

My Children and Me



Elizabeth Glaser
Pediatric AIDS
Foundation

Until no child has AIDS.



Project Summary

The Eswatini Ready, Resourceful, Risk Aware (Triple R) Project: OVC, Adolescent Girls, and Young Women (locally named Insika Ya Kusasa) aims to prevent new HIV infections and to reduce vulnerability among orphans and vulnerable children (OVC) and adolescent girls and young women (AGYW) in Eswatini. Insika Ya Kusasa helps HIV-negative OVC and AGYW stay HIV-free and supports those who are HIV-positive to lead healthy lives. To these ends, the project increases socio-economic resilience to the impact of HIV and uptake of high-impact HIV, sexual and reproductive health, family planning, and sexual and gender-based violence services among OVC and AGYW.

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It was written by Lungile Dlamini-Zwane, Bongile Dlamini and Beth Deutsch, with technical support from Cheryl Lettenmaier, for Life Mentors in Eswatini to use with AGYW aged 15-29 in small group sessions and through one-on-one mentorship. Input was provided by Pact's Mphikeleli Dlamini and Nicole Miller and it was further refined through feedback from a training of trainers' workshop for Insika HIV Prevention Field Officers and a training of Life Mentors. Field observations of Life Mentors' sessions with AGYW at community level further supported finalisation of the material by the JHCCP team.

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Disclaimer

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DISCUSSION GOALS

To understand our fertility, how to protect our fertility and how to ensure we plan our children and protect them from HIV.

DISCUSSION TOPICS AND ACTIVITIES

Part 1:

Recap on Last Session (3 minutes)

Activity 1: How Pregnancy Occurs (True/False) (15 minutes)

Activity 2: Understanding My Menstrual Cycle, How Pregnancy Occurs & Pregnancy Prevention (15 minutes)

Activity 3: Spider! Preventing Unplanned Pregnancy (30 minutes)

Activity 4: Contraception (30 minutes)

Activity 5: Baby Tag! (PMTCT) (25 minutes)

Wrap-Up (2 minutes)

Note to Mentor:

By end of session, AGYW should have:

- ✔ Clear understanding of how pregnancy occurs
- ✔ Knowledge of what they can do to prevent unplanned pregnancy
- ✔ Understanding of how they can reduce HIV risk for their babies, if they get pregnant.
- ✔ Agreement on next meeting.

DISCUSSION LENGTH | 2 hours 00 minutes

KEY TO ACTIVITY PLANNING



Activity Objectives



Activity Time



Materials Needed

Welcome

1. Greet everyone and welcome them back to the Insika Ya Kusasa session.
2. Ask everyone to sit comfortably in a circle. Sit in the circle with the group. Everyone should be at the same level, including yourself.
3. Thank everyone for coming.
4. Ask a few volunteers to quickly share something good that has happened to them since the last session.

Recap

- ▼ Ask participants to talk about what they learnt from the last session. Tactfully correct any wrong information without embarrassing the person who gave it.

Explain that we are going to start this session with a discussion of pregnancy and how it occurs.

ACTIVITY 1: How Pregnancy Occurs (TRUE/FALSE)



To understand the AGYW's knowledge around issues of pregnancy and further discuss how pregnancy occurs



15 Minutes



True / False Cards

Say: We are going to play a True or False game to understand what we know about how pregnancy happens. I will read a statement and you can lift up your TRUE Card if you think it's True, or lift up your FALSE Card if you think it's False.

After each statement I will pick two people for each side (*or just ask the AGYW if having a one-on-one session*) to tell us why they think the statement is true or false. Then, we will discuss the facts about each statement.

Statements:

Statement 1: A woman can only get pregnant if she has sex often.

FALSE: Pregnancy can occur even if you only have sex once.

You might want to mention that although some people get pregnant the first time they have sex without contraception, it's normal for women to take some months to get pregnant. It often takes longer for women over 30 years, which means for AGYW like them, it's much easier to get pregnant. The older the woman is, the longer it usually takes her to get pregnant.

Statement 2: A female can't get pregnant until she is 16.

FALSE: A female can get pregnant as soon as she has had her first menstruation. It does happen that some girls fall pregnant before their first menstruation.

Statement 3: A woman can ALWAYS tell she is pregnant as her breasts feel heavy or painful and she stops menstruating.

FALSE: For many women these are symptoms of pregnancy, but this is not ALWAYS true. Young women often have irregular periods and may not notice they skipped a cycle. Young women may have tenderness in their breasts as they grow, so this is NOT ALWAYS an indicator of pregnancy. These can be possible signs of pregnancy, including nausea or vomiting, especially in the morning, going off food, breasts getting larger and after about three months the stomach getting larger. However, the only way to know for sure early on is to get a pregnancy test.

Statement 4: A woman can't get pregnant if the man withdraws just before ejaculation.

FALSE: A woman can get pregnant even if the man withdraws his penis just before ejaculation. Some semen carrying sperm may come out during foreplay or while having sex even before the man ejaculates and this could lead to pregnancy.

Statement 5: A woman cannot get pregnant if she jumps up and down or goes to pee in the bathroom after sex.

FALSE: This is also untrue because jumping up and down or going to pee immediately after having unprotected sex cannot stop sperm from swimming into the womb to try and find a fertile egg.

Statement 6: A woman who is breastfeeding cannot get pregnant.

