Men may be forced into violence even though they do not want to participate because they feel the need to live up to social expectations.
- Men are expected to have side chicks, so they might be forced into sexual relationships they do not want.
- Gender norms may limit a man’s role in the family or prevent him from enjoying fatherhood.
- The role of “leader of the house” can sometimes come with violence and emotional distance. This stifles relationships with his wife and/or children.
- Any man that does not fit into the social ideal of being big, strong, and powerful does not feel like a productive member of society.

How can gender norms harm women?

- Women are taught to be submissive, which can lead to a range of issues in their personal and professional life, including:
 - Being a victim of Gender-Based Violence (GBV)
 - Having sex when, how, or where they do not want to, but not being able to say no
 - Being coerced into sex
 - Standing back during decision-making processes and not speaking their mind

- Doing things because it is their “duty,” even if they find them hurtful, humiliating, or demoralizing
- Women can be prevented from education.
- Women can be pressured not to seek employment.
- Once employed, women are told to focus on the home, not on their career.
- Women often do not reach their potential because they are taught to put others before themselves.
- Women have long and hard days because they are tasked with all household chores and all child-raising responsibilities.
- Women who do not marry and/or do not (or cannot) have children are judged and thought to be a failure.

What do gender stereotypes and norms have to do with HIV risk for men and boys?

- It is OK for men and boys to have many sexual partners, which leads to increased risk. Often, men are judged if they do not have multiple partners.
- Men and boys experience social pressure to drink heavily, which can lead to risky behavior.

What do gender stereotypes and norms have to do with HIV risk for women and girls?

- Men and boys decide if and when to have sex; women and girls are not allowed to say no.
- Men and boys decide how to have sexual relations; women and girls are not allowed to have an opinion or their own desires.
- Men and boys can decide if and when to use a condom; women and girls are not allowed to have an opinion or make a suggestion.
- Men and boys have the social power to dominate relationships; they will find a way to get what they want, one way or another.
- Because women and girls are taught to be weak and passive, they often do not initiate sexual relationships; they can feel pressured into doing things they do not want to do.

How are women at greater risk of contracting HIV?

<p>Physical/Biological: Are young women and girls biologically more vulnerable to HIV than men? Why?</p>	<p>YES. Viral load in semen is higher than in vaginal fluid. The vagina has a much larger surface area than the penis; abrasions can occur, which leads to HIV infection. Forced sex leads to greater tearing of the vagina. Vaginal membranes are especially thin and delicate in young women and adolescents. Women who partake in anal sex (by choice or by force) have a greater chance of contracting HIV because the rectum is a large area that easily tears.</p>
<p>Home: Are young women and girls more vulnerable to HIV than boys in the home, or domestic space? Why? (Remember to include girls with disabilities.)</p>	<p>YES. Girls and women are taught to be passive, so they do not have the power to do things to prevent themselves from HIV, such as abstaining from sex, choosing their partner, or using a condom. Girls with disabilities have even less power and might not have the cognitive ability to know what risky behavior is and is not. Since men are thought to be the bread-winners, women are dependent on men economically, which gives men even greater power in the house. In urban areas many girls work in homes as maids and are vulnerable to sexual abuse by male members of that household, especially since there is an economic imbalance as well. Orphans kept by distant relatives are sometimes sexually abused by the male members of the household. Due to limited/no choice of escape or alternative, they</p>

	succumb to sexual advances.
Educational: Are young women and girls more vulnerable to HIV than boys in schools? Why?	YES. Girls and women are taught to be passive, so they are easily coerced or persuaded to partake in risky behavior even when they do not want to: having sex, having sex with multiple partners, not using a condom. Often girls are forced into transactional sex by teachers and men in authority – trading grades and scholarships for sex, which puts girls at risk of transmission.
Community: Are young women and girls more vulnerable to HIV than men in the community at large? Why?	YES. Girls and women often succumb to community-approved traditions that put them at risk of transmission: coming-of-age rites, spiritual cleansing, etc. Often, men rise to be decision-makers in the community, so they perpetuate a patriarchy that benefits men and harms women. Girls and women, as well, often succumb to religious beliefs that put them at risk. Young girls who are married are taught to submit to their husbands' sexual demands regardless of his HIV status. Beliefs in healing and graces for advancement in career, finding love, finding work, passing exams, having a child, and even deliverance from demons make girls vulnerable to religious leaders' sexual advances. Girls and women who are employed are vulnerable to HIV through male employers' or supervisors' sexual advances in exchange for employment, confirmation, transfers, pay raises, and promotions.

