PHILANI

Maternal, Child Health and Nutrition Project

Healthy mothers raising healthy children

Mentor Mother Training

Trainee Manual

RAINING MANUAL CONTENT

SECTION A: INTRODUCTION TO TRAINING	5
SECTION B: WELCOME TO TRAINING	6
Session 1: Welcome to training	6
Session 2: Pre Training evaluation	8
Section C: COUNSELLING AND COMMUNICATION SKILLS	10
Session 3: Counselling and Communication skills for home visits	10
Section D: NEGOTIATING ENTRY	22
Session 4: Negotiating Household Entry	22
Section E: REPRODUCTIVE HEALTH	29
Session 5: Introduction to the Reproductive System	29
Session 6: Family Planning and Sexually Transmitted Infections	38
Section F: ANTENATAL CARE	54
Session 7: The importance of Antenatal Care (ANC) and Understanding Basic Terms	54
Session 8: Screening for Danger Signs and Using the Referral Note	58
Session 9: Nutritional Health during Pregnancy	63
Session 10: Avoiding Alcohol during Pregnancy	73
Session 11: Sequencing of Antenatal Home Visits	94
Session 12: Role Plays – Supporting mothers to attend ANC	100
Section G: HIV and AIDS	102
Session 13: Introduction to HIV and AIDS	102
Session 14: Nutrition and HIV	121
Session 15: HIV/AIDS and Pregnancy – protecting you and our baby	126
Session 16: HIV in Home visits	135
Section H: Tuberculosis	138
Session 17: What is TB? Signs and Symptoms	138
Session 18: Diagnosing and Treating TB	147
Session 19: Drug Resistant TB (MDR and XDR)	155
Session 20: TB in Home visits	160
SECTION I: LABOUR AND DELIVERY	163
Session 21: The process of labour and delivery	163
SECTION J: INFANT AND YOUNG CHILD FEEDING	168
Session 22: Your own beliefs about feeding	168
Session 23: Communication Skills and Counselling to Support Appropriate and Safe Infant and Young Child Feeding	171

Session 24: The importance of breastfeeding and the composition of breast milk	180
Session 25: Helping a Mother Position and Attach her Baby for Breastfeeding and expressing breast milk	187
Session 26: How to assess a breastfeed	196
Session 27: Breast conditions relating to breastfeeding	203
Session 28: How milk is produced and released from the breast	211
Session 29: Practising Exclusive Breastfeeding	218
Session 30: Infant Feeding for HIV Positive Women who meet AFASS Criteria and have chosen not to Breastfeed.	224
Session 31: Safe formula feeding	232
Session 32: Teaching formula feeding	245
Session 33: Common feeding difficulties	251
Session 34: Counselling practice – Applying counselling skills to different infant feeding situations	271
Session 35: Counselling Practice with Mothers and Babies - Applying Counselling Skills to Real Life	273
SECTION K: MOTHER AND BABY CARE	275
Session 36: Introduction to Neonatal Care – The importance of Community Home-based Care for mothers and newborns	275
Session 37: Care of the eyes, umbilical cord and skin	278
Session 38: Understanding and caring for Low Birth Weight and High-risk infants	281
Session 39: Identifying danger signs and Using the Referral Notes	288
Session 40: Sequencing of post natal visits	298
Session 41: Practice home visits	308
SECTION L: POST NATAL DEPRESSION	312
Session 42: Post Natal Depression	312
SECTION M: CHILD HEALTH	317
Session 43: Social factors in Child health	317
Session 44: Growth monitoring and Malnutrition	330
Session 45: Childhood immunisation and Vitamin A	344
Session 46: Gastroenteritis in Children	348
Session 47: Skin problems – Scabies, Eczema and Thrush	353
Session 48: Respiratory diseases in Children	359
SECTION N: ABUSE, NEGLECT AND VIOLENCE	362
Session 49: Identifying and Protecting Women and Children from	362

abuse
SECTION O: SELF CARE 379
Session 50: Self Care 379
SECTION P: FIELD AND HOME VISITING GUIDE 383
Session 51: The field guide and the process of home visiting 383
SECTION Q: POST TRAINING EVALUATION 385
Session 52: Post training evaluation 385
SECTION R: ROLE PLAY ASSESSMENTS 387
Session 53: Role plays 387

SECTION A
INTRODUCTION TO TRAINEES

Welcome to the Mentor Mother training course!

This course is designed to equip you with the skills and knowledge necessary to perform your role as a Mentor Mother. You will learn about various aspects of maternal care during pregnancy, and about infant and child care following birth. You will also learn important counselling and communication skills so that you are able to deal with sensitive and difficult situations in your day to day work.

This manual is your guide to the training. It is written to accompany the trainer's manual which your facilitator will use. Please bring the manual with you every day to this training course. You will need it to perform the role plays and to participate in the activities which will take place during the training.

Enjoy!

SECTION B
WELCOME TO TRAINING

SESSION 1: Introduction to Training

Time required: 2 hours

Purpose

- To welcome trainees to the training, and explain to them the training schedule and training objectives.

Objectives

- At the end of this session MM's will:
  - Understand the structure, purpose and schedule of the training to follow, and how this will translate to their work on this project.
  - Have agreed upon a certain set of rules and a code of conduct for the duration of the training.
  - Understand the importance of dress code during their work.

Ice breaker and Introductions — 20 minutes

The trainers will guide this session.

Training Logistics — 20 minutes

The trainers will guide this session.

Code of conduct and dress code — 20 minutes

The trainers will guide this session.

SESSION 2: The Pre-training Evaluation

Time required: 30 minutes

Purpose

- The purpose of this session is for training to get an idea of how much you know about certain subjects so that they can better focus the training.

Objectives

- At the end of this session trainers will be able to review the current knowledge of the MM trainees. Understand the structure, purpose and schedule of the training to follow, and how this will translate to their work on this project.

Materials

- Pre-training evaluation handouts

Pre-training evaluation — 30 minutes

The trainers will guide this session.

SECTION C
COUNSELLING AND COMMUNICATION SKILLS

SESSION 3: Counselling and Communication Skills for Home Visits

Time required: 6 hours and 30 minutes

Purpose

- To strengthen your ability to listen to, communicate with, and counsel the women in the communities effectively.

Objectives

- At the end of this session you will:
  - Understand the values and skills that are important for communicating with and counselling women.
  - Understand what counselling is and the difference between counselling and advising.
  - Use non-verbal and verbal techniques to encourage a mother to talk without asking too many questions.
  - Respond to mothers feelings with empathy.
  - Be able to use these tools throughout the training in all role plays and in the field.
  - Work in a respectful and empowering way with mothers and their children.

Introduction to Counselling and Communication 1 hour

COMMUNICATION

One of our biggest needs as people is to interact with others and to build relationships that are supportive and meaningful. In order for these relationships to grow we communicate with each other. Communication involves:

- 2 or more people
- The development of a relationship which is based on reciprocity i.e. give and take, equal levels of sharing of information and feelings etc.
- Periods of talking (and)
- Periods of listening

Training in counselling means taking these natural communication skills that we all have and making us aware of how we use them and why so that we can grow and develop them further for the benefit of our clients.

How is counselling different from a relationship with a friend or family member?

There are a number of important differences:

- The biggest difference is that in counselling the client is the central focus of attention, the entire conversation is about the client and NOT the counsellor.
- The counsellor actively and consciously uses her professional values and skills to guide her intervention with the client.
- She tries to truly understand what things must be like for her client (empathy) and offers her the emotional space to think, and talk, through her difficulties.
- To sum up, the counsellor listens to the client in a way that encourages her to talk, and talks to the client in a way that encourages her to listen.

So in order for us to find out how she does this we need to reflect on the concept of counselling in more detail.

INTRODUCTION TO COUNSELLING

The Purpose of Counselling

The purpose of counselling is to be:

- **Supportive:** giving clients the space to talk through their thoughts and feelings with a non-judgmental listener.
- **Informative:** ensuring that clients have a clear understanding of the facts that will enable them to make informed decisions.
- **Preventive:** increasing the clients' awareness on measures they can take to protect themselves and others, such as problems in pregnancy, stopping or cutting down on alcohol, HIV, and other.

What is Counselling?

Counselling is a helping relationship. It is usually one-to-one communication specific to the needs of the individual. When you counsel a mother, you

- listen to her,
- try to understand her situation,
- help her to understand the choices that she has to make,
- provide her with relevant information,
- help her to decide what to do, and
- help her to develop confidence to carry out her decisions.

Counselling means more than advising. Often, when you advise someone, you tell him or her what you think they should do. Counselling also means more than education and providing information. Providing information may be part of counselling, but not the only part.

A counsellor does **NOT** make a decision for a woman, nor push her towards a particular course of action, nor enforce a health policy.

Counsellors need to accept that a woman may find it difficult to make a decision. She may change her mind and need to discuss issues with her family members. The counsellor needs to support and assist a woman through this process.

Remember that a counsellor cannot take away all a woman's worries, and is not responsible for a woman's decisions.

What are the main attitudes and values of Counselling?

- Confidentiality: this means that any information you receive from your client(s) should not be spoken about to others outside of this project.
- Acceptance: this refers to the ability to accept others' feelings, beliefs and decisions even when this is in opposition to our own.
- Individualisation: each and every person deserves to be treated as an individual, with their own life experiences, thoughts and feelings.
- Non-judgmental: this means not judging a person for what they are saying, what they have done or intend to do. It means believing that life is complicated and that none of us should stand in judgement of another.
- Self-determination: Is the understanding that our clients are separate from us, it is NOT your problem to solve; clients are capable of making their own decisions.
- Control of emotional involvement: this work can be hard; our clients' stories can leave us feeling helpless and over-whelmed. If we, as counsellors, feel this way then we need to seek help ourselves from our peers or managers in the project. It is NOT acceptable to talk about our own feelings with a client.
- Purposeful expression of feelings: Any expression of feeling towards the client must be done in a well-thought through way and it must be in the client's best interests, for example, reflecting that a situation feels difficult.

HOW DO I BUILD A RELATIONSHIP WITH MY CLIENT?

When we talk about building a trusting relationship with a client we are talking about the need to build rapport or a connection with her. It is only when our client feels a sense of safety and trusts us that they will begin to talk about what is troubling them. Rapport is developed right from the moment you greet your client until the moment you bid her farewell and can be strengthened throughout the session by what you do and what you say.

We are going to focus on three main areas of counselling that will help you develop a relationship with your client, namely:

1. Empathy
2. Listening skills
3. Building confidence and giving support

Before doing this, however, let us first talk about two ways that we communicate with people even though we may not always be aware of them, verbally and non-

verbally. Verbal communication refers to what we say, non-verbal communication on the other hand is everything that we don't say with our mouths but "say" with our bodies, for example, facial gestures, eye contact and body posture.

It is important to remember that we need to be aware of our clients' non-verbal communication as well as our own. By this we mean that what you say in words must also be communicated by your body. For example, if you are telling your client that you want her to tell you more about her difficulties but you keep looking at your watch and yawning then you are "telling" her that you are actually bored and not interested.

Helpful non-verbal communication

The easiest way to remember your non-verbal communication is to remind yourself of the word **SOLER:**

S	• **SQUARELY:** face your client squarely
O	• **OPEN:** keep your posture open; don't cross your arms or legs
L	• **LEAN:** towards the client at times
O	• **EYE CONTACT:** maintain good eye contact without staring
R	• **RELAXED:** try to appear relaxed by smiling appropriately and sitting comfortably without fidgeting.

Activity 1: Listening skills — 45 minutes

Your facilitator will explain how this exercise is to be done.

Discussion: Counselling skills — 30 minutes

1. Empathy

Empathy is one of the most important building blocks in relationships as it provides the foundation for rapport. It takes place when we listen to someone who has a need to talk and be understood by another. The listener shows a willingness to truly understand the thoughts, feelings and beliefs of the client. When this is communicated to the client she will feel accepted and understood, this is incredibly powerful when a person feels over-whelmed, helpless and alone in their pain.

Hints on how to empathise:

- You need to listen very carefully to what the client is telling you.
- You need to become aware of your own feelings and those around you.
- Remember that the basis of all empathy is respect and genuineness.

2. Listening skills

Listening is not simply a matter of sitting and taking note of what the person is saying. It is an active exercise; it is an art, a skill and a discipline that requires an ability to be comfortable with silence, keep your own needs outside of the session, and to concentrate attention on someone else with a spirit of humility.

Keys to attentive listening:

- **Ask for clarification**: Asking friendly questions when something is unclear allows you to get more information and shows your interest and concern. "Please tell me more about that?" "Can you give me an example?" Even a simple "mm…hmm" will encourage the speaker. Some people feel threatened by questions, so make your probing gentle and supportive.
- **Ask open questions**: Ask questions that encourage the client to tell you more about something. Avoid closed questions that just require a yes/no answer.
- **Empathetic silence**: We are often uncomfortable with silence but it is important not to fill up emotional spaces with talking just to cover our awkwardness. If you are comfortable with silence it can give your client the opportunity to reflect on what they have said and to continue.

- **Use responses and gestures which show interest**: Nodding, smiling or using expressions such as, “Oh…”, “I see…”, “Mm mm…”, “Really?”, and “And then?” can encourage the person to carry on talking as she gets the message that she is being heard.
- **“Tell me more” techniques**: These are ways in which one encourages another person to tell us more about her problem, “yes, tell me more.”, “Would you like to talk about it?” “I would like to hear what happened next.”
- **Reflect content**: This means telling the client what you have understood by what they have said, “So you are saying that baby is keeping you awake a lot at night”.
- **Reflect feelings**: Let the person know that you have heard the feelings behind the content. What is the person feeling but not saying? Try empathy and think to yourself “If I were in that situation how would I be feeling?” Watch for body language; posture, eye contact, facial expressions, as these often reveal underlying emotions. Then check out your guesses. “You seem very disappointed?”

3. Building confidence and giving support

When a client has to confront a difficult situation, or change their behaviour in some way, it can be difficult and emotionally draining. It is important to build a client’s confidence and support them through this process.

These are some things you can do:

- **Accept** what a mother thinks and feels
- **Recognise and praise** what a mother is doing well
- Give **practical help**
- Give a **little, relevant** information
- Use **simple** language
- Make one or two **suggestions**, not commands

Activity 2: Empathy, Listening and Building Confidence Skills
45 minutes

The trainers will guide this session.

LECTURE CONTENT: Counselling and Communication for Home Visits
90 minutes

The most crucial aspect of the Mentor Mother intervention is <u>counselling</u> and <u>support:</u>

DO'S

- Be warm and friendly with mothers and their families
- As far as possible make sure that the physical setting is private, safe and comfortable
- Actively listen to what is being said
- Be aware of non-verbal communication (hers and yours)
- Ask clarifying questions
- Respond in a way that encourages the mother to talk more
- Try to understand what mothers are saying and feeling
- Reflect what you are hearing back to them.

DON'TS

- simply tell the mothers what to do
- interrupt
- answer calls from your cell phone unless it is urgent
- look down upon mothers and have an attitude that says: "I know it all"
- provide too much information at once
- provide irrelevant information
- talk all the time, without listening to the exact concerns of the mother or her family
- divert the conversation to yourself

Communication Tips for Mentor Mothers During Home Visits

<u>ALL VISITS:</u> Basic communication skills to create a caring environment

- Greetings
- Explain why you are visiting today
- Act with confidence
- Speak in a gentle tone of voice
- Act respectful

- Ask the woman if she has any questions
- Answer simply
- Thank her for the visit and say when you will return

Difficult situations

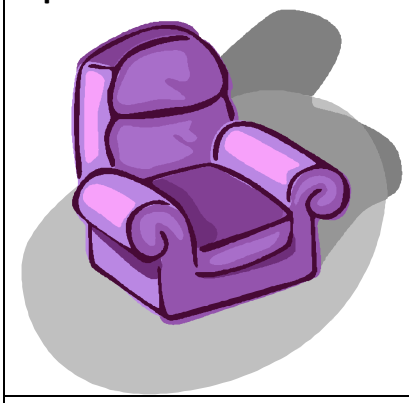
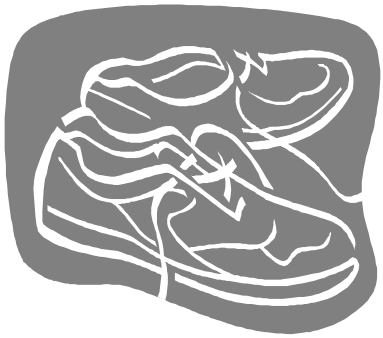
- If the woman is shy
  - Speak of general things to 'warm her up'
  - Encourage the woman to speak
  - Praise the woman, to give her confidence
  - Repeat the question

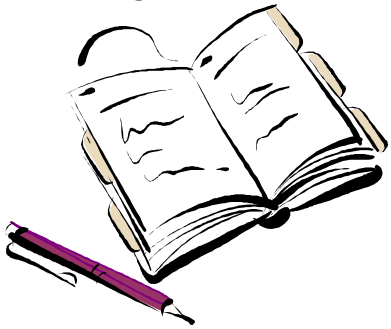
- If the woman is argumentative
  - Praise the woman
  - Sympathize with her complaints (if any)
  - Do not push if the woman is still not receptive

- If the woman is inquisitive
  - Answer her questions simply
  - Explain that you will be coming to visit more often so you can talk again

- If the woman is not friendly
  - Listen to the woman
  - Be friendly
  - Try and praise her
  - Explain that you are there to help
  - Do not push if the woman is still hostile

What would a typical Mentor Mother visit look like?