FALSE: The only way to prevent pregnancy if having sex is through protected sex by using a condom, or by using contraceptives. Breastfeeding only prevents pregnancy when the woman has not started menstruating again and her baby is less than 6 months old and is exclusively breastfed both day and night. Exclusive breastfeeding means only feeding the baby from your breast and not giving her anything else to drink or eat. When a breastfeeding mother begins menstruating, she can get pregnant. And, when her baby reaches 6 months of age, she can get pregnant. This is because breastfeeding's effectiveness as a contraceptive method drops as your baby gets older and your situation changes – like when your baby starts solids or nurses less as he starts sleeping through the night.

Statement 7: It is possible to get pregnant when a man ejaculates on the vulva (entrance of the vagina).

TRUE: Usually a woman can only get pregnant when the penis is inside the vagina when the man ejaculates (even if it was just a little bit before withdrawing his penis), but it is possible for sperm on the vulva (entry to the vagina) to swim into the vagina and up into the womb and for conception to occur.

Statement 8: It is not possible for a woman to get pregnant if a man has sex with her while she is menstruating.

FALSE: This is not true because some women may get pregnant if they have a shorter cycle as some women ovulate from both ovaries, one soon after the other. There is also a higher risk of contracting HIV if the woman is HIV positive and there is unprotected sex. Safe sex is always important.

Note to Mentor

Make sure you are familiar with the statements and the correct answers – and that participant(s) end this session very clear about what is TRUE and what is FALSE.

You may not have time to go through all 8 statements. Take note of the time and reduce the number of statements to keep time. Pick statements most relevant to your group or the individual you're with.

Now, let's look more closely at pregnancy by understanding our menstrual cycle and fertility.

ACTIVITY 2: Understanding My Menstrual Cycle and Pregnancy



To describe the menstrual cycle, when and how pregnancy occurs, and the changes in a woman's body throughout the cycle



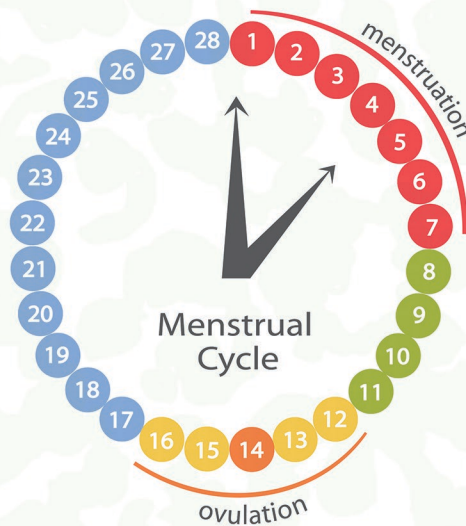
15 Minutes



Menstrual Cycle

Description

Discussion exercise using the menstruation card below: 28-day cycle, 7 days in red for menstruation and 5 days showing ovulation. *(Use the annexed cycle at the end of this job aid):*



Step 1 Explain that we are going to think about women's bodies and how pregnancy occurs.

Step 2 Explain that most women who are not pregnant menstruate each and every month.

✔ We call this the menstrual cycle.

Ask the AGYW to think about menstruation using the menstruation card and show it to them.

Say: When we think about the menstrual cycle, what we always remember are the days women bleed.

Ask: How many days each month do most women bleed? Ask for suggestions from different people in the group or from the one AGYW, if you're having a one-on-one session).

✔ There may be some disagreement as it's not the same for everyone. Sum up by suggesting that you all agree on seven (7) days.

✔ Point out the 7 red days on the card signifying the days a woman menstruates.

Step 3 Mention that a menstrual cycle is normally four weeks or 28 days days, like the cycle of the moon, although it may differ for some girls. It may be longer or shorter than the 28 days.

Step 4 **Ask:** Do you know of the time when women are most fertile? Wait for response(s).

Point out the **five (5) days** on the menstruation card and explain that these signify the days when a woman is most fertile, which is called **ovulation**.

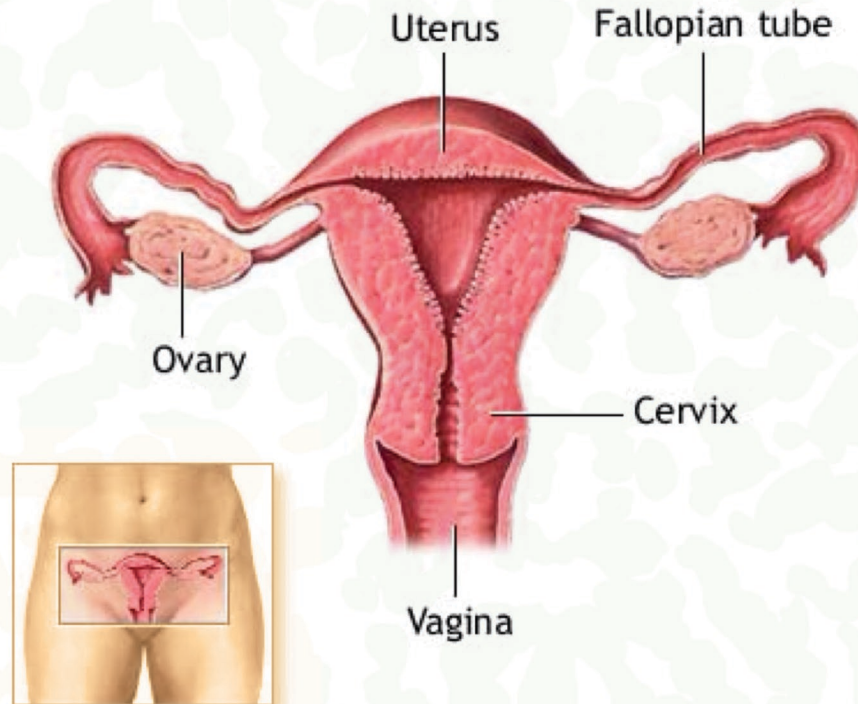
- ▽ Explain that this very fertile period, or ovulation, is the middle of the menstrual cycle – days 12 to 16 – and that you count these from the first day of menstruation.
- ▽ **Count** from the first day of the menstruation cycle showing that the fertile period starts from day 12 to 16 so the AGYW can see.
- ▽ Because the egg can live for up to 72 hours (or 3 days) waiting to meet a sperm, and the man's sperm can live for up to 5 days waiting to meet an egg, the days when a woman can become pregnant can even extend to more than 3 days.