Chapter 8: Sexual and Gender-Based Violence and HIV

Gender-Based Violence (GBV) = Sexual and Gender-Based Violence (SGBV)

- Violence is a tool of oppression that one person uses to control another. GBV is a form of violence that also takes into account the unequal power balance between men and women in society.
- GBV includes any act or threat by men or male-dominated institutions that inflict physical, sexual, or psychological harm on a woman or girl because of her gender.
- GBV is derived from unequal power relations between men and women, and boys and girls. In most cultures, traditional beliefs, norms, and social institutions legitimize – and therefore perpetuate – violence against women.
- GBV occurs in both the public and private spheres.
- GBV happens in all societies, across all social classes, with women and girls particularly at risk from men they know.
- GBV infringes on one's freedom to decide with whom to have sex.
- Not all violence between a man and a woman is GBV.
- Men often suffer from domestic violence, but rarely from GBV.

There are four kinds of GBV:

1. **Physical violence** is characterized by actions that include beating, kicking, biting, burning, strangling, slapping, punching, assault using weapons (e.g., guns, knives, electric cables, razor blades).
2. **Sexual violence** is the forcing of undesired sexual behavior by one person on another. Sexual abuse includes the following:
 - **Sexual harassment:** Any unwanted, non-contact sexual behavior that embarrasses, humiliates, or intimidates an individual based on sex or sexual orientation. The behavior may be verbal, such as sexist remarks and jokes, obscene phone calls, sexual propositions, suggestive sounds, or demeaning gender-specific criticisms. It may also include pornographic visual displays or physical gestures.
 - **Incest:** Sexual abuse by family members who are related by blood (e.g., father and daughter, sister and brother).
 - **Rape:** Sexual intercourse (vaginal, anal, or oral) without consent. Rape can happen to boys/men and to girls/women who are 16 years and above. Rape is illegal and a human rights violation.
 - **Defilement:** Having sexual contact with a child below the age of 16 years. Consent is immaterial.
 - **Child sexual abuse:** Any contact or non-contact sexual behavior imposed on a child. The abuse can be physical, verbal, or emotional, and includes sexual touching and fondling; exposing children to sexual activity; having children pose, undress, or perform in a sexual fashion; exposing children to pornographic materials.
3. **Emotional violence** is any behavior that attempts to control a person by causing emotional harm to that person. Emotional abuse can include being threatened, intimidated, humiliated, coerced, or bullied.
4. **Economic violence** is behavior that aims to strip resources from women so that they are dependent on others, often to create greater dependence on her abuser; for example, not allowing women access to family finances or inheritance.

Women often suffer more than one kind of abuse at a time. For example, rape can be both sexual violence and emotional violence because it makes the victim feel violated, weak, and/or powerless.

Domestic violence is a common form of GBV. Domestic violence is an act or threatened act of violence by a family member, spouse, or romantic partner, including the forceful detention of an individual, which results in or threatens to result in physical injury.

The following practices are common in several cultures in Zambia, and these influence our upbringing and socialization:

- Polygamy
- Sexual cleansing and inheritance
- Merry dance (among people in Chama)
- Initiation ceremony (across many cultures)
- Circumcision ceremonies, culminating in initial sexual encounters to remove spirits after the ceremony
- Early marriages
- Belief in the saying, “Ubuchende bwamwaume tabona ng’anda” (A man’s promiscuity will never break a home.)
- The belief in dry sex; therefore, women insert or tend to use all sorts of agents inside their vagina, some of which are injurious (likely to cause harm).