STEP	TIPS
STEP 1: **Create a safe and comfortable space** 	• Introduce yourself and address the client by her name.
	• Explain your role again.
	• Explore and clarify expectations of the day's visit (content, length of session etc).
	• Ensure confidentiality.
	• Maintain supportive contact through your voice or touch but do not invade space without their permission – be respectful.
	• Take your lead from the client.
STEP 2: **Develop a trusting relationship** 	• Frame your session by explaining what you are planning to deal with in the session, how the session runs and how long it takes. Empower your client by letting her know what to expect from you.
	• Tune in/warm up to the person's experience.
	• 'Walk in their shoes' – empathise. Show you care.
	• Respond to the person with respect, care and dignity. Do not take over or be judgemental.
	• Remember the mother's and baby's needs come first.
	• Be reliable, always do what you say and be on time for appointments.

STEP 3: **Listen** 	• Encourage the person to tell you how they are doing in any way that feels comfortable.
	• Listen carefully and ask for details where appropriate.
	• Empathise with the mother.
	• Use all your listening and responding skills.
	• Check out what she does to cope, for example, sleep, drink alcohol or talking to friends.
	• Find out if she feels supported by family, friends or the community.
STEP 4: **Providing relevant information** 	• Acknowledge the mother's difficulties and highlight that together you will work towards a solution.
	• Discuss ways of coping that may be useful to the mother.
	• When appropriate provide relevant information.
	• Ask her if she has understood what you have told them.
	• Ask her if she has any questions or would like more information.
STEP 5: **Saying goodbye**	• Check if there are any other issues worrying the mother from this session.
	• Arrange for a follow-up appointment.
	• Discuss how she can mobilise support from friends, neighbours and spouse.
	• Direct client to medical, legal, religious or social support.
	• Bid the mother goodbye and wish her well.

Activity 3: Demonstration of a Role Play 10 minutes

The trainers will act out a typical scenario while demonstrating the 5 step counselling model.

Activity 4: Practise, Practise, Practise ! 90 minutes

The trainers will guide this session.

Scenario

MM: Empathise, support and listen to the mother (no information sharing is necessary in this session).

MOTHER: Share with the MM that you are feeling like you are not coping with your newborn baby who cries a lot and rarely sleeps. You are a single parent with two other young children and feeling like running away from your problems.

OBSERVER: On a piece of paper take notes about what skills are being used by the MM, what she is doing well and how could she have done it differently.

Activity 5: Closure and Affirmations 20

The trainers will guide this session.

SECTION D
NEGOTIATING ENTRY

SESSION 4: Negotiating Household Entry

Time required: 2 hours and 40 minutes

Purpose

- The purpose of this session is to equip MM trainees with the skills they will utilise to negotiate entry effectively and non-invasively into the houses they will be visitin.

Objectives

- At the end of this session MM trainees will be able to:
  - Understand the importance of gaining entry with acceptance into clients' houses.
  - Understand several ways to facilitate being accepted by clients.
  - Understand why rejection occurs and how to deal with rejection.
  - Understand how to handle difficult situations.

Materials

- Board/flipchart and paper
- Markers
- Philani Mentor Mother Training DVD

Discussion: Gaining Acceptance and Trust 40 minutes

The trainers will guide this session.

"As a Mentor Mother (MM), your key function is conducting successful home visits. In many instances your first home visit will determine the success of the follow-up visits. It is therefore important that you plan in advance what tips will assist you to gain access to the home. You need to remember that an invitation to talk with the client is dependent on how you present yourself. The client has no obligation to listen to you but you have an obligation to convince her that you are worth listening to."

Gaining acceptance and trust:

- Observe the **dress code** of the community you are serving.
- Observe the current circumstances and if they are **conducive** to a home visit. If they are not (e.g. if the client is very busy with other commitments, there are other people visiting, she is in a hurry to go somewhere etc), request an appropriate time to come back and talk with her.
- Indicate up front **how much time you need** to talk with her, so that she can decide if she has time for you.
- Observe **norms and practices of seeking access** to a home where you are not well known (e.g. which door to knock on, greeting, respect to the elders, keeping or taking shoes off, shaking hands, enquiring on the wellness of family members before stating the reasons of your visit, when is the right time to introduce yourself, waiting to be invited inside the house etc),
- **Introduce yourself** and the organisation you work for, as well as the reasons for your visit.
- Give time to clients to **understand why you are visiting** and have their concerns addressed before you start the conversation. In some instances you might have to ask if there are concerns they want you to address before you talk with them in order to strengthen credibility.
- If you cannot address the clients concerns, write them down and tell her that you will contact her as soon as you get the answers (please remember it is very important to get back to her).
- You need to **remain composed** even in situations where major interruptions may interfere with the conversation.
- Observe the clients **body language** and listen for cues of disinterest and try to draw the client back into the conversation.

- **Do not outstay your welcome** unless the client has other pressing issues she wants you to assist with or share with you (some may be looking for a 'listening ear').
- Do not give **false information or make promises** you are unable to fulfil.
- When you are through with the conversation/ discussions **thank the client for her time** and indicate when you plan to visit again. If the day/ time you are suggesting is unsuitable to the participant, negotiate an alternative day and time.

Discussion: Rejection during Home Visits — 20 minutes

The trainers will guide this session.

DVD Session: The Mentor Mother Introduction — 20 minutes

The trainers will guide this session.

Role Play: The Introduction — 20 minutes

Role Play Script: The Philani Introduction

Note: Do not read the words in italics. They are either explanations or instructions.

MM: *(Knocks on door).*

NOMSA: Hello.

MM: Hello, my name is Fundiswa.

NOMSA: Hello.

MM: I live at *(gives address)*. I am working as a mentor mother for *(insert organisations nam*e). Do you know that you can receive home visits from a Mentor Mother while you are pregnant and after your baby is born?

NOMSA: No I didn't know that.

MM: I am the Mentor Mother working in this area, and I can visit you several times before and after your baby is born to support you through the antenatal care and birth process, and in the first few months after your baby is born. Would you like that?

NOMSA: Oh, come and sit down. *(They sit together).* That would be very nice. How often will you come to visit me?

MM: Thank you. I will come to see you four times before your baby is born, and then I will come again 6 times after your baby is born. *(pauses to give opportunity for questions).* If you would like me to stop making visits, please tell me. However, I hope you find these visits enjoyable and helpful.

NOMSA: What exactly are you going to do here?

MM: We will do many things. Before your baby is born, I will make sure that you have all the information you need to stay healthy during your pregnancy. There are certain things you need to eat and drink while you are pregnant, and other things you need to avoid while you are pregnant to keep your baby healthy. It is also important to test for certain illnesses while you are pregnant and to get treatment if necessary. You also need to visit the clinic to book for your birth and to register for antenatal appointments. Then there are certain decisions to make about how you will feed your baby after your birth, so I will help to provide you with all the information you need to make those decisions as well. I will also help you once the baby is born to learn when your baby is healthy, and when he or she needs to visit the clinic. I will weigh your baby each time I visit you so that we can see how he/she is growing and if he/she is gaining enough weight.

NOMSA: That is good. Thank you.

MM: You must also know that anything we discuss when I am here will just stay between you and me. I will not going to talk about you and your personal information to anyone else in your house or this neighbourhood unless you ask me to. You can trust me to keep everything confidential.

NOMSA: Okay.

MM: Would it be alright for me to ask you a few questions about yourself?

NOMSA: Yes, that is fine.

MM: Thank you. If you have any questions as we go, you must ask me. I would like to answer any questions you might have.

Role Play: Using a flower to gain acceptance 20 minutes

Role Play Script: Using a Flower to gain Acceptance

Note: Do not read the words in italics. They are either explanations or instructions.

Thandiwe and Kanyisa (MM & supervisor) arrive at Zukiswa's home at around 12 pm. Zukiswa seems to be at home, although the door is locked, the windows are open. Khanyisa approaches the house and knocks on the door. Zukiswa does not respond. Thandiwe tries her luck and knocks again – Again Zukiswa refuses to respond. Khanyisa tries again with a softer knock.

ZUKISWA: I am very busy, I am cooking! *(In a sharp voice. Do not open the door).*

THANDI & KHANYISA: Good morning Zukiswa. We are sorry to have disturbed you. We will leave you now to your cooking. Good bye. (W*alk to the next 2 homes and interact with the participants).*

Thandi and Khanyisa return from their other visits and on their way back, they pass by Zukiswa'a home.

KHANYISA*:* *(admiring Zukiswa's flowers*). Zukiswa, your flowers are so beautiful.

ZUKISWA: Thank you.

THANDI: Would you perhaps mind if I took one of your flowers' seedlings home to my garden to plant? I would love to grow flowers like these.

ZUKISWA*:* *(opens the door).* Yes that is fine. You may pick any two seedlings you wish and take them home with you to plant.

Khanyisa walks towards Zukiswa's neighbours home, this prompts Zukiswa to start explaining her neighbour's whereabouts.

ZUKISWA: She is a nurse and she works long hours. If she is not at work she is in a choir (Joyous Celebration). She is a good singer. It is very difficult to find her at home.

Thandi and Khanyisa listen tentatively about Zukiswa's neighbour's whereabouts.

THANDI & KHANYISA: Oh, that is why she is seldom home. Thank you very much for your seedlings and your time. Would it be possible to make another appointment to come back and visit you at a time that suits you better? Perhaps when you are not so busy cooking?

ZUKISWA: Yes that will be fine. You can come anytime on Wednesday afternoon. Today I am too busy.

MS NZIMANDE: Thank you, we understand. We will come back on Wednesday then. Thank you for your time.

ZUKISWA: You are welcome. Good bye**.**

THANDI & KHANYISA: Good bye.

Discussion: How to deal with difficult situations 20 minutes

Tips on how to deal with a difficult situation:

- Take the challenge positively and do the prayer with the family.
- Ask the participant if the prayer should be directed to a special request or it should be a general one.
- Keep the prayer as short as possible but to the point.
- Try and stay as focussed as possible, keeping in mind the purpose of the visit.
- Assess if the family members still need to continue praying together with the Mentor Mother, keep assessing if the home visit could still go ahead after the prayer.
- If the family still requires continuing with prayers the Mentor Mother should re-schedule the appointment, and continue to do other visits as required for the day.
- The Mentor Mother should not appear to be fed up because the visit did not take place as scheduled.
- Leave the house on a very positive note and a date agreed upon by both parties for the next visit.
- Do the next visit as arranged and probably ask how the participant felt after the prayers that MM participated in. (This inquiry will help to show that the Mentor Mother is sensitive to other peoples feeling and beliefs)
- If the schedule visit does not occur on the second day, reschedule again.
- Make a visit again as arranged and collect the data that you initially wanted to obtain.
- Establish the necessary rapport and stay on course and obtain all the required information.

DVD Session: Dealing with Difficult Situations effectively 20 minutes

The trainers will guide this session.

SECTION E
REPRODUCUTIVE HEALTH

SESSION 5: Introduction to the reproductive system

Time required: 45 minutes

Purpose

- To give an overview of human reproduction, menstruation and pregnancy.

Objective

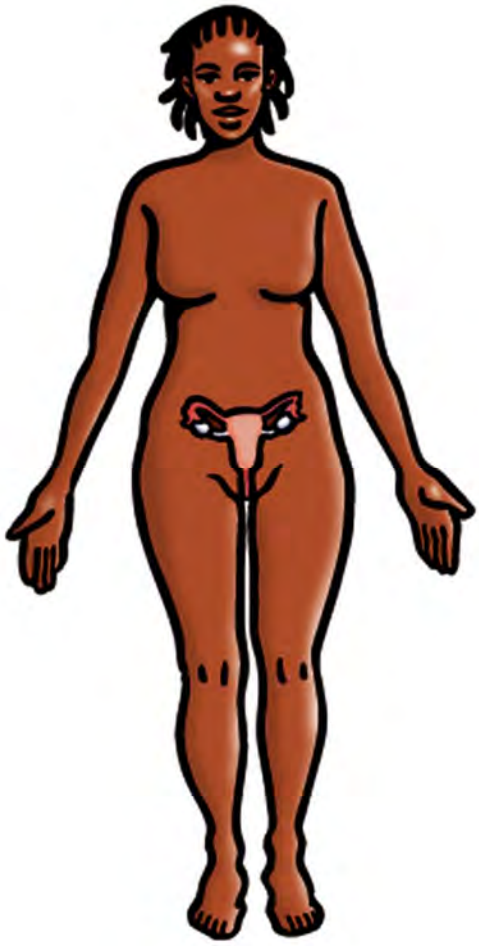
- At the end of the session the MM will:
  - Have a basic understanding of male and female anatomy.
  - Have an understanding of menstruation.
  - Be able to explain how pregnancy occurs.
  - Know the signs of pregnancy.

Materials

- PowerPoint slides
- Board/flipchart and paper
- Markers
- Choice Kit
- Disposable pregnancy tests and plastic container
- Oil-based lubricant (Vaseline)
- DVD: Inside Pregnancy

The Female Reproductive System 45 minutes

The function of the female reproductive system is to make eggs, and to provide the environment for a baby to grow.



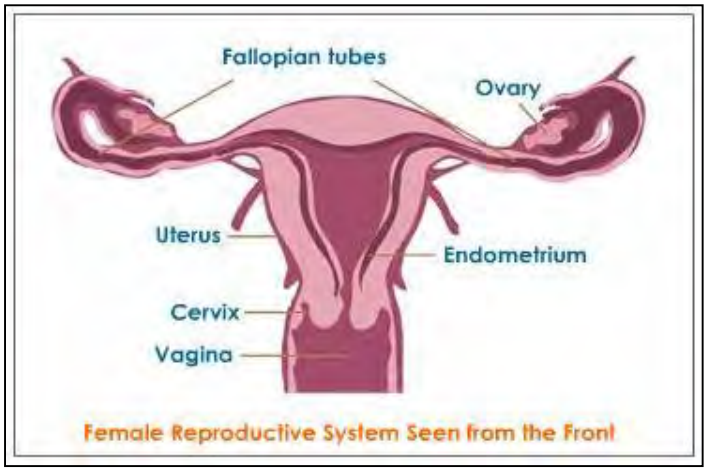
The following parts make up the female reproductive system:

• Two **ovaries** which are found near the middle of the woman's body. Each ovary is about as big as your thumbnail. The ovaries make the egg cells, as well as the female reproductive hormones. After the egg is pushed out by the ovary, the open end of the **fallopian tube** catches the egg and slowly transports this egg to the uterus (womb).

• The **uterus** is an organ the size of a fist situated behind the pubic bone. It has a lining and is mainly made up of muscles. When the egg is released from the ovary, the uterus starts to prepare for pregnancy by developing a thick lining. If the egg is not fertilised (joined together with the sperm), the uterus will get rid of the lining and this blood is what is known as the monthly menstruation or monthly period. This process continues from her teenage years until she is between 46 and 56 years old.
Sometime between the ages of 46 and 56 the making of female hormones stops. This means that a woman's menstrual periods will become less and will eventually stop. This is the end of a woman's fertile years and she is no longer able to have children. This process is called menopause, or "change of life".

• The **cervix** forms the bottom end of the uterus. It is also known as the "mouth of the womb". The cervix is usually tightly closed and it only opens during childbirth to allow the baby to pass through.