Step 5 Explain that menstruation is when the womb sheds or gets rid of its lining.

- ▽ In the days leading up to the fertile period, the womb lining gets renewed and the womb is prepared in case there is a pregnancy.
- ▽ If the woman gets pregnant, her womb lining grows (and then her womb grows) so the baby is nurtured.
- ▽ If she does not get pregnant her body keeps the womb lining for about two weeks and then decides to clear it out and start again, so 14 days after ovulation, the process of menstruation starts again. Menstruation is normal and shows that you're healthy.

Step 6 This is what is happening in the womb, but what other parts does a woman have in her body?

- ▼ Show the AGYW the enlarged picture of a woman's reproductive organs (annexed at the end of this job aid) and ask what each organ is called.



Step 7

Explain that at the top of the vagina is the cervix or neck of the womb (uterus). The cervix has a very tiny passage through it, about as wide as a straw.

- ▽ If you pass through this, you come to the womb or uterus. There are two narrow tubes, coming from the top of the womb, called fallopian tubes. At the end of the fallopian tubes are the ovaries.
- ▽ Explain that a woman's eggs are made in her ovaries and when she is fertile, during those yellow days (ovulation), one tiny egg is released and passes down the fallopian tube to the womb.
- ▽ If it does not meet with a fresh sperm, it passes out of the womb into the vagina and it dies.
- ▽ If it meets with a fresh sperm, which would be there if you have had sex without a condom, a pregnancy will result. Sperm live in a woman for up to 5 days, then they die if they do not meet an egg.

Now that we are clear how our bodies work and how pregnancy occurs, let's look more closely at the causes, advantages and disadvantages of getting pregnant when you're not yet ready.

ACTIVITY 3: Spider! Preventing Unplanned Pregnancy



To explore the causes and consequences of unplanned pregnancy and the options for people who find themselves in this situation; to determine appropriate forms of prevention and support



30 Minutes



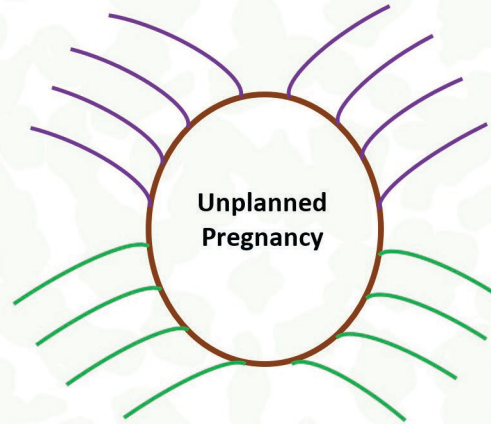
No Materials Needed

Directions

1. In this exercise we are going to think more about the causes and consequences of unplanned pregnancy, and what can be done to prevent it.
2. Divide participants into groups of 4-5 people. *(If the group is much smaller, you can divide them into two or have just one group. If you're having a one-on-one session, proceed with the activity as is, but with the AGYW giving you her suggestions and you doing the writing and drawing).*

Use a piece of flip chart paper and coloured pens. Explain that we are going to discuss the causes and consequences of unplanned pregnancy by using a spider diagram (below is an idea of what the diagram should look like. Next to each spider leg they should list the causes (top legs) and consequences (bottom legs) of unplanned pregnancy).

Causes of unplanned pregnancy



Consequences of unplanned pregnancy

3. Ask the AGYW to write 'unplanned pregnancy' in the centre of the paper and circle it - this is the spider's body. Then, ask the AGYW to think of as many causes of unplanned pregnancy (tintfo letibanga kutetfwala ungakahlosi) as they can think of and write (or draw using a symbol) each one as a 'spider's leg' on the top half of the paper. *(If having a one-on-one session, you will do the drawing and writing what the AGYW says and proceed as instructed below.)*
4. Now ask the AGYW in the group to take a different colour pen and think of all the consequences of unplanned pregnancy (imiphumela yekutetfwala ungakahlosi) and draw/write them on the bottom half of the paper as the bottom half of the spider. *(You will be the one doing the writing if having a one-on-one session).*

5. Call the AGYW back to display the spider diagram(s). How similar are the diagrams? What are the differences? Are there any disagreements? (Display your diagram if you have one AGYW, discuss what is on it and add any she may have left out from the list below).