GBV Along the Care Cycle of HIV:

<p>Prevention ← → SGBV = How can acts of HIV prevention potentially lead to GBV? How can GBV limit a girl’s/woman’s ability to prevent the transmission of HIV?</p> <p>A girl/woman may suggest condom use. This may provoke her partner, who might feel that the girl/woman is suspecting him of being promiscuous. This may result in physical or emotional abuse toward the girl/woman. A girl/woman whose sexual partner is violent and abusive may fear negotiating condom use. Forced sex often leads to HIV as forced sex commonly leads to tearing of the vagina, which puts a girl/woman at greater risk.</p>
<p>Testing ← → SGBV = How can testing potentially lead to GBV? How can GBV limit a girl’s/woman’s ability to access testing services?</p> <p>If the test results are positive, the partner might react with violence. A girl/woman whose sexual partner is violent and abusive may fear suggesting she go for an HIV test, or she might even be afraid to go in secret for fear that her partner will find out and the GBV will increase.</p>
<p>Treatment ← → SGBV = How can treatment potentially lead to GBV? How can GBV limit a girl’s/woman’s ability to access and adhere to treatment?</p> <p>A girl/woman who has not disclosed her HIV-positive status to her partner might sneak her ARVs. If she is discovered, she risks GBV. A girl/woman in an abusive relationship may not remember to take her drugs on time and hence fail to adhere to treatment.</p>
<p>Care ← → SGBV = How can palliative care potentially lead to GBV? How can GBV prevent a girl’s/woman’s ability to access proper care?</p> <p>A girl who is dependent on a man to care for her is vulnerable to GBV. A girl/woman who has not disclosed her status might not go for the care that she needs for fear of GBV.</p>

Reporting and Referrals for SGBV Victims

- The project encourages you to refer SGBV victims to a One-Stop Center or the YWCA.
- The Victim Support Unit (VSU) at the police station is NOT always a good option, as VSUs are often overworked and cannot take on new clients.
- The One-Stop Centers and YWCA have contacts at the VSU and will ensure that they pursue the case. **Therefore, the project encourages all referrals to go to the One-Stop Centers or the YWCA.**
- When in doubt, talk to your district coordinator first. Remember: ALWAYS keep information confidential until the victim is ready to disclose publicly. Our #1 priority is to do no further damage or put the victim in greater danger.
- It is true that many rural areas do not have access to a One-Stop Center or a YWCA. In these circumstances, speak to your district coordinator so that the correct course of action can be determined.

Chapter 8 Pictures for Assistance with Community Work

Unwanted Sex

Boys and men often take advantage of women who have impaired decision-making capacity due to alcohol. GBV can happen when a woman is intoxicated. It is never all right for a man to proceed with unwanted sexual relations, even when a woman has been drinking or even if she is dressed provocatively.

Possible Questions for Discussion

- What do you think this man is thinking?
- Would it be OK if he acted on these thoughts?
- Do you think sometimes it is a woman's fault for being raped or sexually assaulted? Why?
- For boys/men: What can you do to ensure you never perpetuate GBV?
- For girls/women: What would you do if a man was violent toward you when you were drunk? Why?



Chapter 9: Alcohol and Substance Abuse

Alcohol and substance abuse refers to misuse of alcohol and drugs to cause harm to the human body.

A drug is any substance that is used as medicine, such as caffeine, aspirin, and nicotine. Drugs and alcohol are potentially damaging to a person's physical, social, and mental health if taken in excess. Drugs should only be taken as advised by a medical practitioner, and alcohol intake should be limited to safe levels. Alcohol is among the most widely used recreational stuffs. Alcohol is the most common mood-altering drug in Zambia.