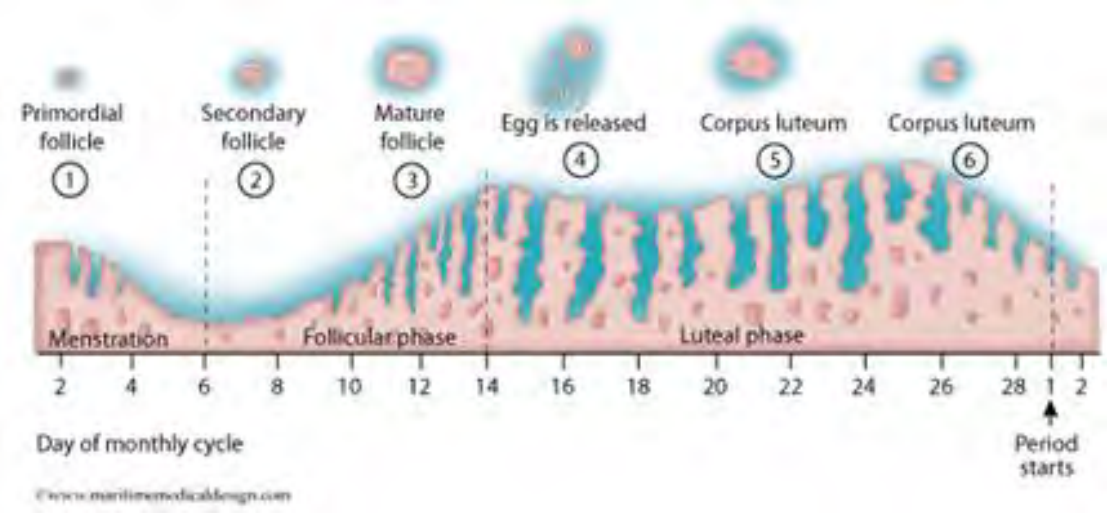
• The **vagina** is a passage that gets bigger during childbirth to allow the baby to be born. The vagina has glands that create lubricating mucus when having sex. A thin sheet of tissue with one or more holes in it called the hymen partially covers the opening of the vagina. Hymens are often different from person to person. Most women find their hymens have stretched or torn after their first sexual experience, and the hymen may bleed a little and this may cause a little pain.



The Menstrual Cycle and Menstruation

The **menstrual cycle** involves the development of a lining in a woman's uterus that will cushion and nourish a developing foetus if pregnancy occurs. If it does not occur, this lining is released in what is known as menstruation, or a menstrual period.

The length of a women's menstrual cycle varies in time but is most commonly between 23 and 35 days.



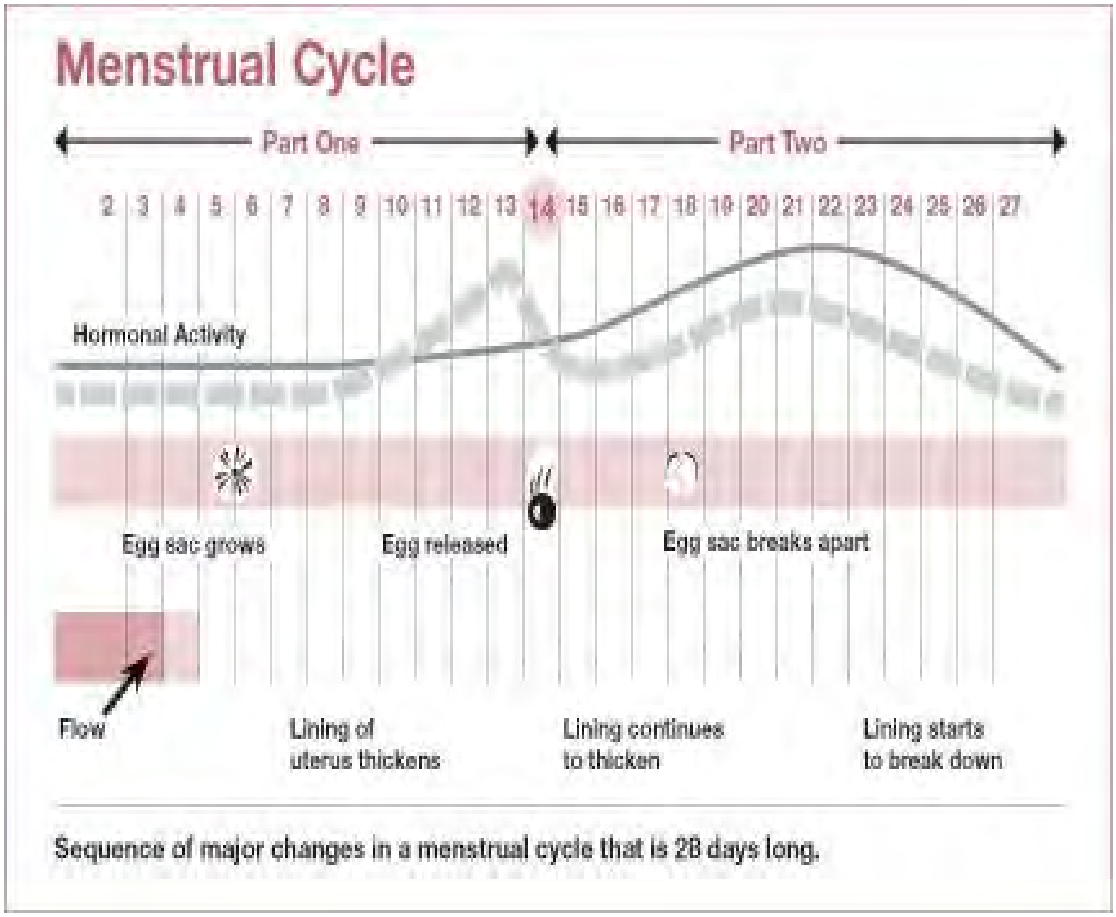
Menstruation is the periodic discharge of blood and tissue from the lining of the uterus through the vagina. Menstruation begins when a girl reaches puberty and stops during or close to menopause.

Menstruation is commonly called your "period", your "monthly", your "date", "xesheni" and last for 3 to 7 days.

Symptoms of menstruation include stomach cramps, lower back pain and headaches and are normally worse during the first few days.

Having sex during menstruation does not cause damage but woman's bodies are more vulnerable during this time. Because of chances to the vagina and the uterus during this time, women are at higher risk of infections and STI transmission during this time.

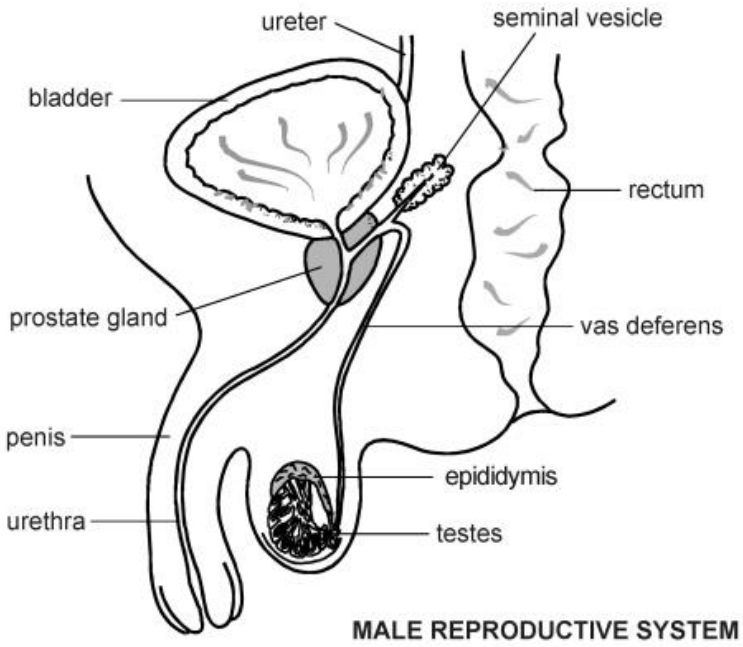
Women usually stop menstruating during pregnancy and while breastfeeding. If menstruation stops for more than 90 days but you are not pregnant or breastfeeding, you should go to the clinic.



Sequence of major changes in a menstrual cycle that is 28 days long.

The Male Reproductive System

The function of the male reproductive system is to make sperm.



MALE REPRODUCTIVE SYSTEM

The male reproductive system is made up of:

• The **scrotum** is a "bag" made of skin with a thin layer of muscle under the skin. The scrotum contains the testicles.

• The **testicles** make male hormones as well as sperm. They are in the scrotum, outside the body, so that they can move lower in warm weather and closer to the body in cold weather. Sperm is very sensitive to temperature.

• The **sperm** is made in the testicles and carried through tubes called the **vas deferens** to the penis. Semen is the fluid containing sperm that is made by a man during sex.

• The **penis** is an organ used by the body for passing urine as well as for transporting semen. It is made up of spongy tissue that easily fills up with blood. If this happens, the penis becomes hard and it is known as an erection. An erection is important to transport sperm into the female body. Muscles contract to push out some of the semen with the sperm into the vagina of the women. This is called ejaculation.

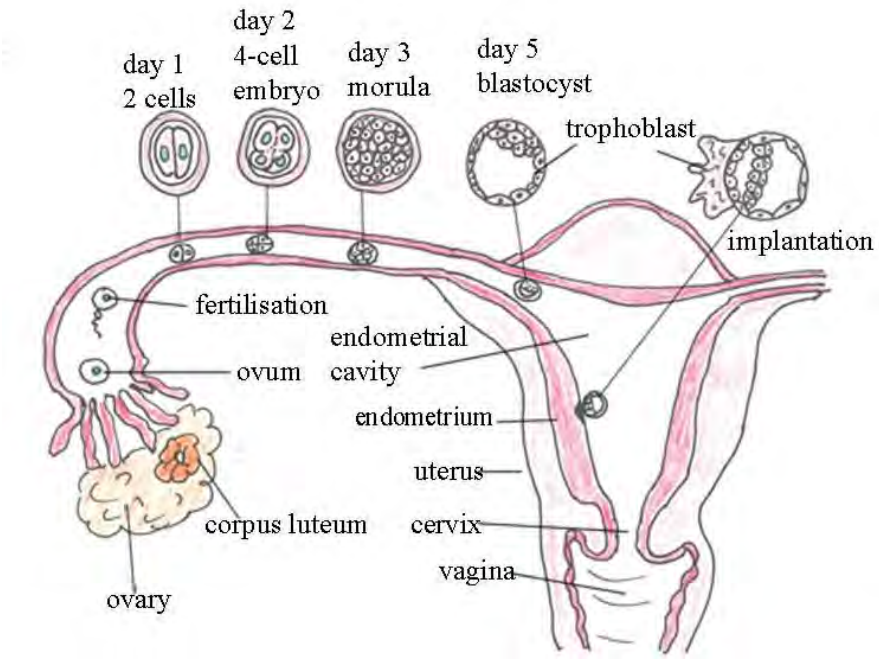
• The **urethra** is a tube that runs from the bladder, through the penis to the outside of the body. The urethra allows urine and semen to leave the body.
• The **prostate** gland helps makes semen that transports the sperm during sexual intercourse.

Pregnancy

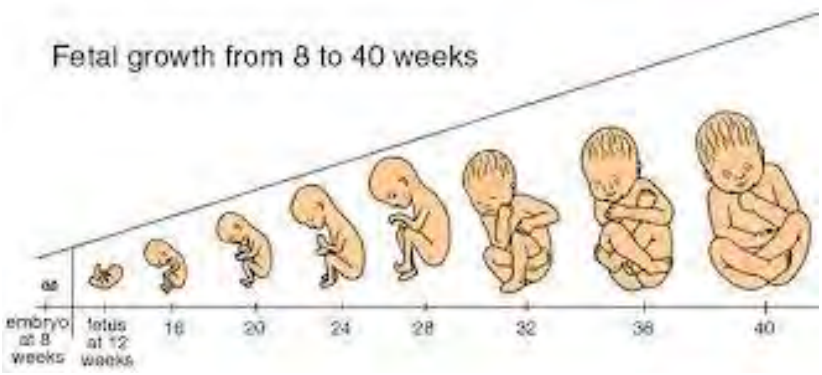
Pregnancy occurs if the sperm and the egg join to make a baby. The egg meets the sperm inside the fallopian tube, where they join and start growing. It travels into the uterus, where it is implanted into the lining of the uterus, and the baby starts to grow.

Sperm fertilising an egg.

The development of the embryo:



The baby is attached to the mother through the umbilical cord and the placenta.



The mother's blood brings nutrients and oxygen to the baby so that it can grow well. If the mother does not have enough food to eat, then the baby will not be able to grow well. If the mother drinks of alcohol or takes drugs, this will also pass through her blood to the baby, causing damage to the baby.

How to recognise pregnancy

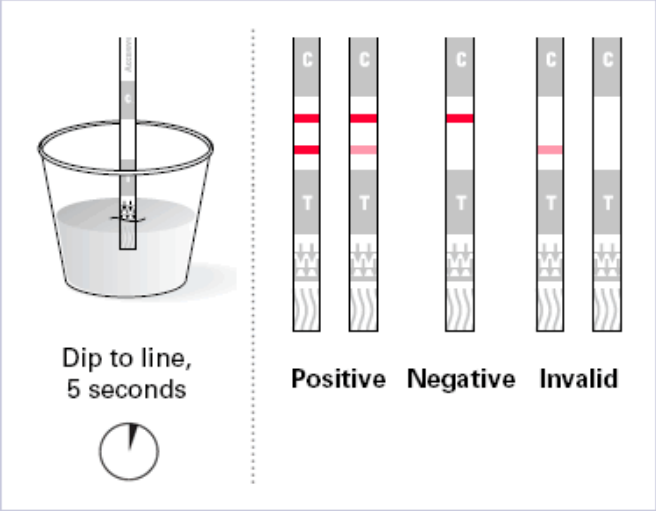
There are several signs for pregnancy which generally occur after 4-6 weeks of pregnancy although it may not apply to all women.

- **Missed period is the most common sign of pregnancy**, especially if there is a regular menstrual cycle
- Nausea and vomiting at any time of day, but especially in the mornings, is another common sign during the first three months of pregnancy
- Constant low energy levels/feelings of tired, especially towards the end of the day or late afternoon
- Experiencing sensitive breasts or nipples
- An increase in the number of times a woman urinates

As soon as a woman misses a period she should have a pregnancy test.

Practical demonstration: Pregnancy Test 15 minutes

Pregnancy can be confirmed by doing a urine test at the clinic, or by a mentor mother at a home visit. The mother needs to give a urine sample in a clean container. An early morning urine sample is the best.



One line indicates that the test is working (control line) and the woman is not pregnant. **Two lines indicate that the woman is pregnant.**

If the control line does not show up, it means that the test has not worked, and must be repeated.

DVD: Inside Pregnancy 15 minutes

The trainer will show you a DVD which demonstrates the process of conception and pregnancy.

SESSION 6: Family planning and Sexually Transmitted Infections

Time required: 2 hours and 45 minutes

Purpose

- To give an overview of different methods of contraception.

Objectives

- At the end of the session the MM will:
  - Be able to discuss the benefits of family planning.
  - Understand the different methods of contraception.
  - Understand which methods can prevent pregnancy as well as infection with STIs and HIV.
  - Understand what “safer sex” is. Understand what risky sex is.
  - Be able to demonstrate the use of male and female condoms.
  - Have an understanding of sexually transmitted infections.

Discussion: Family planning and safer sex 1 hour

The trainers will guide this session.

Lecture content: Family planning

Why is family planning important?

Family planning makes it possible for a woman to be able to plan when and how many babies she would like to have. Family planning methods, like contraceptives, allow men and women to plan when they will have children, and to enjoy intercourse without being worried about pregnancy. However, no contraceptive method is 100% effective and without risks. Family planning is the responsibility of both partners in the relationship. It is important that both the man and the woman have the correct information so that they can make the best choice for their family.