Say: Causes of unplanned pregnancy may vary by age:

For adolescent girls and younger women, they may include	For older women, causes may include
<ul style="list-style-type: none"> ✔ Sex without a condom; ✔ Inaccurate knowledge of conception and contraception; ✔ Religious opposition to contraception; ✔ Use of unreliable non-medical methods of pregnancy prevention or improper use of reliable contraceptives; ✔ Fear of the clinic nurses, limiting access to information on contraceptives and how to prevent pregnancy; ✔ Lack of parental guidance, limiting access to information on conception, contraceptives and how to prevent pregnancy; ✔ Fear of contraceptive side-effects (especially beliefs that they will never be able to have children afterwards); 	<ul style="list-style-type: none"> ✔ Sex without a condom; ✔ Lack of knowledge of contraception methods that can prevent pregnancy; ✔ Opposition to contraceptive use; ✔ Use of unreliable contraceptive or improper contraceptive use; ✔ Lack of power in relationships; ✔ Rape; ✔ Fear of contraceptive side-effects; ✔ Unfriendly clinics, including other negative healthcare worker attitudes.

- ▼ Lack of power in the relationship;
- ▼ Rape;
- ▼ Unfriendly clinics, including youth-unfriendly staff.
- ▼ Societal expectations of a person not being sexually active, leading to someone hiding that they are having sex and having it before they are ready or know how to prevent pregnancy.

Say: Consequences of an unplanned pregnancy may be negative or positive.

NEGATIVE ones include:

- ▼ Being forced to leave school early, leading to isolation from peers, and difficulty getting a job later on because you didn't finish school and have a child to take care of;
- ▼ Financial responsibilities with limited or no income, which may force one into trading sex for cash;
- ▼ Illegal abortion, if the pregnancy is unwanted;
- ▼ Poor care for the child, if unable or unwilling to care for a child, or if the baby's father is not willing to help you;
- ▼ Your parents being angry with you for getting pregnant, as well as anger towards the baby's father;
- ▼ Abandoned children, if the mother decides she doesn't want to raise the child;
- ▼ Teenagers forced to leave home, if the family objects to the pregnancy;
- ▼ Rejection by partner, if partner doesn't want to raise a child; and
- ▼ Greater strain on the family, if the mother of the child is still living at home.

POSITIVE ones include:

- ✔ Of course, some women have support from their partner or relatives and some women feel their unplanned pregnancies are very much wanted.

Ask the participants to go back into their groups and now create a short roleplay about the things that can happen if there is an unplanned pregnancy. (If having one girl, skip the roleplay.)

Bring the groups together and ask them to present their roleplays. (not for one-on-one)

Choose the roleplay that seems to present the issues most clearly and comprehensively. (not for one-on-one)

Ask: What are the options for a person who has an unplanned pregnancy? For each of these options, what advice would you give a person?

The options which will probably arise are:

- ✔ Continuing with the pregnancy and raising the child herself.
- ✔ Continuing with the pregnancy and giving the child to someone else to bring up. Often a relative may be willing to raise the child.
- ✔ There are orphanages in Eswatini, where you can take your baby if you have no other option and if no relative is willing to help take care of the baby. However, having your child raised in an orphanage without his or her family can be damaging to their development and should only be done if all other options have been exhausted. A social worker will have more information about this type of arrangement.

Pregnancy confirmation

Say: It is important that people find out for sure as soon as possible after they suspect pregnancy so they can ensure they have a healthy pregnancy, for both the mother and the baby, and decide early what to do. Super-sensitive urine tests are very reliable at the time of the first missed menstruation (usually two weeks after conception). They are available on the DREAMS on Wheels mobile clinic, and at other local clinics and hospitals, but if you want to buy them, they can be purchased in pharmacies and are cheap and very easy to use at home.

Many people try to abort themselves or go to herbalists or backstreet abortionists. This is very dangerous and has caused infertility, injury and deaths of many women. Adolescent girls and young women should only seek services from formal health facilities.

ACTIVITY 4: The Divine Divas: Contraception



To share information about the various types of contraceptives available for the prevention of pregnancy



30 Minutes



Flip Chart , Markers,
Contraceptive Cards &
Cut-out Divas

Description

The Divine Divas are five inspirational characters that each represent a different contraceptive method, bringing the method to life by embodying its characteristics and qualities.

Fun fact: 'Diva' is a great word in Eswatini that describes a confident, beautiful woman in control of her decisions. It came from a workshop done by Marie Stopes in Zambia with boys and they were the ones to describe their dream wife as a diva. A woman who is "in control, happy and disease-free".

Preparation

Prepare cards with all the information for each type of contraceptive (annexed). Prepare a number of condoms, pill, implant, loop and injection cards. Copy and print these out before you do the exercise.

Directions

Explain that in this exercise we are going to discuss different ways of ensuring that we control when we have children. We are going to start by learning more about contraceptives and thinking about which contraceptives are best for us. We are going to do this through five Divas.

MEET THE DIVAS



Condoms for
EVERY GIRL



The Pill for the
PERFECTIONIST



The Injection for the
GIRL ON THE GO



The Implant for
MS. AMBITION



IUD for
THE SUPERGIRL



Condoms for **EVERY GIRL**

Every girl picks out her outfit everyday, right? Well, the condom is for the you and everyone else because it should be used every time you have sex.