Types of drugs:

- **Depressant** refers to any drug or chemical that decreases the activity of any bodily function. The term most often is used to refer to drugs that reduce the activity of the central nervous system. The sedative effects of these agents tend to reduce pain, relieve anxiety, and induce sleep. They include alcohol and tranquilizers.
- **Stimulant** refers to a group of drugs that excite the central nervous system, increase alertness, and alleviate fatigue. Caffeine is perhaps the most socially acceptable and commonly used stimulant. Other stimulants include cocaine and amphetamines, which create intense feelings of joy (well-being). Amphetamines, commonly known as pep pills or diet pills, also decrease appetite. Others are energy drinks such as Dragon, Red Bull, Kunfu, Wild Cat, etc.
- **Hallucinogens** refer to drugs that change a person's perception. People using these drugs often see images, hear things, or feel sensations that are not there. Marijuana and heroin are two examples.

Legal drugs and illegal drugs:

Legal drugs are those that have been approved for sale either by prescription or in shops. If used improperly, people can become physically dependent on some prescription drugs, such as morphine and valium. Illegal drugs are drugs that people may not manufacture, sell, purchase for sale, or possess. These include drugs such as marijuana (dagga), cocaine, snuff, and heroin.

Drugs commonly abused in Zambia:

- Alcohol
- Benylin
- Tobacco
- Dagga (also known as marijuana or cannabis)
- Cocaine
- Heroin
- Khuba
- Snuff

Common causes of drug/alcohol abuse:

- Peer pressure
- To hold onto a relationship
- Because they are bored, lonely, or angry
- To fit in
- To satisfy curiosity
- To give them confidence
- Like the taste or the feeling
- Trying to forget problems or reality
- Because their families use them

Some people become addicted to drugs. Addiction occurs when the normal functions of the body are altered in such a way that the body requires the continued presence of the drug to function. Addiction can be psychological or physical, depending on the drug. The person who is addicted cannot function normally without the drugs of addiction.

If you drink a lot of alcohol over a period of time, it can seriously damage your body and mind:

- Alcohol acts as a depressant on the body. It slows our reflexes, constricts blood vessels, and influences the way we see and interpret events around us.
- Drinking too much can make men impotent (they cannot keep an erection).
- For a pregnant woman, drinking can damage her unborn child.
- Health problems associated with alcoholism include permanent loss of memory, liver and heart damage, blackouts, and shaky balance.
- Frequent mood swings and may have outbursts of violence or depression while drinking.
- Young people's normal growth and development is often stopped.
- Drug abuse and addictive behavior interferes with the establishment of healthy relationships.
- Drug use impairs judgment in critical areas.
- Accidents, missed opportunities, unintended pregnancies, and academic failure are more likely when you cannot think straight.
- Drug addiction and alcoholism also divert needed financial resources from more constructive endeavors.

When you are under the influence of a drug, you can make unsafe sexual choices and put yourself at risk of STIs and HIV infections, or of transmission of diseases and the virus. Alcohol consumption is considered a risk factor for STI and HIV infection. This is especially true if a person abuses alcohol or drugs. Alcohol consumption impairs judgment and reasonable thinking. Those who intend to use condoms may lose their resolve after drinking alcohol. Condom negotiation with a partner who is drunk is very difficult. Alcohol is also related to GBV.

Chapter 9 Pictures for Assistance with Community Work

Alcohol Abuse and the Family

Alcohol and drug abuse does not just harm the individual. Adolescents and young women often feel trapped and powerless to do anything about the situation.

Possible Questions for Discussion

- Can you relate to this cartoon? Why or why not?
- What would you do if someone in your family had a drug or alcohol problem? Do you think offering help is interfering?
- Who would you ask for help if you needed it?
- What if this woman in the photo was your sister or your daughter? What would you do to help?
- What if this man in the photo was your brother or your son? What would you do to help his family?



Chapter 10: Family Planning and Sexually Transmitted Infections

What is a Sexually Transmitted Infection?

Sexually transmitted infections, commonly called STIs, are diseases that are spread by having sex. One can get an STI from sexual activity that involves the mouth, anus, vagina, or penis. STIs are serious illnesses that require treatment. Common STIs include: Genital herpes, HIV and AIDS, Genital Warts, Hepatitis B, Chlamydia, Syphilis, Gonorrhea, Vaginitis, and Trichomonas.