Family planning has many benefits:

- If a woman can plan when she wants to fall pregnant she will lower the chances of having unwanted pregnancies and pregnancies that are dangerous for herself and her baby.
- If the mother has a disease that could make pregnancy dangerous and she decides to have a baby, then it is important that she plans this so she is as healthy as possible before falling pregnant.
- The mother can decide how much time to leave between pregnancies. This will make sure that her body has enough time to recover and that she has a safe and healthy pregnancy for herself and her baby
- Having children at the right time helps the parents to plan so that the family can have enough money for food, clothing and education for each child
- Family planning should be used by all women and girls who are sexually active to prevent pregnancy. Teenage girls who become pregnant put themselves at risk as their bodies are not mature enough to handle pregnancy and giving birth
- In communities that encourage and use family planning, there are more and better opportunities for jobs, education and healthcare

Methods of family planning

It is important that the woman is helped to choose the family planning method that would be best for her. It also depends on whether the woman wants a temporary or permanent method.

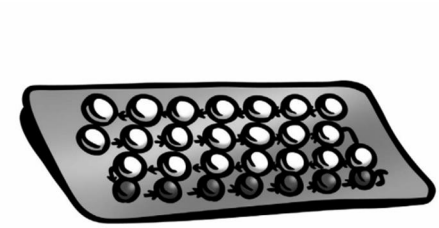
Temporary methods:

1. Hormonal methods:

These methods will prevent pregnancy, but will not protect against STIs and HIV.

- **The pill**

These are pills that have low doses of female hormones which are taken every day. They stop the woman's ovaries from making a fertile egg each month. If these pills are taken regularly, this is a very good method of preventing pregnancy. Women who want to have children later on should think about using this method as it is one of the methods that are fairly quick to reverse should she want to fall pregnant.



- **The Injection**

This is a hormone injection that is given every three months. It works very well but when a woman chooses to fall pregnant it can take a few months for her body to start making fertile eggs again.

- **Sub-dermal implant:**

  A small flexible rod is inserted under the skin by a trained healthcare professional. This form of contraceptive is one of the most effective birth control methods. The implant can prevent pregnancy for up to three years but does not protect against HIV infection or STIs. The implant can be removed when a women is ready to have a baby.

2. Barrier methods:

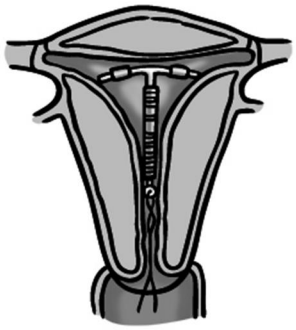
These are methods that stop the sperm entering the vagina like male and female condoms as well as diaphragms and cervical caps. If used correctly, these methods are quite good but are not perfect.

- **Condoms**

Condoms are the most used barrier method.

Condoms are the only method that provides protection against HIV and other STIs as well.

3. Intra – Uterine Contraceptive Device (IUCD):
This is a device that is inserted into the womb and prevents the fertilised egg from attaching to the wall of the womb. It is not a common method in South Africa and is only available at some clinics. This is also known as the "loop".



4. Withdrawal method:
This is when the man withdraws the penis from the vagina before ejaculation. It is not a very good method to stop pregnancy as some sperm can enter the vagina even before ejaculation. It also does not protect against STIs or HIV.

5. Termination of Pregnancy (TOP):
A TOP can occur spontaneously, in which case it is often called a miscarriage, or it can be induced. TOP is not a form of contraceptive and if performed by a trained healthcare professional is a safe and effective method of ending an unwanted pregnancy.

Permanent methods:

The only way to provide permanent family planning is an operation. These methods are meant for people who never want to have a child, or they do not want more children. Both men and women can have an operation.

- **Female sterilisation - Tubal ligation or "tying tubes"**

A woman can have her fallopian tubes tied (or closed). This means the fallopian tube is cut so that the egg does not reach the uterus. The procedure can be done in a hospital. The woman can go home the same day of the surgery and carry on with her normal activities within a few days. It is important to note that this method cannot easily be reversed if a couple later want to have a baby.

- **Male sterilisation – Vasectomy**

This operation is done to block the sperm from moving into the penis during ejaculation. This operation is simpler than tying a woman's tubes. The man can go home the same day. Recovery time is less than one week. After the operation, a man visits his doctor for tests to count his sperm and to make sure the sperm count has dropped to zero. It takes about 12 weeks for the sperm count to drop to zero, and during this time another form of birth control should be used.

It is important to note that a woman cannot be forced to have a tubal ligation nor can a man be forced to have a vasectomy.

Emergency Contraceptive Pills ("Morning After Pill"):

Emergency contraception is NOT a regular method of birth control. She must take the pill within 120 (5 days) hours of having unprotected sex. Emergency contraception should only be used in emergencies. It is not intended for regular use. The earlier the client takes the pill the more effective it is.

Emergency contraception can be used when:
• The woman has had consensual unprotected sex and her normal contraception has failed, e.g. a condom slipped or she missed her pill or injection
• She was raped and no contraceptive method was used

Best contraceptive methods for an HIV-positive person: People with HIV, AIDS, STIs or those who are on antiretroviral medicines (ARVs) can use most contraceptive safely. Advantages and disadvantages of some methods are listed below:

• **Condoms, non-penetrative sex and abstinence:** these methods can prevent pregnancy and infection with HIV and STIs.

• **Oral contraceptives and injections:** these methods can prevent pregnancy but cannot prevent infection with HIV and STIs. Women on ARV therapy should seek medical advice before using oral contraceptives and injections as some ARVs may reduce how well they work.

• **Intra-Uterine Devices:** this method can be used by an HIV-positive woman provided she is clinically well. It will prevent pregnancy but cannot prevent infection with HIV and STIs.

No-one should have sex with someone if the person's HIV and STI status is not known to them.

What is safer sex?

Safer sex means the person does not get their partner's semen, blood or vaginal fluids on or in their body.

Safer sex is:

- Using condoms
- Non-penetrative sex
- Abstinence

What do condoms do?

Condoms prevent the male and female body fluids (semen and vaginal fluids) from mixing.

Condoms can prevent:

• Semen from entering the woman's vagina

• Contact with body fluids like semen and vaginal fluids, in which the HIV virus lives

• The spread of sexually transmitted infections (STIs)

Risky sexual practices

• **"Dry sex"** is when products (such as baby powder) or herbs are used to lower the natural fluid that is produced by a woman during sex and make it more likely for the woman to become infected with HIV because she may get small cuts and tears in her vagina

• **Unprotected anal sex** has a greater risk of HIV infection compared to vaginal sex as the cells in the anus are easily damaged

• **Sex without a condom**

• **Having many sexual partners**

• Having sex without a condom when there are **sores on the penis or vagina** can increase the risk of getting and passing on HIV. An open sore or injury to the skin makes it easy for the HIV and bodily fluids to enter the blood stream

What is the importance of using a condom when one or both of the sexual partners are HIV-positive?

It is very important to use a condom even when both partners are HIV-positive because they may have different types of HIV. This means that a person can get

re-infected with a different type of HIV and the amount of the virus in the body an increase. Their partner may also be resistant to ARVs and then they can get infected with resistant HIV. It also means that both partners will be protected against STIs

Practical demonstration: How to use a condom 30 minutes

How to use a condom

- It is important to select and use the right size condom.
- If the condom is too large it may slip off during intercourse.
- If the condom slips off during intercourse, a new one should be used.
- A new condom should be used each time there is sexual intercourse.
- It is important that oil-based lubricants are not used with condoms as these will cause the condom to break up. This will mean that the condom will no longer offer any protection

A CONDOM SHOULD NEVER BE USED MORE THAN ONCE!

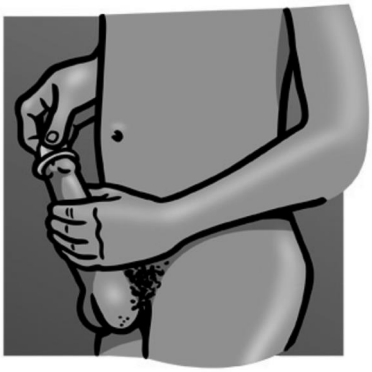
Using the male condom

Step 1

- The condom packet should be sealed.
- Condoms from an open packet should not be used.
- If the date stamped on the condom packet has passed, then it has expired and should not be used because the rubber will not be protective.
- Condoms should not be left in the heat or in direct sun.
- When opening the condom care should be taken not to damage the condom. Avoid tearing it with the teeth or sharp fingernails.

Step 2

- The condom should only be put on when the penis is erect.
- Check which way the condom will unroll, then hold the condom at the teat/tip and squeeze the air out of the teat/tip.
- Leave the small section at the top for the semen to fill.
- The condom should be gently unrolled down the full length of the penis, making sure there are no air bubbles because they may cause the condom to break during the sexual intercourse.

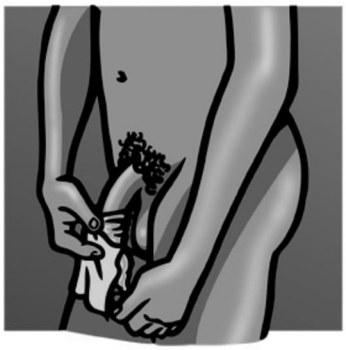


Step 3

- After sexual intercourse, the penis should be slowly removed from the partner while it is still erect.
- Hold the condom at the base of the penis to prevent it from slipping off.

Step 4

- A knot should be tied in the condom to prevent the fluid from spilling, and then it should be wrapped in a tissue and thrown away in the bin or burned.
- It should never be left lying around where children and other people can come into contact with it.
- The man should wash his hands.



Using the female condom

The female condom is a long tube of thin plastic. It has a small closed end and a large open end and each end contains a flexible ring. It can be inserted up to half an hour before intercourse if necessary.

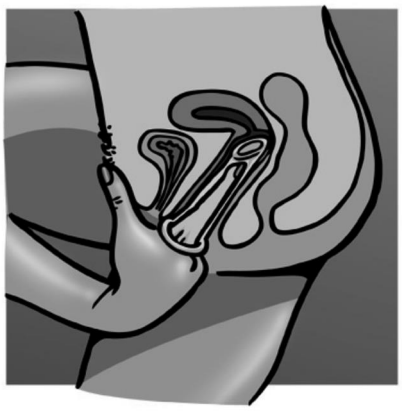
Step 1

- Check the expiry date on the condom packet.
- Check the condom package to make sure that there are no cracks, holes or open sides by placing the condom casing between the thumb and forefinger and pressing gently.
- Gently push the condom inside the package to one side to allow room to tear open the package. Carefully remove the condom using the fleshy part of the fingers and not fingernails.

Step 2

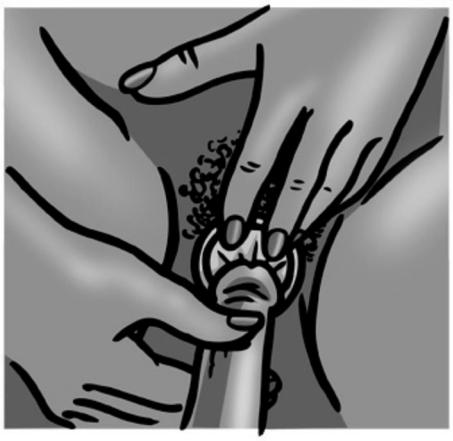
- The outer ring covers the area around the opening of the vagina.
- The inner ring is used for insertion and helps to hold the sheath in place during sexual intercourse.
- Grasp the closed flexible inner ring and squeeze it with the thumb and second and middle finger so that it becomes long and narrow. Push the condom into the vagina, making sure that the outer ring stays outside and is flat.

- To make insertion easy, the woman can squat or lie on her back or put one foot on a chair.



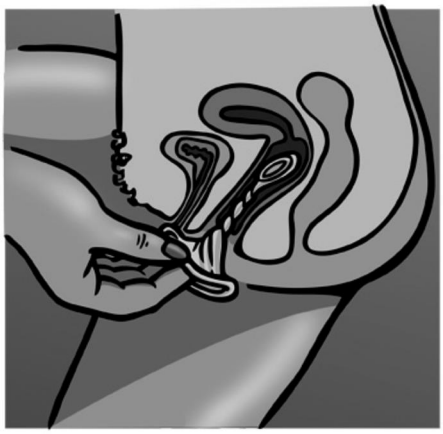
Step 3

- Guide the erect penis into the condom, making sure it does not enter around the side.
- The female condom is loose-fitting and will move during sexual intercourse. If it feels like the outer ring is being pushed in while having sex, stop and pull the outer ring back to its original position.



Step 4

- To remove the condom, twist the outer ring to keep the sperm inside then gently pull the condom out of the vagina.
- Wrap it in a tissue and dispose of it appropriately by throwing it in a waste bin.
- Do not flush the condom down the toilet.
- Do not use the condom again. Always use a new condom every time they you sex.



Group Discussion: Condom Use 30 minutes

The trainers will guide this session.

Lecture/Discussion: Sexually transmitted infections 45 minutes

What does STI mean?

- STI stands for **S**exually **T**ransmitted **I**nfection.
- It is an infection that can be passed on from one person to another person by having unprotected sex, like anal, oral or vaginal sex.

Why are STIs dangerous?

- STIs can become very serious if they are not treated. Some types of STIs can attack the organs in the body and may even cause death.
- A mother can pass the STI on to her baby during pregnancy. STIs can cause the baby to have severe abnormalities. Therefore, it is important for her and her partner to use condoms every time they have sex.
- STIs can also cause infertility in both men and women, meaning that they cannot have children.
- Some STIs can be lifelong infections, with symptoms coming back every so often. This can be prevented with medicines obtained from the clinic.

How are STIs transmitted?

- They are passed from one person who has an STI to another person during sex.
- Some STIs can be passed from a mother to a baby during pregnancy or childbirth.

Is HIV an STI?

Yes, HIV is an STI. But while other STIs can be cured, HIV cannot be cured.

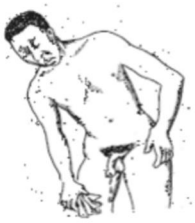
Do STIs make it easier to get HIV?

Yes, **it is more than 5 times easier to get HIV from someone with HIV if you already have an STI.** This is because STIs can cause sores or small cracks in the skin and lining of the vagina and on the tip of the penis, which makes it easier for the HIV virus to enter the body.

Encourage people who have STIS to get tested for HIV.

What are the signs of an STI?

- Discharge from the penis or vagina, which may be purulent (thick like pus) or green, yellow or grey colour, and foul smelling
- Frothy or cheese-like discharge in females
- Pain or burning on passing urine
- Pain during vaginal intercourse in female
- Itchy private parts
- Visible sores with or without pain
- Warts on private parts



Discharge from penis

Vaginal itching

Pain during sex

Burning during urination

Sore on penis or vagina

Abdominal pain

How can you prevent getting an STI?

- Use a condom every time you have sex.
- If you or your partner has an STI, you need to get treated as soon as possible. **Always use a condom.**
- Being faithful to one partner, who is also faithful to you in turn, and make sure that neither partner has an STI.
- Not having sex at all (abstaining).

What should a person do if they think they have an STI?

- Start using a condom straight away for all sexual activity. Condoms must be used every time you have sex.
- Go to the nearest clinic and get tested as soon as possible.
- Your partner must also go to the clinic to get tested and treated. Even if they have no symptoms, they must still get treatment.
- The medicine should not be shared with your partner if both have an STI.
- While you are at the clinic you should ask for an HIV test.

Why is it important for a person to tell their partner(s) if they have an STI?

- It is very important that to tell your partner so that he/she can also go to the clinic to be treated.
- As a person may have more than one sexual partner, it is very important that **all partners** go to the clinic and get treatment. If this does not happen, the infection will continue to be passed between them.
- Once the partner knows or suspects an STI, then a condom should be used every time they have sex and safer sex must be practiced at all times.

SECTION F
ANTENATAL CARE

SESSION 7: Importance of Antenatal Care (ANC) and Understanding Basic Terms

Time required: 70 minutes

Purpose

- To help the MM understand the importance of ANC, basic terminology and why they should encourage women to attend the antenatal clinic.

Objectives

- At the end of the session the MM will be able to:
  - Explain the importance of ANC and its key components.
  - Define key words and terminology.
  - Motivate mothers to attend antenatal care.

Material

- PowerPoint slides
- Board/flipchart and paper
- Markers
- Ball
- Maternal, Child Health and Nutrition Booklet
- Food Flash Cards

Discussion: Importance of Antenatal Care 20 minutes

Main components of ANC:

Antenatal care can **prevent illness** of mother and baby and improve health. The components of care include:

- Iron and folic acid tablets to prevent anaemia.
- At least two tetanus toxoid immunizations to prevent tetanus.
- Nutrition and care advice for mothers during pregnancy.
- Importance of immediate and exclusive breastfeeding for contracting mother's uterus and for newborn nutrition.