The Pill for the **PERFECTIONIST**

Ms Perfection never misses a party, exam, or birthday, and she never forgets to take the Pill every day. And that's good because the Pill needs to be taken at the same time every single day.



The Injection for the **GIRL ON THE GO**

The Girl on the Go doesn't have time to stop and think about her birth control every day, and that's why the injection works well for her. She only needs to remember it every two-to-three months and then she can get on with her busy schedule.



The Implant for
MS. AMBITION

Ms. Ambition has big plans for her future, and at the moment they don't include having children. The implant gives her peace of mind so she can focus on what's really important to her right now.



IUD for
THE SUPERGIRL

Supergirl's IUD makes her invincible and protected from pregnancy for a super long time. Of course she has the option of having the IUD removed whenever she decides to have superkids.

(If the session is with one AGYW, tell her that you're going to have a discussion about the different types of contraceptives)

1. Ask for five volunteers who will each take the role of one of the five Divas. Hand each volunteer a cut-out of one of the five divas above. *(If having a group of less than 5 people, each or some of the girls can have more than one card. If having a one-on-one session, give the AGYW three Divas and their related contraceptive cards and you will be the remaining two Divas and have their related contraceptive cards.)*
2. Hand out the contraceptive cards (annexed to this job aid) according to what each diva represents. For example, Miss Perfectionist should get the Pill card.
 - ▼ Ask the AGYW to read the cards and their Diva information for about 5 minutes and make sure they understand what it says.
 - ▼ Make sure that you also have IEC materials (Family Planning Z-cards) on various contraceptive methods so the AGYW have information to take home.
 - ▼ Tell each volunteer that they will have to prepare and then present each contraceptive they are representing as the chosen Diva. *(In a one-on-one, both you and the AGYW will have to take turns presenting the contraceptives you have, using the persona of the Divas you represent.)*

Say: When presenting, you will have to introduce your persona (using the information given under each Diva) and then add more information about the contraceptive you represent, making sure you answer the following questions:

- ▼ Why you are good for preventing pregnancy?
 - ▼ Why you are good for preventing HIV?
 - ▼ Why you are easiest to use?
 - ▼ Why you are easiest to access?
 - ▼ Why you are the best all round for both contraception and HIV prevention?
3. All must clap for the Diva that is best for both contraception and HIV prevention. If you have a sweet or something nice, you can give this to this Diva, or to the one AGYW for recognising which Diva is best for both contraception and HIV prevention.
 4. Sitting down (in a circle if having a group session), ask the participant(s) to say one new thing they learnt about contraception.

Note to Mentor

Make sure you are familiar with all of the contraceptive methods. Listen carefully during the presentations and be sure to clarify or correct any misinformation, as it occurs, in a sensitive manner.

Remind participants that contraceptive choice may change over a woman's lifetime, based on her situation and needs, as you can see with each of The Divas. And reiterate that all of the contraceptive methods they are discussing are temporary, which means that a woman can become pregnant again after they stop using them. These methods are safe even for AGYW who have not yet had children. They will not affect her ability to bear children in future.

Say: You have the power to decide which contraceptive or combination of contraceptives is best for you.

It may happen that, for whatever reason, you did not get access to any of these contraceptives, including condoms, and are now already pregnant and infected with HIV. In this case, we will discuss how you can prevent passing the HIV to your unborn baby.

ACTIVITY 5: Baby Tag (PMTCT) & Safe Delivery of Your Baby



To discuss prevention of mother-to-child transmission (PMTCT), its benefits and how it reduces HIV risk, as well as how to access this service



30 Minutes



No Materials Needed

Step 1 Explain Instructions:

- ✔ In this game, the tagger represents risk that can result in your child getting infected with HIV, but you are the one person that can and has decided to be a 'Protector' to your child.
- ✔ A Protector stands up to anything that could put her child at risk of HIV infection and makes a positive change in her life to ensure this.
- ✔ Ask for one volunteer to represent HIV risk. *(If having a one-on-one, narrate this game as a story to the AGYW, telling her to see herself as the Protector in the story.)*
- ✔ One other volunteer will act as the baby, and another as the Protector, who will stand in front of the baby. *(In a one-on-one, say: imagine that you have your baby and you're the Protector.)*
- ✔ The baby stands or sits still behind the Protector because she is helpless, but the Protector does everything in her power to ensure the tagger (HIV) cannot tag the baby.
- ✔ The Protector can tag the HIV.
- ✔ If the Protector tags the HIV, the HIV will freeze for 5 seconds.
- ✔ The HIV will try to run around the Protector to tag the baby.

- ▼ Allow the baby and the Protector to make a strategy for about 1 minute before starting the game. *(This only applies to a group session.)*
- ▼ Play Baby Tag for a few rounds, allowing different players to take turns being the HIV and the Protector. *(This only applies to a group session.)*

Step 2 Discuss:

How did it feel to be the Protector? *(Ask this question for a one-on-one session as well.)*

How did it feel to be the 'HIV'? *(Do NOT ask this question in a one-on-one session.)*

How did it feel to be defended by the Protector? *(Do NOT ask this question in a one-on-one session.)*

What did you learn from Baby Tag? *(Ask this question for a one-on-one session as well.)*

Let the AGYW give their views, then summarise as follows:

- ▼ In the game, the Protector stood up to the HIV risk and fought to protect her baby instead of just running away. It is important that if you are HIV positive, you be your baby's defender and protect him/her from getting HIV.