Transmission, Signs, and Symptoms

One can get an STI by having unprotected sexual contact with someone who already has the infection. One cannot tell if a person is infected because many STIs have no symptoms. However, STIs can still be passed from person to person, even if there are no symptoms. STIs are spread during vaginal, anal, or oral sex, or during genital touching. Thus, it is possible to get some STIs without having intercourse. Not all STIs are spread the same way. Sometimes there are no symptoms. If symptoms are present, they may include:

- Bumps, sores, or warts near the mouth, anus, penis, or vagina
- Swelling or redness near the penis or vagina
- Skin rash
- Painful urination
- Weight loss, loose stools, night sweats
- Aches, pains, fever, and chills
- Yellowing of the skin (jaundice)
- Discharge from the penis or vagina (vaginal discharge may smell bad)
- Bleeding from the vagina other than during a monthly period
- Painful sex
- Severe itching near the penis or vagina

Treatment and Prevention

If someone thinks they have an STI, it is important to see the health care provider. Treatment can:

- Cure many STIs
- Lessen the symptoms of STIs
- Make it less likely for the disease to spread
- Help one to get healthy and stay healthy
- Provide one with information on how to prevent getting and spreading STDs

Prevention of STI Transmission

- Use a condom every time one has sex, especially with more than one sex partner; always use a condom correctly.
- Be faithful. This means having sex with only one person whose STI status you know. That person must also have sex with only you to reduce your risk.
- Get checked for STIs on a regular basis. Do not risk spreading the infection to someone else.
- Do not use alcohol or drugs before you have sex. You may be less likely to practice safe sex if you are drunk or high.
- Know the signs and symptoms of STIs. Look for them in yourself and your sex partners.
- Learn about STIs. The more you know about STIs, the better you can protect yourself.

- Follow your health care provider’s instructions for treatment.

If you have been diagnosed with an STI and given some form of treatment, it is very important to remember:

- Avoid drinking alcohol while taking your STI medicines.
- Drugs should be swallowed with water and not alcohol. Alcohol and some drugs interact in the liver and make drugs ineffective and cause further complications.
- You should NOT STOP taking medicines when you feel better; rather, you SHOULD complete your medicines as directed by a health worker.
- You should not share your STI medicines with your partner or friends.
- There are no prevention medicines that can be taken minutes before sexual intercourse that can protect you from getting an STI if you have unprotected sex with an infected person.
- Share your diagnoses with any potential sexual partners and speak to your health provider so you do not infect anyone else.

What is Family Planning?

Family planning allows people to attain their desired number of children and determine the spacing of pregnancies. It is achieved through the use of contraceptive methods, which a client can choose after getting correct information from a service provider. Protection from both unwanted pregnancy and an STI, including HIV, is very important for those who have more than one sexual partner.

Types of Family Planning

If someone wants to start family planning, she needs to talk to her health care provider, who will give her all the information before she makes a choice. Some of the available family planning methods in Zambia are:

- **Oral contraceptives, or “the pill,”** which are taken every day (e.g., Oral Con F, Mycrogynon, Safe Plan).
- **Implants:** Put on the upper arm by small operation (e.g., Jadelle).
- **Injectable contraceptives:** These are given as injections and can last for 3 months (e.g., Depo provera).
- **Intrauterine Device (IUD):** This is inserted inside the uterus and can be removed if one wants to get pregnant.
- **Condoms (both Male and Female):** Male and female condoms provide dual protection against unintended pregnancies and against STIs, including HIV.
- **Male sterilization (vasectomy):** This is a permanent method where the sperm tubes for the man are tied or cut
- **Female sterilization (tubal ligation):** This is a permanent method where the tubes for the female are tied or cut.
- **Exclusive breastfeeding:** This is a temporary method of reducing the chances of getting pregnant only for 6 months.
- **Withdrawal method:** This is where a man withdraws before releasing; it is not very reliable.
- **Abstinence:** This is completely not having sex; it is 100 percent effective.