Antenatal care can **identify problems** and **treat** them:

- High blood pressure. It is important to identify elevated BP so that care and treatment can be given, if necessary.
- Maternal infections (syphilis, urine infection, STDs, HIV, etc.). A check-up will identify these and treatment and care offered as needed.
- Blood group testing. It is important to know the mother's blood group and Rhesus factor. All rhesus negative mothers need to receive treatment to prevent damage to the baby.
- Determine foetal lie or twin pregnancy

Antenatal care can help families **plan for the birth** and be aware of **danger signs**. This can also be done by a MM.

- Women and families can be made aware of danger signs during pregnancy and delivery and be informed on when to seek immediate care

Visits	Weeks of pregnancy
1	As soon as possible (should be less than 14 weeks)
2	20 – 24 weeks
3	26 – 32 weeks
4	34-36 weeks
5	40 weeks

Mothers with complications may need more visits at the clinic.

Activity: Ball Game — 10 minutes

The trainers will guide this session.

Interventions at health centre or outreach, with proven effect on reducing neonatal deaths:

Tetanus Toxoid immunisation
Iron and folic acid tablets
BP check
Foetal lie
Rhesus (blood group) testing
Syphilis detection and treatment
PMTCT
Detection, management and referral of obstetric complications
Nutrition counselling

Practice: Role play in small groups — 30 minutes

The trainers will guide the session.

Key words and terminology 10 minutes

Gestation:	The duration of pregnancy. It is normally 40 weeks or 280 days.
Abortion:	Baby dies before 22 weeks of gestation. An abortion can occur naturally (miscarriage) or it can be performed by a medical person. (Medical Termination of Pregnancy – TOP). Sometimes unqualified people also perform abortions. (This is dangerous).
Still Birth:	Baby is born without breathing, crying or moving limbs (and is more than 22 weeks gestation, or 500g in weight).
Live Births:	Baby born after more than 22 weeks gestation, and shows any one of the signs of life at birth (even briefly): breathing, crying, movement of limbs.
Premature Birth:	Baby born before 37 weeks.
Neonatal Death:	If a baby dies between birth and 28 days of life (and if the gestation is more than 6 months and 15 days). Even if the baby only breaths once and then dies, this is still a neonatal death.

SESSION 8: Screening for Danger Signs and Using the Referral Note

Time required: 1 hour and 50 minutes

Purpose

- The purpose of this session is for MM's to learn how to screen pregnant mothers for danger signs and use the Referral Notes when necessary.

Objective

- At the end of the session the MM will be able to:
  - Use the knowledge from this training to identify danger signs in pregnant women during home visits, and have a basic understanding of why they are danger signs.
  - Use the Referral Note when referring pregnant women to the clinic or hospital due to the presence of danger signs.

Material

- Board/flipchart and paper
- Markers
- Referral Note
- Community Resource Guide
- Philani Mentor Mother Training DVD
- Maternal, child health and nutrition booklet

Presentation and Discussion: Danger signs 10 minutes

Danger signs during pregnancy:

- Vaginal bleeding (possible sign of problem with the placement of placenta or a possible sign of threatening miscarriage)
- Waters breaking before the expected time
- Smelly discharge from the vagina or vaginal sores
- Severe headaches and fits (due to high blood pressure)
- High fever (possible sign of infection)
- Severe abdominal pain (sign of internal bleeding; ectopic pregnancy)
- Decreased foetal movement
- Very pale (a possible sign of anaemia due to lack of iron and folic acid)
- Swelling of hands face and feet (due to high blood pressure).
- Excessive vomiting

Referral Notes:

- Each referral booklet contains triplicates of each page in the same way as an invoice book.
- If a danger sign is found, fill in the name of the person being referred and describes the problem.
- Tear off one and give it to the family to present at the health facility.
- The second copy is kept in the folder and the third remains in the referral book.

Activity: Identifying danger signs 30 minutes

The trainers will guide this session.

Scenario 1:
A mother is 36 weeks pregnant and complains of burning stomach pain which goes up into the chest, the pain is worse after eating or when lying down. The mother is otherwise well. What would you advise a mother to do?

Answer:

Scenario 2:
A pregnant woman complains of swelling of her legs and headache. She has had a headache for more than 2 days and says it is quite severe and persistent. What must you do?

Answer:

Scenario 3:

A. A woman is 8 weeks pregnant with twins and complains of nausea and vomiting which is worse in the morning. What advice would you give the mother?

Answer:

B. If after a few days this mother is still vomiting and not able to keep down much food even after she has tried all your suggestions. What would you do now?

Answer:

Scenario 4:
During a visit your client who is 34 weeks pregnant, she says she has been bleeding for the last day. She also has stomach pain and is worried the baby is not moving as well as before. What would you do in this situation?

Answer:

Scenario 5:
A mother who is 18 weeks pregnant says to you that she is hot and has a smelly vaginal discharge. When you look at her she looks weak and unwell. What do you do?

Answer:

Role Play: Danger signs and Referral Note — 30 minutes

The trainers will guide this session.

Scenario

MM: You are visiting a 7 month pregnant women who is not feeling well. By asking the mother questions, find out if she has any danger signs and write a referral note if you think it is necessary.

Busisiwe: You are 7 months pregnant and have a bad headache that has lasted a few days and hurts all the time. You are worried about not being able to do your household chores. You also have swollen feet.

DVD Session: Danger Signs in Pregnancy — 40 minutes

The trainers will guide the session.

SESSION 9: Nutritional Health in Pregnancy

Time required: 2 hours and 30 minutes

Purpose

- The purpose of this session is to equip MM's with the knowledge they will need to teach pregnant mothers in their neighbourhoods to eat healthily, so that they are able to produce healthy and well-nourished babies.

Objective

- At the end of this session MM's will:
  - Understand the importance of healthy eating and the consequences of not doing so (malnourishment and obesity).
  - Know the 3 food groups, be able to give examples of each of them, and be able to explain what each food type does for the body and how regularly one needs to eat it.
  - Know which foods should be avoided and why (sugar, unhealthy fats, salt, soda drinks etc.)
  - Be able to give tips on how to eat healthily on a small budget.

Materials

- PowerPoint slides
- Board/flipchart and paper
- Philani Mentor Mother Training DVD
- Food Flash Cards

Discussion: Healthy eating — 30 minutes

The 3 food groups

Building Foods: Proteins

Energy Foods: Carbohydrates

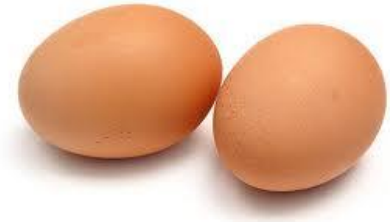
Protecting Foods: Vitamins and minerals

1. Building Foods - Protein

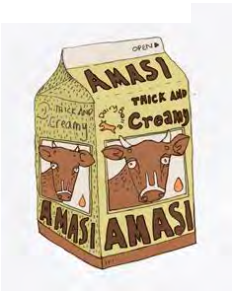
What does protein do for the body?

- Builds your bones, muscles, brain, teeth and blood
- Especially important for growth in children and for pregnant and breastfeeding women

Examples: Chicken, fish, meat, milk, maas, eggs, dry beans, split peas, soya mince and lentils





Important points:

- Lentils, peas, dry beans, soya mince and split peas can be eaten daily
- Eggs are an inexpensive, value for money and a good source of protein
- Eggs can be eaten often
- Meat, chicken and fish can be eaten less often

2. Energy Foods - Carbohydrates

What do carbohydrates do for the body?

- Carbohydrates provide energy for the body
- They make one feel full and less hungry

Examples: Maize (mielie) meal, bread, rice, sorghum (mabella), samp, potatoes, sweet potatoes, pasta (macaroni, spaghetti), porridges, breakfast cereals and cake flour

Important points:

- Buy bread and mielie meal which displays this logo. These foods contain extra vitamins and minerals
- Energy foods should make up the basis of most meals
- Mix with foods from the other food groups at every meal
- Unrefined (coarse) starches are best. For example maize meal or brown bread
- Porridge made from sorghum or maize meal is better than processed cereal

3. Protecting Foods – Vegetables and Fruit

What do protecting foods do for the body?

- Help eyesight
- Help to fight against infections like colds, diarrhoea, and tuberculosis
- Protect against illness such as heart disease, stroke, and certain types of cancer

Examples:

- Cabbage, tomato, carrots, beetroot, spinach, beans, squash, butternut, peas, onions, broccoli etc…
- Bananas, apples, oranges, peaches, naartjies, pears, grapes, melon, pineapple etc…

Important points:

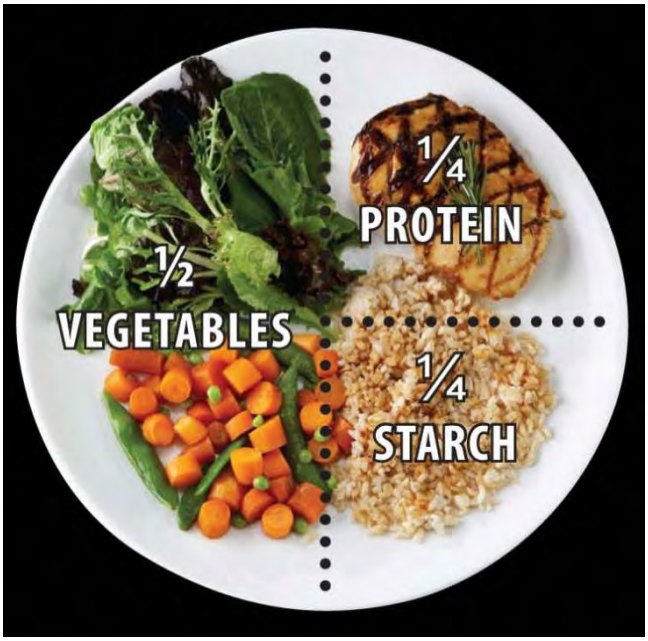
- Eat fruits and vegetables everyday
- As a guideline, eat 5 portions of fruit and vegetables per day
- Eat a fruit as a snack between meals and instead of pudding
- Eat raw vegetables like shredded carrots, cabbage, or tomatoes

Your body also needs small amounts of vitamins and minerals which are found in various foods from all 3 food groups and are especially important during pregnancy and breastfeeding and for children.

Vitamin or mineral	What does it do for your body	Examples
Vitamin A	Strengthens your immune system Protects children from eye diseases	Spinach, chicken, liver, egg, full cream milk, fish, offal and all yellow fruits and vegetables
Calcium	Builds your bones and teeth	Milk, maas, cheese, yoghurt and soft bones from fish like sardines and pilchards
Iron	Protects against tiredness and certain illnesses	Red meat (especially liver and kidney), spinach, dried beans and fortified mielie meal and bread

Activity: Identifying food groups 30 minutes

The trainers will guide this session.



It is important to eat healthy during pregnancy:

- Avoid illness because the right nutrients from food keep our immune system strong.
- Eating healthily during pregnancy will allow one's baby to gain enough weight and get all the nutrients the baby needs to grow strong and healthy.
- Be more productive at work.
- Won't get tired easily.

Eating unhealthily can result in being:

- Underweight which influences your ability to fight infections
- Overweight which can lead to serious illnesses such as diabetes mellitus, heart disease, hypertension and stroke.

DID YOU KNOW?
Obesity increases the risk for the mother as well as her baby.

Risks to the mother:

- Diabetes and high blood pressure in pregnancy
- Caesarian delivery

Risks to the baby:

- Prematurity and low birth weight
- Still birth
- Congenital abnormality such spinal cord defects, cleft palate and heart problems
- Childhood obesity

Risks during delivery:

- Big babies are prone to birth injuries

Discussion: Unhealthy eating – Things to avoid 10 minutes

Salt should be limited to small amounts

- Eating too much salt can worsen illnesses such as high blood pressure, heart disease, stroke, and kidney failure.

Fatty and oily foods should only be eaten sparingly –

- Some fats like vegetable oil (canola oil and sunflower oil) avocado and oily fish (sardines and pilchards) are healthy for the body in small amounts because they help children and babies to grow.
- But too much fat is unhealthy for the body and can make people overweight.
- Foods that contain too much fat include: chocolate, pies, deep fried food, 'vetkoek', biscuits, chicken skin, ice cream, chips, polony, russians and frankfurters
- Tips:
    - Cut visible fat off from meat before you cook it.
    - Boil, stew, grill or braai meat as opposed to frying it. Frying it in oil means it absorbs too much fat.

Foods which contain a lot of sugar should be eaten only on occasion

- Examples of foods which contain added sugar are cold drinks, cake and cookies, white and brown sugar, chocolates and ice cream, syrup and honey and jam, lime and orange squash.

Sodas and drinks which contain lots of sugar should be avoided as much as possible

- Many people think that sodas like Coke, Fanta, Stoney, Sprite and concentrated juice are healthy, but in fact these drinks contain lots of sugar. It is much better to drink water or small amounts of pure fruit juice diluted with water instead. Fruit juice also contains lots of sugar and should only be taken in small amounts

DVD Session: Nutritional Health in Pregnancy — 20 minutes

The trainers will guide this session

Role Play: Healthy Eating during Pregnancy — 20 minutes

The trainers will guide this session.

Scenario

MM: Ask the mother what she has eaten in the last 24 hours. Depending on her response, provide her with some advice about things she can add to or remove from her diet to make it healthier.

NTOMBI: You are 16 weeks pregnant and eating mainly energy foods (porridge, rice, bread, samp and potatoes) and fizzy drinks.

Practical: Planning a menu — 20 minutes

Plan a day's menu for a pregnant woman – remember to include all the food groups and 2 healthy snacks.

SESSION 10: Avoiding Alcohol during Pregnancy

Time required: 4 hours

Purpose

- The purpose of this session is for MM to learn the dangers of drinking during pregnancy, and how they can play a role in supporting pregnant mothers to either stop or limit their alcohol intake.

Objectives

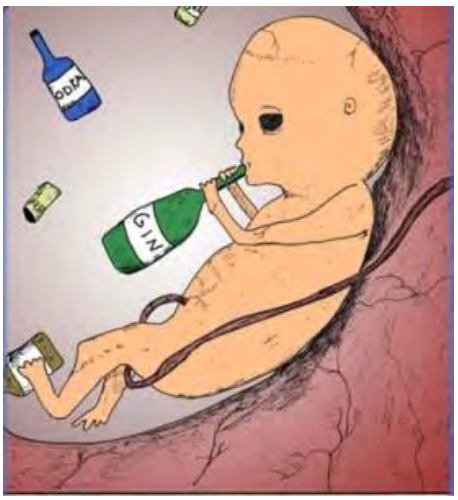
- At the end of this session MM will understand:
  - What the dangers of drinking during pregnancy are for the unborn baby, and the importance of stopping or limiting alcohol use during pregnancy.
  - What 'risky situations' may encourage pregnant women in their neighbourhoods to drink, and the importance of finding ways to deal with each risky situation.
  - How they should approach alcohol use with pregnant women using the content of the field guide.
  - How to deal with difficult situations they may come across during their home visits.

Material

- PowerPoint slides
- Board/flip chart and paper
- Markers
- FAS doll & normal doll
- Community Resource Guide
- Philani Mentor Mother Training DVD

Discussion: Using Alcohol during Pregnancy — 45 minutes

Trainers will guide the session.



A Mentor mother was visiting a pregnant woman, who had a drinking problem. Many times she came to her house to visit, but the mother was not there. One day she decided to go down to the local shebeen, to look for the mother. She found her there, and persuaded her to come home with her. She talked to her many times about the problems of drinking in pregnancy. The mother did not want to give up drinking, and did not think that she would be able to stop. However, she eventually agreed to try to stop drinking, but only while she was pregnant. After a while, the MM noticed that she was buying small things for her house, as she was not spending money on alcohol anymore. She complimented her on the improvements to her home. Finally, after the baby was born, the mother realised how much better her life was without drinking, and she never went back to it.

Foetal Alcohol Syndrome

The Western Cape has the highest level of Foetal Alcohol Syndrome in the world. 46 to 89 children per 1000 are affected, compared to 10 per 1000 in the United States of America.