How can you be a Protector to your baby and ensure your child does not get HIV?

- ✔ By attending ante-natal care (ANC) classes as soon as you discover or suspect that you're pregnant.
- ✔ By getting tested for HIV and, if positive, choosing to stand up for the child by getting enrolled on PMTCT and taking ART as directed by your provider, to prevent your child being infected.
- ✔ By testing for syphilis during pregnancy and being treated for such. Syphilis may destroy the placenta (which prevents HIV and other sicknesses from accessing the baby), and this may lead to HIV reaching the baby during pregnancy.

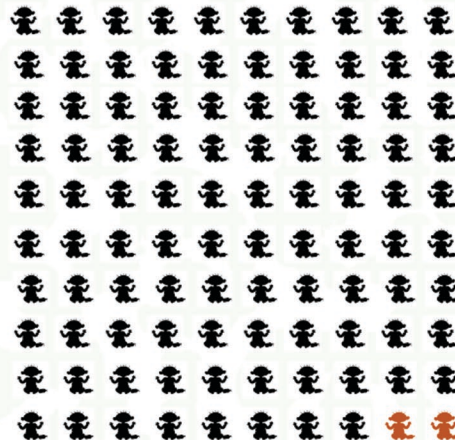
Do you know what PMTCT is? (Let the AGYW answer and then give the response below):

- ✔ PMTCT (Prevention of Mother to Child Transmission) is an intervention that involves HIV testing for all women who are pregnant and breastfeeding.
HIV positive pregnant women are enrolled on ART right away. This service can be accessed from antenatal clinics (ANC), through a referral from Dreams on Wheels, VCT or other points of service at a health facility.

How does PMTCT reduce HIV risk?

- ✔ ART reduces the chances of HIV positive pregnant and breastfeeding women passing HIV to their babies.
 - HIV can be passed from an HIV positive mother to the baby while still in the womb, during labour and delivery or during breastfeeding.

- A woman who is HIV negative but gets infected with HIV while pregnant or during the breastfeeding period can still pass the HIV to her baby. In this case, an HIV negative mother-to-be can take Pre-Exposure Prophylaxis (PrEP) to protect herself and the baby from HIV.
- Babies born from HIV positive mothers are given medicine that they have to take. The medicines are added and reduced periodically based on the child's breastfeeding status to prevent converting to an HIV positive status.
- ▽ Among children born to HIV positive women enrolled in PMTCT, 98 out of 100 do not get the virus from their mother.



- ▼ This risk for both mother and child is reduced even more if the HIV positive woman starts ART early (within 6 weeks of falling pregnant), and continues on ART after delivery and through breastfeeding (i.e. like any other HIV positive person that is on ART).

What can make it difficult for a female to be a Protector to her child? Listen to the girls and then summarise:

- ▼ Lack of knowledge about antenatal care and PMTCT and the risk to her and her baby of not attending antenatal care.
- ▼ It can be scary to go to the clinic for ante-natal care, especially if you're young and unmarried and fear how the healthcare workers and other people will look at you.
- ▼ It might happen that your family/partner/spouse does not believe in going to hospitals, maybe for religious reasons or because they believe in using traditional concoctions (muthi).
- ▼ The clinic might be too far and you do not have money to get there.

Now, let's take a brief moment on a **short play** that I would like you to act out. *(For a one-on-one, the LM will take the role of the pregnant 19-year-old Dudu and the AGYW must be the friend trying to convince Dudu to go for antenatal care.)*

Step 3 Ask for two volunteers (pregnant 19-year-old and a friend) to do a roleplay based on the case scenario below. The friend must try to convince Dudu to finally go for antenatal care.

Case Scenario: Dudu, 19-year-old pregnant young woman, wants to attend antenatal care (ANC) but, unfortunately, she is young and unmarried and is quite ashamed that community members will now know that she has started having sex. This makes her quite afraid to go to the clinic because she feels the healthcare workers there will give her funny looks and judge her for getting pregnant while young and unmarried. In addition, her parents do not believe in going to medical facilities because of their religion.

Step 4 After the roleplay, lead a discussion based on the following questions:

- ▼ **What are the risks of the woman not attending ANC?** (Mention: one cannot quickly identify and even prevent any risks to both the child and the mother's health)
- ▼ **What are the benefits of attending ANC?** (Make sure to mention: knowing your HIV status, preventing the transmission of HIV to your baby, if HIV positive, getting access to other health services, like PrEP if HIV negative, getting tested for other STIs and treated if any are found, etc.)

Benefits of PMTCT

- ✔ PMTCT protects both the mother and child. Both mother and child are monitored through periodic HIV tests until the child is 24 months old and/or stops breastfeeding.
- ✔ Children born HIV positive or infected during breastfeeding are enrolled on ART, thereby increasing their chances of survival.
- ✔ PMTCT enables all couples to enjoy their reproductive health rights by providing access to customised healthcare for the mother and child, appropriate family planning methods after the child is born, and counselling for prevention of STIs, including HIV transmission.
- ✔ PMTCT is an entry point for health information and services to the entire family.