Benefits of Family Planning

There are many benefits to family planning, both in terms of physical health and economic health. They include:

- Family planning reduces the need for unsafe abortion.
- Family planning reinforces people's rights to determine the number and spacing of their children. Frequent births put great strain on a woman's body.
- Condoms as a family planning method also help prevent the transmission of HIV and other STIs.
- Family planning can delay pregnancies in adolescents who are at increased risk of health problems and death from early childbearing.
- Family planning can prevent closely spaced and ill-timed pregnancies and births, which contribute to some of the world's highest infant mortality rates. Infants of mothers who die because of giving birth also have a greater risk of death and poor health.
- Family planning reduces the risk of unintended pregnancies among women living with HIV, resulting in fewer infected babies and orphans.

There are also challenges in family planning. Some methods cause different side effects. It is important for you to talk to your family planning service provider for advice. For more details on family planning, you will need to talk to your family planning provider.

Chapter 10 Pictures for Assistance with Community Work

Pregnancy

Women and girls need to be aware of STIs and family planning because they have the double burden of considering HIV prevention and pregnancy prevention. Of course, ideally, boys and men would have the same considerations. However, since women and girls physically carry a baby to term, they are often left with the bulk of the responsibility.

Possible Questions for Discussion

- Are you more concerned with avoiding HIV or avoiding pregnancy? Why?
- Is it acceptable in your community to use contraception if you are not married? How do you feel about this?
- If you found out you were going to be a parent, how would you feel?
- What are ways you effectively plan your family in the future?



Chapter 11: Communication and Negotiation

Information from this section is taken from *Stepping Stones: A Training Manual for Sexual and Reproductive Health and Relationship Communication Skills and Empowerment*.

Communication and Negotiation Terminology

Influencing Others. There are four ways to influence others: assertive, aggressive, passive, and manipulative. *Assertive* is what we strive to achieve; it is when we clearly explain our feelings to another person without threatening them or being rude. It is when we stand up for our human rights without endangering the rights of others. The other three ways do happen but are not ideal. *Aggressive* behavior is asserting your own rights at the expense of someone else: yelling, attacking, bullying, and demanding. *Passive* is when you stand back and let others make choices about your rights: avoiding confrontation, withdrawing, and hiding. Finally, there is *Manipulation*, which is trying to control other people's behaviors by pretending to do or act a certain way. For example, threatening to kill yourself if your partner ends a relationship is manipulating them into staying with you.

Verbal Communication. Verbal communication is everything spoken. This means both what you say as well as how you say it, as we demonstrated before. Do you have an honest tone, a suspicious tone, or a judgmental tone? It also means what you do not say – what information is left out or deleted. Verbal skills mean speaking clearly and choosing the right words to correctly represent your thoughts and intentions in a respectful way – with a good attitude. A good communicator does not leave people wondering – what did he mean?

Non-Verbal Communication. This is everything not spoken – gestures, facial expression, posture, etc. Despite the words spoken, it is clear what someone thinks of the situation based on body language. Do they sit straight, make eye contact, and smile, or do they lean against a wall, folding their arms and rolling their eyes? Different cultures have different ways to represent respectful and disrespectful body language.

Listening Skills. How many of us have a friend or family member who is a terrible listener? No matter how hard we try, they only hear what they want – or twist our words based on their own understanding. It is frustrating! Being a good listener is important to understand what someone is trying to tell you – to show you are a good friend. It is important to listen with ears as well as eyes to show that the speaker is truly being heard.

Questioning Skills. Can we believe everything our friends tell us? Can we believe everything on TV or online? Of course not! Even when hearing the truth, no one understands everything all the time. We all have questions. Having the confidence to ask questions when we do not understand something is important. It gets us the information we need, and it stops false rumors from being spread further. It helps us fully understand a problem so that we may start to find realistic solutions. Questioning skills also help us learn. Try not to assume you know everything – be confident in what you do not know. If an adolescent comes to you with a problem, before you make a snap decision about who they are and what they want – ask questions. Get to know them. In the end, information is power. However, you cannot get information without asking questions and being open to answers.