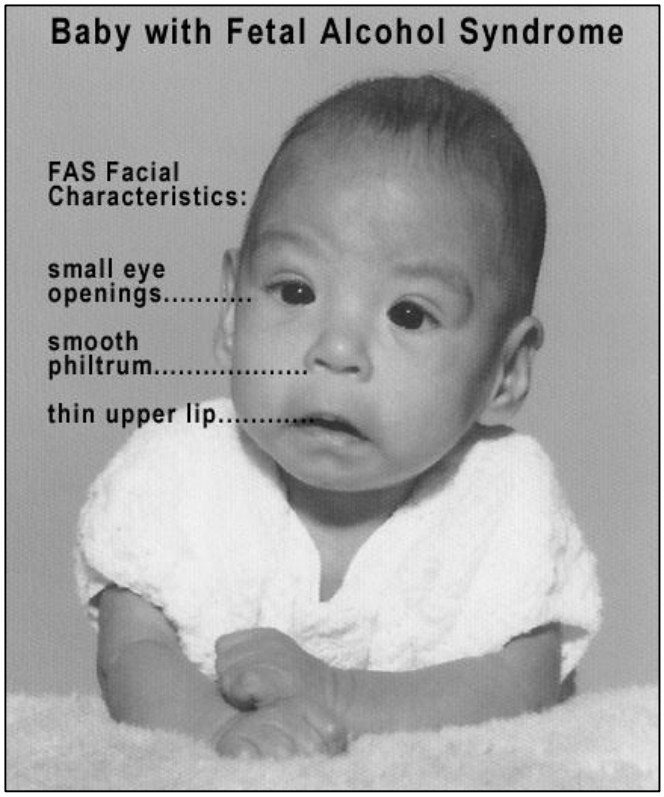
Drinking alcohol in pregnancy causes specific problems in the baby:

- Poor growth (height and weight)
- Small eyes, smooth edge of upper lip, and smooth skin between upper lip and nose
- Poor growth of the brain (small head circumference)
- Problems with learning
- Behavioural and social problems

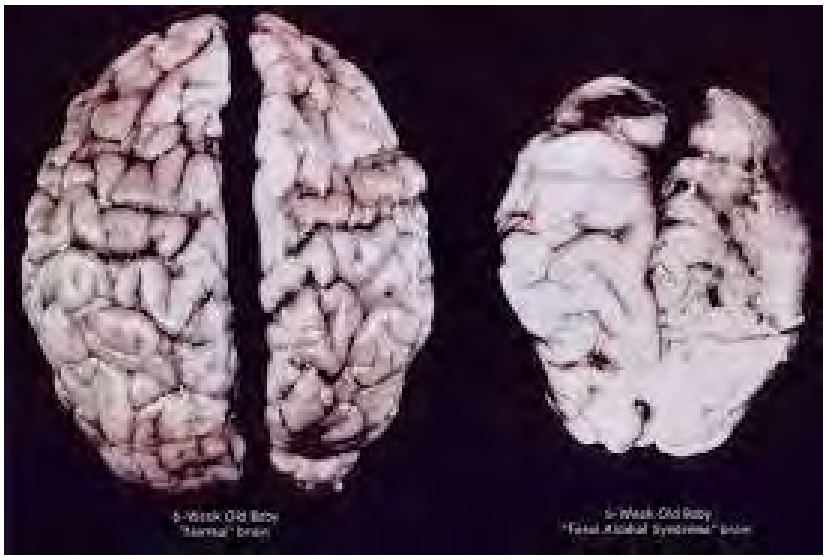
How severe the FAS is related to the amount of alcohol the mother drinks, and especially by binge drinking, which creates high levels of alcohol in the blood. Drinking in early pregnancy is also particularly harmful to the baby, as it is the time when all the organs of the body are developing.

Foetal alcohol syndrome is likely to be worse if a mother is:

- Underweight and undernourished
- Older
- Of low socio-economic status
- In an unstable relationship with her partner; or an alcoholic male partner
- Smokes tobacco or takes drugs



An infant with facial features of FAS.



Comparison of the brain of a normal 6 week old baby and a baby with FAS

Risky situations:

- Drinking on the weekend
- Drinking at a party
- Drinking following an argument
- Drinking when feeling uptight or stressed
- Drinking when feeling angry
- Drinking when smoking
- Drinking when friends are drinking
- Drinking when your partner is drinking
- Drinking when feeling hopeless
- Drinking when feeling sad
- Drinking to take away pain
- Drinking to forget about problems
- Drinking to forget about something specific
- Drinking to help you sleep

How to **cope with risky situations:**

- Go for a walk
- Talk to a friend who does not drink
- Drink a glass of water or milk
- Listen to music
- Play with children
- Do something that you enjoy doing

The goal of this intervention is to encourage abstinence first, however, for many women, this may not seem possible and their goal will instead be to try and cut down how much they drink to begin with. Ways to cut down include:

- Eat food when you drink
- Add water to hard liquor and spirits
- Measure your drinks
- Do not drink straight from the bottle
- Do not drink more than one drink per hour

How to talk about Alcohol in a Home Visit 30 minutes

The trainers will guide this session.

Facilitators Model Role Plays: Alcohol & Antenatal Home Visits 45 minutes

Model Role Play Scripts: Dealing with alcohol during antenatal home visits

Note: Do not read the words in italics. They are either explanations or instructions.

ROLE PLAY 1: ABSTINENCE

Background to this visit:

Zanele, the Mentor Mother, went to visit Phumla on Monday. Phumla is two months pregnant. When Zanele arrived she could hear loud music and laughter coming from inside Phumla's house. Zanele knocked on the door and Phumla had answered, it looked like she was drinking alcohol with her friends . Phumla's friends were shouting that she must tell Zanele to leave because they were busy and she was interrupting them. Zanele told Phumla that she could see that it wasn't a good time for a visit so she would come again Tuesday morning.

ZANELE: Good morning Phumla, it is lovely to see you! Is this a good time for me to visit?

PHUMLA: Hello Zanele, I have been hoping you would come and visit me again. I am so sorry about Monday, I feel bad about it, I thought you wouldn't come again.

ZANELE: Of course I would keep visiting you, don't make yourself feel bad about Monday, can we talk about what happened?

PHUMLA: Yes.

ZANELE: Were those women your friends?

PHUMLA: My neighbours, yes.

ZANELE: Do they often come and socialize at your house?

PHUMLA: Yes.

ZANELE: You said that you feel bad about Monday, what part of it do you feel bad about?

PHUMLA: I was rude to you by not inviting you in.

ZANELE: Phumla, don't worry about my feelings. My job is to get to know you and to give you information so that you can have a healthy pregnancy.

PHUMLA: It is?

ZANELE: Yes. Phumla, my job is to support and help you in being the best mother you can be to your baby. I can see so many wonderful things about you that are going to make you a fantastic mother. You are so warm, so thoughtful and considerate of others. But did you know that part of being a good mother begins even before the baby is born? Sometimes the things that we do during pregnancy can affect how the baby will develop. These things include good nutrition, exercise, and not smoking or using alcohol. Would it be okay if I talk to you today about the effects of alcohol on the unborn baby, Phumla? I know that life can be hard, but I also know that with the right information you can make healthy choices for you and your baby.

PHUMLA: I would really like it if you could tell me more.

ZANELE: Okay, please stop me if anything I am saying is confusing or if you want to ask a question. *(Shows fetal alcohol doll)* This baby has Fetal Alcohol Syndrome which can happen to your baby if you drink while pregnant. You can see that the baby is small and has skinny arms and legs. The baby also has some things wrong with its face – see how small the eyes are, the flat space below the nose and the top lip is thin. See how different a healthy baby looks *(Shows the normal doll).* Alcohol is very dangerous for babies, it usually means that when they are born they struggle to suck properly, they cry a lot, are hard to soothe and have problems sleeping. When they grow they are slow to learn to walk, talk and run. At school they may have trouble paying attention, problems remembering what they are taught, problems with school work, and problems making and keeping friends. Many of these problems can be caused by using alcohol when you are pregnant. *(pauses for a response).*

PHUMLA: Oh, I never knew that! That is terrible!! What have I done to my baby?!!! *(Starts crying)*

ZANELE: *(Consoles Phumla, gives her tissues and rubs her arm soothingly)* Phumla, I am not telling you this to scare you, I am telling you this because the wonderful thing is that if you stop drinking today then your baby will have a better chance of being healthy. The best advice I can give you is to stop drinking today. Do you think that is something that you would want to do?

PHUMLA: Yes, I would like to. But I don't think I know how to.

ZANELE: Phumla, you are not alone, I am here to help you, that's what I do, we can talk about this together.
Let's talk about what I call 'risky situations', times when a person will probably drink. Can you think of times that are risky for you?

PHUMLA: When I feel hopeless, I have no job, no money, I am bored, and when I am with my friends.

ZANELE: Those are all great examples, you are not alone in this, many people drink to forget their problems or to fit in with their friends. I can see that life is hard for you but I guess the reality is that drinking may bring many more problems knocking on the door. Can you think of any?

PHUMLA: Well, what you were saying earlier about the baby.

ZANELE: Often there are things that we can do to avoid these 'risky situations', like keeping yourself busy by volunteering somewhere, remind me to tell you later about Philani and what you could do there if you were interested. It can also help to visit a friend.

PHUMLA: I have many friends who drink so I would need to go to see a friend who doesn't drink I guess?

ZANELE: You are so right, have you got friends who don't drink?

PHUMLA: I do actually, my old church friends, they live down the road. Maybe I should pop in later to see them?

ZANELE: What a great idea! You see you came up with a solution yourself! Phumla we are giving each pregnant woman who wants to have a healthy pregnancy a card that says she is a member of Healthy South African Families. On this card it says that the woman will eat healthy, go to her prenatal appointments, not smoke and not drink alcohol. This card shows that you are trying to do the best for your baby. Would you like to have a card to show your friends and family?

PHUMLA: Yes, that would be good.

ZANELE: Phumla, can we agree for the next week that you will not drink alcohol? Can we shake hands in agreement? *Shakes hands and gives Phumla the card.*

PHUMLA: Yes, I really want to try! Thank you Zanele, I know this may not be easy but I am going to try my best!

ZANELE: You are right it may be hard, but it will become easier. And I am here to help. I will come and visit you next week if I may.

ROLE PLAY 2: CUTTING DOWN

Background to this visit:
Zanele, the Mentor Mother, is visiting Bulelwa today early in Bulewa's pregnancy. Even though she does not know whether or not Bulelwa is drinking, she begins to talk to her about the importance of not drinking alcohol during pregnancy. Duringthe visit, Bulelwa tells Zanele that sometimes she does drink a little bit of alcohol.

ZANELE: Bulelwa, my job is to support and help you in being the best mother you can be to your baby. I can see so many wonderful things about you that are going to make you a fantastic mother. You are so kind and considerate. But did you know that part of being a good mother begins even before the baby is born? Sometimes the things that we do during pregnancy can affect how the baby will develop. These things include good nutrition, exercise, and not smoking or using alcohol. Would it be okay if I talk to you today about the effects of alcohol on the unborn baby, Bulelwa? Maybe with some more information you can make healthy choices for you and your baby.

BULELWA: I don't smoke and I eat well but I do drink sometimes. I would really like it if you could tell me more.

ZANELE: Okay, please stop me if anything I am saying is confusing or if you want to ask a question. (Shows fetal alcohol doll) This baby has Fetal Alcohol Syndrome which can happen to your baby if you drink while pregnant. You can see that the baby is small and has skinny arms and legs. The baby also has some things wrong with its face – see how small the eyes are, the flat space below the nose and the top lip is thin. See how different a healthy baby looks (Shows the normal doll). Alcohol is very dangerous for babies, it usually means that when they are born they struggle to suck properly, they cry a lot, are hard to soothe and have problems sleeping. When they grow they are slow to learn to walk, talk and run. At school they may have trouble paying attention, problems remembering what they are taught, problems with school work, and problems making and keeping friends. Many of these problems can be caused by using alcohol when you are pregnant (pauses for a response).

BULELWA: I wonder if my drinking will affect my baby.

ZANELE: Well, one thing we know is that if you stop drinking today then your baby will have a better chance of being healthy. The best advice I

can give you is to stop drinking today. Do you think that is something that you would want to do?

BULELWA: Yes, I would like to. But I don't know if I can. I have tried to stop before and it was very hard.

ZANELE: Bulelwa, you are not alone, I am here to help you, that's what I do, we can talk about this together. Let's talk about what I call 'risky situations', times when a person will probably drink. Can you think of times that are risky for you?

BULELWA: I drink when I am alone and feeling sort of sad,

ZANELE: I hear these reasons a lot from other women. Many people drink when they feel lonely and sad. I can see that life is hard for you but I guess the reality is that drinking may bring many more problems knocking on the door. Can you think of any?

BULELWA: Well, what you were saying earlier about the baby. And drinking does not make me feel any happier, just sadder.

ZANELE: Often there are things that we can do to avoid these 'risky situations', like keeping yourself busy by volunteering somewhere, remind me to tell you later about Philani and what you could do there if you were interested. It can also help to visit a friend or a relative who you like.

BULELWA: I really like my sister-in-law. We have fun chatting and she doesn't drink. She also makes me happy because she is always laughing and joking. She knows that I drink and she does not condemn me. She lives very near, I could see if she would like to come over or go for a walk this evening.

ZANELE: What a great idea! You see you came up with a solution yourself! Bulelwa do you think that you can stop drinking during this pregnancy?

BULELWA: No, I would like to stop drinking all together but it's so hard for me to stop. I have tried in the past and couldn't.

ZANELE: It is hard. Although stopping drinking completely is the healthiest thing to do. Maybe if you find it too hard to stop completely you could start by cutting down? Would you be willing to give that a try? Maybe it would be easier this time because I am here to support you.

BULELWA: Yes I want to try again. Just to cut down a bit.

ZANELE: That is excellent. What kinds of alcohol do you usually drink?

BULELWA: Only beer.

ZANELE: How many beers do you drink each day?

BULELWA: No I don't drink everyday. Just on some weekends… maybe 4 - 5 beers … something like that.

ZANELE: So you normally drink just on the weekends?

BULELWA: That's right usually just on weekends.

ZANELE: What would you like as a drinking goal for the next 3 weekends?

BULELWA: Maybe I could try just drinking only on Saturday night instead of Friday and Saturday.

ZANELE: That sounds like a good idea, would you like to cut down on the number of drinks you will drink on the weekend?

BULELWA: I think I could probably only have 2 beers instead of 4 or 5.

ZANELE: That sounds like a plan. So you will only drink two drinks on Saturday night, is that what you want to do?

BULELWA: Yes.

ZANELE: And also as you said, it would be good to visit your sister-in-law and explain to her what you are doing. It will help to have her support as well.

BULELWA: Yes I think she will be happy to help.

ZANELE: Bulelwa, here are some ways that may help you cut down on your drinking so that you can reach your goal. You could drink only 1 beer every one or two hours, you could try drinking other kinds of drinks like juice or water, you could sip your drink slowly, or eat food when you drink. Remember your goal is to cut down on your drinking. Tell your drinking goal to helpful people like your sister-in-law, think each day about the reasons you are changing your drinking, if you want a drink and do not drink, feel happy with yourself. Some people have days when they drink too much. If this happens to you, start the next day fresh and return to your goal. Do not give up. Do you have any questions before I go?

BULELWA: No not now. I know where to find you if I need you.

ZANELE: That is excellent. We can talk more next time I am here. I will be back for your next visit on Wednesday the 9th of May.

BULELWA: Ok. I will see you then. Go well.

ZANELE: Stay well. Good bye.

Follow up visit

ZANELE: Bulelwa, I am glad to see you again. How are you doing? How is your pregnancy going?

BULELWA: Yes, I am feeling very well. I feel better now that I am not drinking as much. I am having fun with my sister-in-law and with another friend who likes to sew with me on weekends. We are making ourselves new clothes for when we are no longer pregnant. She is pregnant too and does not drink.

ZANELE: That sounds like a good time. I am sure that you and your friend will be very well dressed.

BULELWA: I am also proud of myself because I was able to only drink one beer last weekend. I really felt like having more but I remembered what we talked about and it was not as hard as I thought it would be. I had a soda instead of another beer.

ZANELE: Congratulations, you did better than you thought you would. Would you like to set a goal for next time?

BULELWA: Yes I would like to try drinking just one drink on the weekend, I think I can do it.

ZANELE: That is a great goal. Remember I am here to help you meet your goal. Next time we meet, we can talk some more about how you are working to have a healthier pregnancy.