KEY MESSAGE

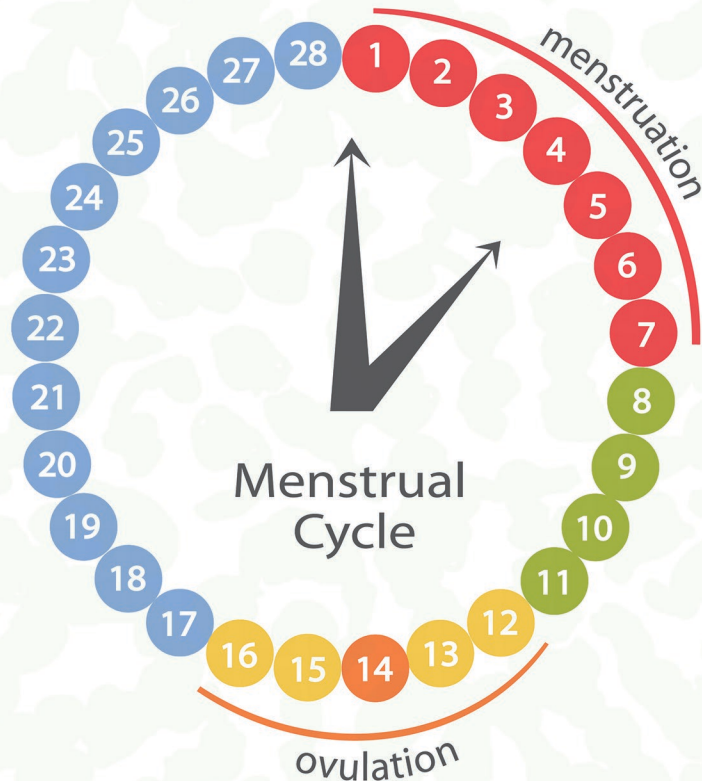
- ✔ It can be difficult, but you can make your own choices in life by deciding to stand up for your child, even if your family has its own beliefs and may be pressuring you to do something that you know may endanger the child's life.
- ✔ As difficult as it is to face society's judgement, you can choose to do what's right for your child as the Protector.
- ✔ Through PMTCT, the HIV risk to the mother and child are reduced. The partner/spouse also has access to core healthcare services. Thus, PMTCT is beneficial for the whole family. PMTCT holds the key to an HIV-free generation.

WRAP UP

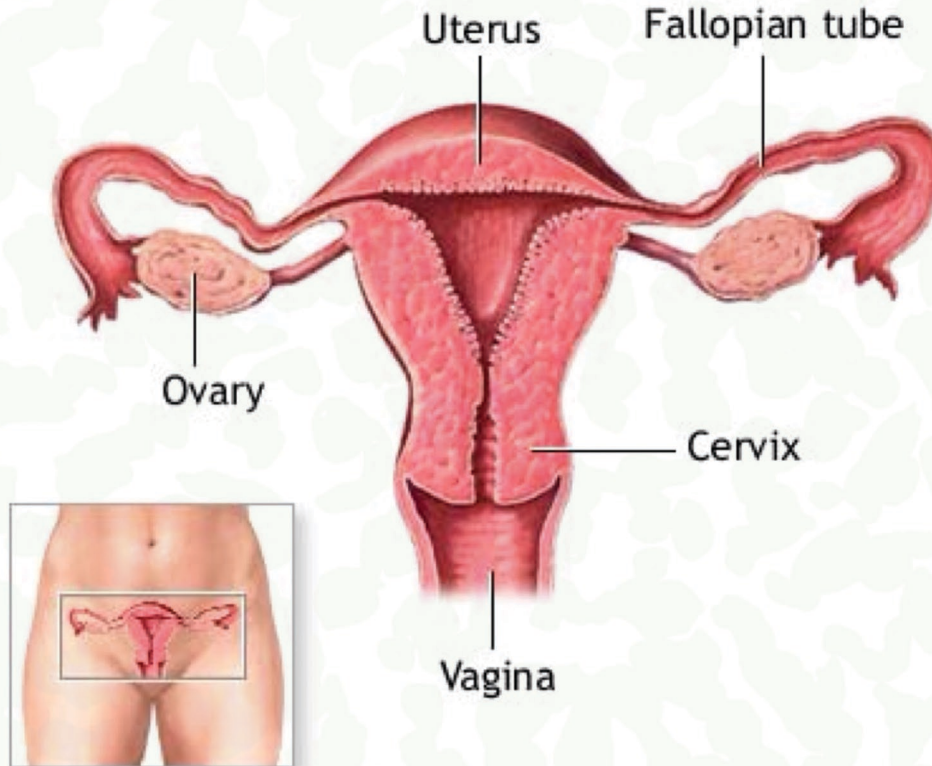
1. Thank everyone again for coming. Ask each member of the group in turn to mention one thing that they have learnt today and one thing that they are looking forward to doing before the next meeting.
2. Ask if there are any more questions about today's discussions that anyone would like to ask.
3. Agree on and remind everyone of the time and place for the next meeting and say you look forward to seeing them all again there.

The End.

Annexure 1: The Menstrual Cycle



Annexure 2: The Female Reproductive System



Annexure 3: Contraceptive Cards

Male Condom



Fits over the erect penis. One size of condom usually fits all sizes of penises.