Negotiation Skills. No one can have everything they want all the time. So, we learn to compromise and negotiate. Think about a market stand selling fruit – the vendor asks for K 4. The buyer asks for K 2. They negotiate and compromise at K 3 – neither party got their first price, but neither party feels taken advantage of. People use negotiation all the time in terms of money, time, and resources. Often, we use the word negotiation to talk about sex and condoms – we talk about how women need to negotiate sexual activities to be done when they want it, in the way that they want it – so both partners feel happy and no one feels taken advantage of.

Peer Pressure

Peers influence adolescent life, whether it is done consciously or subconsciously. Peers learn from each other and constantly exchange information. It is only human nature to listen to and learn from other people in one's age group.

Peers can have a positive influence on each other (e.g., helping with homework, going to sports practice together, or introducing each other to new friends). Sometimes, however, peers influence each other in negative ways (e.g., pressure to try drugs/alcohol, drive under the influence, or bully the new kid in school).

Why do people give in to peer pressure? Some adolescents give in to peer pressure because they want to be liked, to fit in, or because they worry that other kids might make fun of them if they do not go along with the group. Others go along because they are curious to try something new that others are doing. The idea that "everyone's doing it" can influence some adolescents to leave their better judgment, or their common sense, behind.

How can someone handle peer pressure? Generally, there are three tactics: refusing, delaying, and bargaining. It is important that adolescents understand all three so that they can choose for themselves what is the most realistic in any given situation.

Examples of What to Say for Each Strategy

Refuse	Delay	Bargain
"No, I really mean no." "No, and I am leaving." "No, I am not going to do that." "No, I just do not want to." "No, and you should not do it either."	"I am not ready now – maybe later." "Maybe we can talk later." "I would like to talk to a friend." "Another time, I cannot today because...."	"Let us do ... instead." "How about if we try ..." "What would make us both happy?" "Have you thought about....?"

Stress

Stress is a state of mental or emotional strain resulting from adverse or demanding circumstances. People handle stress differently at different times in their life. Sometimes stress can be positive; for example, feeling stress about an upcoming test makes a person study more so they get a better grade. Stress can also be negative – maybe stress around an unhealthy relationship makes a person turn to alcohol as a coping mechanism.

Everyone – adults, teens, and even children – experience stress at various times in their life. We cannot delete stress from our life; that is unrealistic. Yet, we can work at coping with stress in better ways. Using healthy ways to cope and getting the right care and support can put problems in perspective and help stressful feelings and symptoms subside.

Common physical reactions to stress can include:

- Disbelief, shock, and numbness
- Feeling sad, frustrated, and helpless
- Anxiety
- Anger, tension, and irritability
- Difficulty concentrating
- Crying
- Loss of appetite
- Sleeping too much or too little

- Nightmares
- Headaches, back pains, and stomach problems
- Increased heart rate, difficulty breathing
- Desire to be alone

Some tips for handling stress in a positive way:

- **Take care of yourself** → Eat healthy, exercise, get enough sleep.
- **Talk to others** → Share problems and feelings with someone trusted – like a friend, doctor, parent, relative, pastor, counselor, teacher, etc.
- **Avoid bad behaviors** → Know that stress can bring out the worst in people, so try to avoid that happening. Avoid drugs and alcohol. Although they may make you feel better for a few hours, in the long run they will add to your stress!
- **Take a break** → What makes you happy and stress-free? Do it! Maybe a night with friends, a movie, or just some time alone.
- **Stress vacation** → Try to avoid stress triggers for a bit. Does the news stress you? Take a week's break from watching the news. Does a friend or partner stress you? Find a way to politely back away for a bit so you can think more clearly about the situation and your long-term options.

Recognize when more help is needed. If problems continue or there are thoughts about suicide, talk to a psychologist, social worker, or professional counselor immediately.