ROLE PLAY 3: REFERRAL

Background:
This is the third time that Zanele, the Mentor Mother, is visiting Nosiswe. In the previous visit, Zanele had conducted the Brief Alcohol Intervention with Nosiswe, and Nosiswe had said she was going to try and cut down her drinking to only drink 1-2 drinks every 4 days. This is a follow up visit. This role play takes place half way through the visit. In the first half of the visit, Zanele and Nosiswe were talking about the antenatal clinic, and about PMTCT, because Nosiswe had been to book for her birth the week before, and she had some questions about protecting her baby from HIV. In this next half of the visit, Zanele begins to talk about alcohol again, following up on Nosiswe's goal to try and cut down her drinking.

ZANELE: Last time I was here you remember we spoke about using alcohol during pregnancy, and you wanted to see if you were able to cut down to help your baby stay healthy. How did that go these last few weeks?

NOSISWE: *(Pause).* The thing is I did try. I really did. The first week after you left I did only drink a little bit, but then I wasn't able to carry on. It's very hard for me. Like I told you, my friends and my neighbours are always here and there is always drink, and I just can't say no all the time. It's too hard. *(Looks down)*

ZANELE: Nosiswe, you are not alone in having trouble stopping drinking. Many women have to try many times before they manage to stop completely or even cut down. Don't feel bad because you didn't get it right the first time. Tomorrow is a new day, and there still time for you to help your baby stay healthy. Do you think you would like to try cutting down again?

NOSISWE: I would like to but I don't believe I can anymore. I think I am addicted to alcohol. I don't think I can stop. I can say I will try again to you now, but I know deep inside it is not going to work.

ZANELE: I understand. If you are having trouble with your drinking and it is too hard to just stop or cut down without real help. If you would like, we can call together and make an appointment at a place in Khayelitsha called SANCA. They offer counselling and support for women like you who have a problem with alcohol. Have you ever heard of SANCA before?

NOSISWE: No, I don't know them.

ZANELE: SANCA stands for South African National Council on Alcoholism and Drug Dependence. They have an office here in Site E (in Scott Street), and you can go there for help if you would like to. I can even go with you to your first appointment if you want. They will ask you to come for 8 different sessions with them, and they will explain to you how it all works and answer any questions you might have.

It is completely up to you, but I think they might really be able to help you. They have years of experience in helping people who want help with their alcohol use. Should we call them together now?

NOSISWE: Yes please.

ZANELE: That is good. *(Calls and makes an appointment for Nosiswe).*

NOSISWE: Thank you.

ZANELE: You are very welcome. I am so glad you are willing to give this a try. Sometimes the first step to dealing with an alcohol problem is admitting that you have one. Do you have any other questions you would like to ask me?

NOSISWE: No, not now thank you. I know where to find you if I need you.

ZANELE: Alright. Thank you for this visit. I will be back on the 18th to go with you to your appointment. I will get here at 10am.

NOSISWE: Yes it's fine.

ZANELE: Good. See you then. Good bye.

NOSISWE: Good bye.

Discussion: Dealing with Difficult Situations 50 minutes

The trainers will guide this session.

Concerns when discussing Alcohol use during Home Visits

1. Concern: If a woman gets angry with me or demands that I leave, what must I do?

Responses:

- If a woman is very angry and wants you to leave, leave her house and come back the next day instead. Do not pressure her into talking with you about alcohol while she is hostile.
- Next time you visit, start by focussing on the positive things she is doing. Notice and compliment if her children look well, if she is preparing a healthy meal, if the house looks nice etc. Ask her how she is and what she needs help with, tell her you are there to help her through the pregnancy.
- Ask her if she is willing to talk about alcohol use during pregnancy.

2. Concern: Will women become upset with me, if I start talking about their alcohol use?

Responses:

- Reassure the woman that the discussion about alcohol during pregnancy is for education purposes and for the health of the unborn child.
- Women who become upset when you talk about their alcohol use during pregnancy probably have personal or family problems associated with alcohol. As long as you are caring and say that you understand why they might be upset, you can usually calm them down.

3. Concern: Who should be advised not to drink at all?

Responses:

- Pregnant women
- Women who are trying to become pregnant - damage to the foetus can occur before the woman even knows that she is pregnant.
- Women who are not using effective contraception - chances of an unplanned pregnancy for someone who is drinking are quite high, so it is best to advise women to use effective contraception if continuing to drink

- Women who are breastfeeding - alcohol can be passed to the infant in breast milk

4. Concern: What do I do if a woman states that she would like to stop drinking, but does not believe she can?

Responses:

- Talk to her about trying to stop drinking during her pregnancy for the health of her baby
- Provide information about FAS
- Help her to identify risky situations and coping mechanisms
- Ask her if she would like to get help for her drinking.
- If she agrees to seek help, make a referral.

5. Concern: What if the woman says she does not want to stop drinking when I am discussing alcohol in pregnancy with her?

Responses:

- Explain that it is her choice to drink alcohol but there is a big risk to her baby if she continues to drink.

6. Concern: What if a woman is worried that it is too late to stop drinking because the harm has already been done to her baby.

Responses:

- Explain that it is never too late to stop drinking and the sooner she stops, the better the outcome for the baby. If she is worried about the baby, after it is born, she can take the baby to the clinic to see how the baby is doing.

7. Concern: What if a woman says that her best friend drank throughout pregnancy and her child is fine.

Responses:

- Say that woman may have been lucky. Different women keep alcohol in their systems for shorter or longer times. The alcohol is carried through the bloodstream to the foetus. We know for sure that if you don't drink alcohol the baby will be healthier. The best advice is not to drink at all during pregnancy.

8. Concern: What should I tell my friends/partner/family when they offer me a drink?

Responses:

- You could suggest mother says, "I am pregnant and drinking alcohol during pregnancy is not safe for my baby. I am sure that you want the best for me and my baby."

9. Concern: I don't really want to stop drinking.

Responses:

- I understand that you do not want to stop, how about trying to stop until we meet again and we will talk about how you feel then. It may not be as hard as you think to make a change.
- You will only be pregnant for XX more weeks; that is not a long time to stop when compared to the lifetime of problems your child might have because of your drinking.

10. Concern: I drink because I have no hope (no job, no money, drinking husband, abuse, depression)

Responses:

- You are the hope for your child. Your child will have a better life if you do not drink while you are pregnant. I will talk to you some more about your problems.

11. Concern: I drank throughout my last pregnancy and my child does not look like the Fetal Alcohol Syndrome baby.

Responses:

- The effects of alcohol are greater with each new pregnancy. The first child may not have as many problems but the second or third child is at greater risk of having problems because you are getting older and alcohol stays in your system longer as you age. You may be drinking more now than you did with your other child (children). Also, even though your child may not have the foetal alcohol face, the damage to the child's brain may still be there.

12. Concern: What if I get asked, "What should I do if I get the urge to drink?"

Responses:

- Remember the coping steps we went over when we talked about risky situations.
- Try practicing those steps until we meet again.
- If you do have a drink, don't be discouraged. Start each day anew and tell yourself that you will not drink today. Take it day by day.
- If you have the urge to drink and you do not drink, reward yourself and be proud that you are doing the right thing for your baby.

13. Concern: What if I get asked, "Do you think I should have an abortion if my baby is already damaged from my alcohol use?"

Responses:

- Having an abortion is a personal choice but it is important to stop drinking now to minimise any problems to your baby.

14. Concern: What must I do if I find a child alone in a house with an adult who is misusing alcohol?

Response:

- You must contact your supervisor. You will need to report the situation and may need to have the child removed temporarily from the home.

15. Concern: Can part time drinking (infrequent) affect the child?

Response: Yes there is no safe amount of alcohol that can be consumed during pregnancy. One episode of heavy drinking at a special occasion like Christmas can have a serious effect. This is called binge drinking.

16. Concern: Does all alcohol including red wine (which people state is healthy if you only drink one or two glasses a day) have a negative effect on the unborn child?

Response: Yes, wine, like beer and hard liquor has alcohol in it and should be avoided during pregnancy. There is no type of alcoholic drink that is safer than any other, they all contain alcohol.

17. Concern: If a woman is a heavy drinker and stops drinking all at once could this affect the unborn baby?

Response: If the woman is a heavy drinker and/or is alcohol dependent, she should stop drinking under the care of a doctor. There can be significant problems with withdrawal that may lead to seizures or other health problems if she stops abruptly and is not supervised in a medical setting. The baby will also go through withdrawal but will be better off the sooner in pregnancy the woman stops drinking.

18. Concern: When women are in labour, they usually have very sharp pains and taking spirits is usually advised.

Response: If the woman takes alcohol for labour pains, the baby is exposed to the alcohol and will go through withdrawal at birth. The baby will be jittery, irritable and have problems sleeping.

19. Concern: If a woman is an alcoholic, how long should she wait after she stops drinking before she tries to conceive?

Response: All women are different. At the very least, she should go through detoxification and treatment before she tries to conceive. She should be under a doctor's care and receive good nutrition and vitamins.

Alcohol Myths

1. Myth: "Hot Stuffs" spirits increases your CD4

Response: Alcohol actually decreases your CD4. On the other hand, exercise increases it.

2. Myth: When you are pregnant you crave alcohol even if you have never touched alcohol before your pregnancy

Response: Most women stop drinking spontaneously when they are pregnant. Pregnant women often report that the smell of alcohol makes them feel sick and they no longer like the taste.

3. Myth: You forget your problems when you drink excessively

Response: You may get temporary relief but we know that excessive use of alcohol interferes with sleep patterns, is bad for your health, and increases anxiety and depression. Alcohol also does not make problems go away but can make them worse.

4. Myth: You enjoy sex more if you drink alcohol

Response: That may be true but you also increase your chances of getting an STI or of having an unplanned pregnancy.

DVD Session: Avoiding Alcohol in Pregnancy 40 minutes

The trainers will guide this session.

Case example: Practising counselling 30 minutes

Role plays: Alcohol Use during Pregnancy

Scenario 1

MM: You are visiting Thandeka, who is 6 weeks pregnant. She has two older children, aged 2 and 5. The 2 year old has been slow to walk and talk. She is unemployed and drinks most days with her friends at the shebeen. In the weeks when grants are given, you hear that she spends the entire week drinking at the shebeen. Initially when you arrive, she is hostile and insists that you leave immediately the moment you mention alcohol. Try to find out what she knows about the dangers of alcohol during pregnancy, and see if you can help her reduce or stop drinking.

Thandeka: You have just found out that you are 6 weeks pregnant. You have two older children, aged 2 and 5. You have noticed that your 2 year old has been slow to walk and talk. You are unemployed and drink 3 to 4 drinks most days with your friends at the shebeen. When you receive the grant, you spend the entire week drinking at the shebeen. You have heard that drinking can be bad for babies, but all your friends who have had children have also drunk throughout their pregnancies and their children seem to be healthy. So you are not sure you believe that alcohol really does too much damage. You do not want to stop drinking. When the MM arrives at your house, you are not keen to talk to her. You get angry with her when she mentions alcohol, and tell her to leave. Eventually you agree to cut down on your drinking to 1 drink a day.

Scenario 2

MM: You are visiting Nkolie, who is 4 months pregnant. This is her first pregnancy. She is a domestic worker. Ask her about her drinking habits, listen to her concerns, and give her the appropriate advice.

Nkolie: You are 4 months pregnant. You do not drink at all during the week because you have a job as a domestic worker, but on weekends you drink between 3 and 5 beers on Friday and Saturday nights with your neighbours. You drink when you want to socialise or feel part of a group. You would like to stop drinking if it will help your baby. But you are afraid that your neighbours will not want to spend time with you on the weekends if you decide to stop drinking with them. After talking to the MM you agree to try to abstain from alcohol.

SESSION 11: Sequencing of Antenatal Home Visits

Time required: 30 minutes

Purpose

- To help the MM plan antenatal home visits to pregnant women and to review what they will be doing during these home visits.

Objectives

- At the end of the session the MM will be able to:
  - Explain how they will determine when to visit pregnant women.
  - Explain what they will be doing during those visits.

Material

- PowerPoint slides
- Board/flipchart and paper
- Markers
- Field guide

Discussion: Sequencing of Antenatal Home Visit — 30 minutes

The trainers will guide this session.

Antenatal Home Visit Outlines – Before Birth

Each Mother will receive a minimum of 4 antenatal visits. The time for these visits depends on how far the pregnancy has progressed when the Mother to Be (MtB) enters the intervention programme. An additional 2 visits will be made for mothers with two or more risk factors.

Antenatal visit 1:

- Building a relationship
- Encourage mother to attend the antenatal clinic

General

- Greet the mother and introduce the intervention programme, explaining when you will visit.
- Has she been pregnant before or is this her first pregnancy?
- Is the father of the child present in the household, - if not is there another partner or person who supports the MtB?
- What is the socio-economic situation?
- Discuss resources in the community and make sure the mother knows what services are available to her.
- Talk about setting goals for next visit. Explain when you will return for the next visit.

Interventions

- What does the mother know about staying healthy throughout her pregnancy- alcohol, diet, smoking?
- Discuss the process of booking at the antenatal clinic and the importance of booking early.
- Blood tests, immunisations, micronutrient supplementation.
- Encourage the MtB to ask her partner to go with her to book and test for HIV.
- Discuss danger signs during pregnancy.

Antenatal visit 2:

- Building a relationship
- Nutrition
- General health
- Alcohol and smoking

General

- Start the session by following up any issues raised in the previous visit.

Interventions

- Find out if the MtB has booked for ANC, and encourage her if she hasn't.
- Find out what the mother knows about diet, work, smoking and drinking during pregnancy and how this relates to her life.
- Stress the link between maternal nutrition and low birth weight babies – explain the life outcomes of low birth weight babies (diabetes, obesity etc.)
- Focus specifically on the danger of alcohol during pregnancy and start the brief alcohol intervention.
- Remind the mother about danger signs in pregnancy.

Explain when you will return for the next visit.

Antenatal visit 3:

- HIV/TB

General

- Start the session by following up any issues raised in the previous visit.

Interventions

- Discuss HIV test results from booking visit.
- What does the MtB know about HIV? Listen and fill in with basic information.
- If HIV negative, educate about how to stay negative.
- If positive discuss PMTCT programme, CD4 count, if on ARVs check knowledge about medication side effects etc.
- Discuss partner situation if his status is known –negative or positive.
- What does MtB know about TB? Ask about history, symptoms and signs, contacts, importance of treatment adherence, prophylaxis, treatment during pregnancy and breastfeeding.
- Ask about and discuss danger signs.

Explain when you will return for the next visit.

Antenatal visit 4:

- Preparing for delivery
- Infant feeding options

General

- Start the session by following up any issues raised in the previous visit.

Interventions

- Talk about signs of labour and when to go to the hospital. Give information about delivery & support during delivery, PMTCT routine.
- Ask about and discuss danger signs.
- Discuss feeding options and choices. Why exclusive breast feeding? Inform about the danger of introducing solids early.
- Stress especially that the mother knows best, respect her intuition, empower the mother to believe in herself when making choices. Tell mother that children do cry for many reasons. Discuss traditional beliefs and try to stress no traditional medicines before 6 months. Stress danger of enemas at any age.
- Discuss family planning options.
- Talk about the importance of mother-child communication and bonding.

Explain when you will return for the next visit.

Two extra prenatal visits will be done if a MtB has two or more of the following risk factors: HIV, TB, excessive alcohol intake, previous LBW child.

Antenatal visit 5 & 6:

- Extra support:
- HIV
- TB
- Alcohol
- Nutrition
- Danger Signs

Intervention

- Do a 24 hour recall to understand what the mother eats. Discuss her diet – what needs to change, what needs to be added, and what is she doing well. Explain why.
- Stress importance of taking vitamins, iron and folate during pregnancy.
- Explain dangers of smoking during pregnancy, and stress importance of stopping.
- Again go through the damage alcohol does to the baby (FAS doll) and also to the mother. If the mother is drinking, establish how much the mother drinks at present and negotiate decreased intake if she can not stop. Do short alcohol intervention.
- If mother is drinking, find out why. Discuss counselling and support structures available in the community. Encourage mother to go for counselling if she is unable to stop drinking. Help her book and go with her for the first counselling session.
- Continue the discussion about HIV from session 3 guided by the mother's knowledge and questions. Discuss partner situation if his status is known – negative or positive.
- If mother is positive, help her to disclose to family or if she has disclosed meet with family members to answer questions and give information.
- Inform about disability grant and the process of application.
- Discuss again the symptoms and signs of TB, importance of prophylaxis for contacts especially children, importance of treatment adherence, danger of MDR and XDR TB, treatment during pregnancy and breastfeeding.
- Ask about and discuss danger signs.