Provides double protection; protects women from getting pregnant and both partners from HIV and other STIs.

Free at clinics, public toilets and other public distribution sites or available at garages, shops and pharmacies.

Some people have an allergic reaction to the latex which causes itching, burning, or swelling. If you are one of those, use female condoms instead.

A new condom must be used correctly for every round of sex.

If a condom breaks or tears, you should use emergency contraception to prevent pregnancy and get tested for HIV and STIs.

Contraceptive Card

Female Condom



Put into vagina before having sex.

Provides double protection; protects women from getting pregnant and both partners from HIV and STIs.

Free at clinics, public toilets and other public distribution sites or available at garages, shops and pharmacies.

Male might be able to feel inner ring, which could enhance both their pleasure
Female might feel discomfort from having to ensure the outer ring is kept in place and does not slip into her vagina.

A new condom must be used correctly for every round of sex.

If a condom breaks or tears, you should use emergency contraception to prevent pregnancy and get tested for HIV and STIs.

Contraceptive Card

Intrauterine Device (IUD)



Small, T-shaped plastic device inserted into the vagina and placed in the uterus.

Protects women from getting pregnant.
Must be inserted and removed by a healthcare provider.

Highly effective and can last 7 - 10 years depending on type.

Does not affect enjoyment of sex.
Side effects may include cramping, spotting, and pain after insertion or may be accidentally pushed out after first few months.

Must use condom to prevent HIV and STIs.

Contraceptive Card

Implant



Small, plastic rod (size of matchstick) inserted under the skin.

Protects women from getting pregnant. Must be inserted and removed by a healthcare provider.

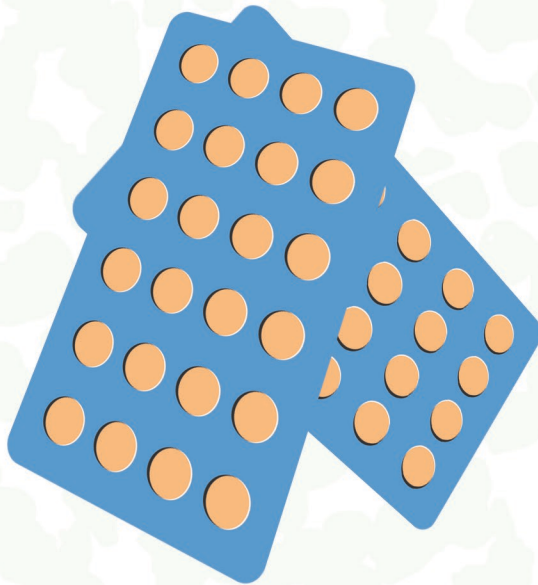
Highly effective and can last 3 - 5 years depending on type.

Does not affect enjoyment of sex. Side effects may include weight gain, headaches, dizziness, or changes in mood and menstrual periods.

Must use condom to prevent HIV and STIs.

Annexure 4: Contraceptive Cards

Contraceptive Pill



28-pack of pills to be taken daily.

Protects women from getting pregnant.

Does not affect enjoyment of sex.

Can make your menstrual period more regular, but side effects may include changes to menstrual cycle, headaches, dizziness, weight gain, mood changes, or breast tenderness.

Must use condom to prevent HIV and STIs.

It is less effective if you forget to take a pill, take other medications, vomit, or have diarrhea.

REFERENCES

These foundational INSIKA Job Aids are evidence based materials drawn from well-known behavioural theories and adapted curricula. Design was informed by two key theories:

Albert Bandura's Social Learning Theory - which proposes that people learn new behaviours and identify their own strengths and self-efficacy when they see them modelled in others, and Paolo Friere's Empowerment - Education model, which states that knowledge comes not from "experts" but rather group discussions and knowledge people have from within themselves and their communities. The job aids are meant to be used as a package, in conjunction with a mentorship guide which outlines targeting based on age profiles, key content and participatory methodologies based on USAID mentorship curricula, as well as a simplified mentorship process and template.

Existing curricula, which are based on these models and tested experiential techniques, were reviewed and specific activities adapted to AGYW in Eswatini context. Additional new content was developed to enhance individual mentorship plan development and mentorship sessions. Detailed references are provided below for each activity source and adaptation.

Activity 1: How Pregnancy Occurs (True/False): Source: Adapted from *Ematje Ekwewela* (Stepping Stones) (2015) Swaziland for the REACH III project: which is adapted from Jewkes R et al. Stepping Stones (2008) South Africa

Activity 2: Understanding My Menstrual Cycle & Pregnancy: Source: Adapted from *Ematje Ekwewela* (Stepping Stones) (2015) Swaziland for the REACH III project: which is adapted from Jewkes R et al. Stepping Stones (2008) South Africa

Activity 3: Spider! Preventing Unplanned Pregnancy: Source: *Ematje Ekwewela* (Stepping Stones) (2015) Swaziland for the REACH III project: which is adapted from Jewkes R et al. Stepping Stones (2008) South Africa

Activity 4: Contraception: Source: Content adapted Marie Stopes International: Meet the Divas

Activity 5: Baby Tag! (PMTCT): Source: Grassroots Soccer AMAA SKILLZ Toolkit (2016)

INSIKA YA KUSASA JOB AID SET DEVELOPED FOR AGYW (15-29) MENTORSHIP SESSIONS