Explain when you will return for the next visit.

SESSION 12: Role Plays - Supporting Mothers to Attend ANC

Time required: 30 minutes

Purpose

- The purpose of this session is to give MM's the opportunity to practise counselling pregnant women about receiving antenatal care.

Objectives

- At the end of the session the MM will be able to conduct antenatal home visits to pregnant women using the communication tools effectively.

Material

- Board/flipchart and paper
- Markers
- Referral Note
- Case study exercises

Role Plays: Home visits during Pregnancy — 30 minutes

Scenario:

MM: You are visiting Zodwa, who is six months pregnant with her first baby. She has not been to book at the clinic yet. She has also never tested for HIV before. Role play a home visit with her.

Zodwa: You are six months pregnant. You tried to book at the clinic, but the queues were so long, that you left. You are feeling very well, and think it is not necessary to attend the clinic. You are scared to test for HIV.

SECTION G
HIV AND AIDS

SESSION 13: Introduction to HIV and AIDS

Time required: 4 hours

Purpose

- The purpose of this session is to give MM trainees an overview of HIV/AIDS and to clear up any uncertainties and misconceptions.

Objectives

- At the end of this session, MM's will:
  - Know the difference between HIV and AIDS and understand how the disease is contracted.
  - Be familiar with terminology as it relates to HIV/AIDS such as 'CD4 count', 'window period', 'VCT' and 'ARV's'.
  - Know that it is possible to prevent HIV transmission from mother to child, and how this is possible.
  - Have cleared up any uncertainties or misconceptions they have previously held about HIV/AIDS.
  - Know that once a person starts ARV medication, they have to take it everyday for the rest of their lives.

Materials

- PowerPoint slides
- White board / flipchart and paper
- Markers

Quiz: An overview of HIV/AIDS 1 hour

FAST FACTS ABOUT HIV AND AIDS

What is HIV?

HIV stands for **H**uman **I**mmuno-deficiency **V**irus. It is called HIV because:

- it infects **humans**;
- it attacks the **immune** system (which is the body's system for fighting off infections and illnesses); and
- it is a **virus** (a type of germ).

HIV attacks a person's immune system and makes it harder for their bodies to fight off germs and illness. This means they are more likely to become ill with many normal illnesses like flu, diarrhoea, and TB than a person who does not have the virus.

Where is HIV in the body?

HIV is only found in human blood and other body fluids such as semen, vaginal fluid, saliva and breast milk.

Can you see when people have HIV?

No. When people are first infected with HIV they can remain healthy for a number of years which makes it impossible to see that they have the virus. However, they can still infect other people with the virus.

What is AIDS?

AIDS stands for **A**cquired **I**mmune **D**eficiency **S**yndrome. AIDS is caused by the HIV virus, which weakens and finally destroys the body's immune (defence) system, making a person vulnerable to having many illnesses at one time. Illnesses which attack the weak immune system are called opportunistic infections. AIDS is a syndrome which is made up of many symptoms of opportunistic infections which vary from person to person.

Who is more likely to get HIV?

Anyone can get HIV. Those most vulnerable to HIV:

- Women (biological, social and economic reasons)
- People with more than one sexual partner in the last 12 months
- People with sexually transmitted infections
- Orphans without anyone to care for them
- Widows who do not have a lot of power in the household

• Men who have sex with men
• Sex workers and their clients

How do you get HIV?

- unprotected sexual intercourse
- from HIV positive mother to her child (in the womb, at birth or sometimes through breast milk)
- blood transfusions
- contact with HIV positive blood through open wounds or broken skin
- sharing contaminated needles or blades

Can you get infected with HIV in any other way?

NO! You can not get HIV through normal everyday contact. HIV is NOT contracted by any of the following ways:

- Hugging
- Kissing
- Sharing a drink or the same spoon to eat with an HIV positive person
- Coughing
- Mosquito bites
- Sweat
- Swimming together with an HIV positive person
- Sharing a room with an HIV positive person
- Shaking hands with an HIV positive person
- Working with an HIV positive person

What is VCT?

VCT stands for '**V**oluntary **C**ounselling and **T**esting.' When you decide to have an HIV test, you should receive counselling and information about HIV both before you have your test and after you receive your results. This counselling should include information about emotional, medical and practical aspects of HIV/ADS so that you are best equipped to deal with your results whether they are positive or negative.

How do people know when they have AIDS?

The only way to properly diagnose AIDS is through a blood test. The symptoms of AIDS are different in different people. When people have AIDS they become ill from many other illnesses and so you cannot tell if someone has AIDS unless they have an HIV test.

How can HIV be prevented?

- practise safe sex (use condoms)
- delay first sexual relationship for as long as possible
- be faithful to one partner
- avoid having many sexual partners at the same time
- treat sexually transmitted infections early
- prevent needlestick injuries; and never use needles that have been used by others
- prevent transmission from mother to child

Can HIV /AIDS be cured?

No. At the moment there is no cure for HIV/AIDS.

Can HIV /AIDS be treated?

YES! There are many medications available to help people who are infected to stay healthier for longer. These are called Antiretroviral Drugs (ARV's). Normally one only starts taking these drugs when your body starts to become weak. If taken properly, ARV's fight HIV directly and give your immune system a chance to become strong again. There are many things you must know before taking ARV's, including that they must be taken everyday for life.

How do you take ARV's?

ARV's are lifelong treatment. You must take three different ARV medicines together. This is called combination therapy or HAART (**h**ighly **a**ctive **a**nti**r**etroviral **t**herapy). Sometimes you can take one pill containing all three ARV's once a day. But often you have to take more than one pill.

Do ARV's work for everyone?

No. Some people start too late and their immune system cannot recover. They start becoming sick with AIDS again. However, ARV's do work for the vast majority of people who become sick with AIDS. It is important to get tested early and have your CD4 cells counted.

Must children take ARV's?

Yes. Children usually take smaller doses than adults. Instead of taking pills, they might take ARV's as a syrup, which is often easier for them. Generally, children progress from HIV infection to AIDS quicker than adults, so they need to start ARV's sooner. Children born with HIV should start antiretroviral treatment as soon as possible.

What happens if you skip taking your ARV's for a while or you stop taking them?

If you miss doses regularly, the virus will learn to defeat the ARV's sooner, and then they will no longer work. When this happens it is called resistance. This is why it is critically important that once a person starts taking ARV's, that they take them every day for the rest of their lives.

Why do people often stop taking their ARV's?

ARV's can cause side effects such as diarrhoea, tiredness and headaches, even if they are taken correctly. This is why many people struggle to take medication. This does not mean that the drugs are not working. If you experience some of these side effects, discuss it with your doctor or clinic sister who will help to manage the side-effects. Always consult your doctor or sister before making any changes to your treatment.

Drinking alcohol, taking drugs, depression and other problems in a person's life, are all things that can make it hard for people to stick to their treatment.

Can a pregnant mother do anything to protect her baby from HIV?

Yes! There is medication available for mothers during pregnancy and at birth which she can take and give to the baby, which can prevent the child from getting infected. (This is covered in further detail in the following sessions).

What can people with HIV or AIDS do to stay healthy for longer?

There are many things a person with HIV can do to stay healthier for longer. Eating enough healthy food and living a healthy lifestyle can make a big difference to keeping your body healthier for longer. (This will be covered in greater detail later in the training). It is also very important to use condoms to prevent re-infection – being infected again will cause you to become sicker more quickly.

Can a healthy diet take the place of ARV's?

No. But people with HIV, whether or not they take ARV's, need to eat well to give the immune system the energy it needs to fight the virus. Be careful of people who claim that particular foods such as garlic or African potato treat AIDS. There is no food that is known to treat AIDS. Eat normal healthy foods. Try to drink as little alcohol as possible or none at all.

If I take ARV's, do I still need to take other medicine?

Yes. People with HIV get sick with diseases called opportunistic infections. They are more likely to get TB and they also get unusual diseases like systemic thrush

(severe fungal infections of the throat, stomach or vagina), cryptococcal meningitis (infection of the brain caused by a fungus) and pneumonia. ARV's do not treat these diseases. You have to take other medicines to treat them. However, ARV's strengthen your immune system and reduce the risk of you getting these diseases.

What can you do to stop passing on HIV to others?
Taking ARV's do not stop you from passing on HIV. If you do not take your ARV's properly you can develop resistance to the drugs, which means you could pass on a drug resistant form of the virus. Or, if your partner is not taking their ARV's correctly, they may re-infect you with a resistant form of HIV. You must use a condom every time you have sex. Be aware that other sexually transmitted infections, such as warts and herpes, as well as genital irritation and menstruation increases the transmission of HIV.

Lecture/Discussion: Understanding HIV/AIDS 1 hour

UNDERSTANDING HIV

HIV is a virus that gets into a person's blood, where it attacks the white blood cells called CD4 cells.

What are CD4 cells?
CD4 cells are cells in the body which help to fight off illnesses like flu, colds and TB. HIV attacks and destroys the CD4 cells, which makes it hard for the body to fight off illnesses.

What is a CD4 count test?
A CD4 count test tells you how many CD4 cells are still working well in your body. A strong immune system has a CD4 count of 500 to 2000. If the CD4 count is below 200 the immune system is very weak, and you have AIDS. You are then at risk of developing an opportunistic infection. It is best to start antiretrovirals before this stage to strengthen your immune system. You should have a CD4 count test every 12 months so that your health worker can monitor your illness and make the best decisions to keep you healthy.

What are ARV's?
ARV's stands for medication called **A**nti**r**etro**v**iral Treatment. If taken properly, ARV's fight HIV directly and give your immune system a chance to become strong again. There are many things you must know before taking ARV's, including that they must be taken everyday for life. A person will only be advised to take ARV's once their immune system is already weak, or if they are showing signs of AIDS. Adults should be advised to start ARV's when their CD4 count drops to 350.

What is a viral load test?
The viral load test measures the amount of HIV virus in the blood. It helps to show how effective the ARV's are in fighting the virus.
VERY IMPORTANT: When a person has been taking ARV's, and the ARV's are working well, you will not detect the virus in their blood anymore. This does not mean that they no longer have the virus. It is still imperative that they take ARV's everyday for the rest of their lives. You should have a viral load test every 6 months.

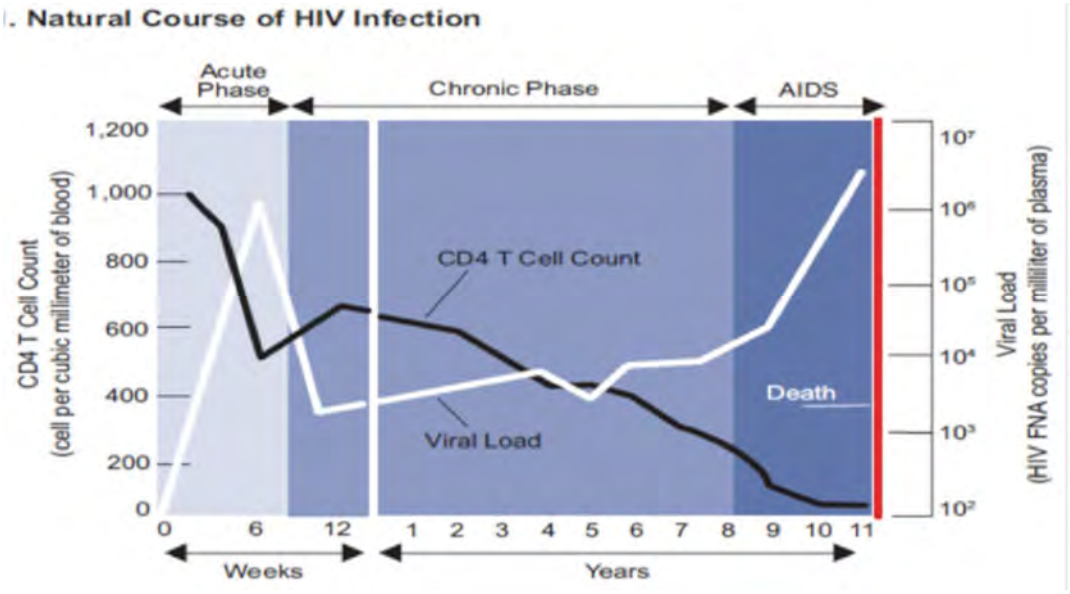
What is the window period?
The window period refers to the 3 month time interval from when a person gets infected to when they test positive on an HIV test. This is because the HIV test looks for antibodies to HIV in the blood, and it takes a few months for the body to produce antibodies.
It is a dangerous time because people can easily pass on the virus thinking they are negative.

What is an opportunistic infection?
An opportunistic infection takes advantage of the fact that the body's normal defences are down, giving it an opportunity to cause disease. Normally, a healthy immune system would fight off these illnesses. Examples of opportunistic infections are TB, thrush, some types of meningitis, diarrhoea and pneumonia.

Stages of HIV infection

As HIV attacks and weakens the body's immune system, the person goes through different clinical stages.

This graph shows the progression of HIV without treatment. As the CD4 count drops over time, the viral load increases, and the symptoms of disease worsen.



Stage 1:

Primary HIV infection

- This starts from the time of infection.
- The virus multiplies rapidly and the person can pass on the virus easily if they do not use a condom,
- The person may feel like they have the 'flu, have swollen glands and a rash.
- Most of the time, a person who has just been infected does not know that they are sick.
- After the time of infection, there may be a period of many years where there are no symptoms, but the CD4 count is gradually dropping.

Stage 2:

Symptomatic phase

This stage is characterised by **upper respiratory infections** and **rashes**.

- Fungal infections, oral ulcers, stomatitis, skin rashes
- Shingles
- Recurrent upper respiratory infections
- Unintentional weight loss

Stage 3:

In contrast to stage 2, this stage is characterised by **lower respiratory infections**, more **serious bacterial infections** and candida (thrush) infections.

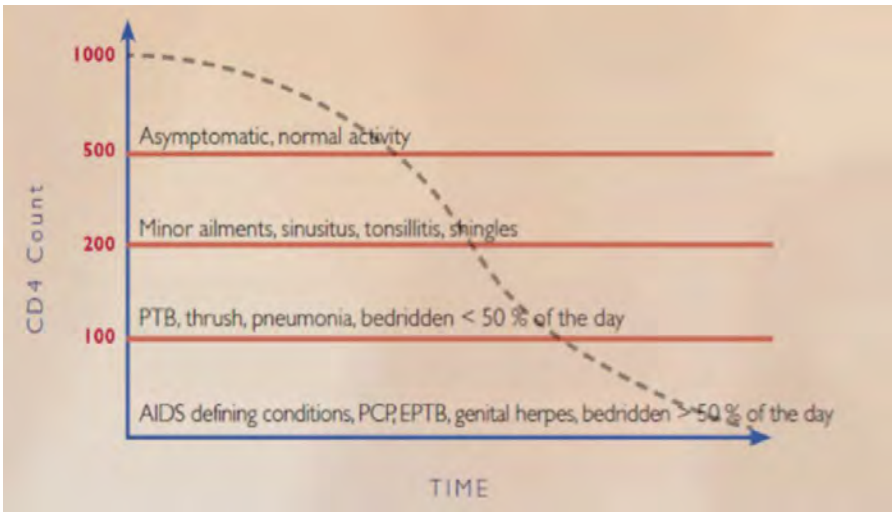
- Oral thrush, persistent vaginal thrush
- Oral hairy leukoplakia (a white infection on the sides of the tongue)
- Chronic diarrhoea
- Pulmonary TB
- Bacterial infections
- Unintentional weight loss

Stage 4:

Onset of AIDS

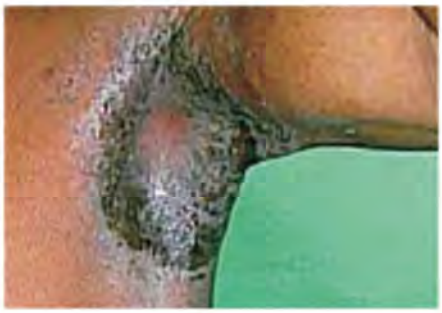
Patients develop opportunistic infections.

- HIV wasting
- Pneumocystis infection of the lungs
- Toxoplasmosis infection, particularly of the brain
- Cryptococcal infection
- Chronic diarrhoea – caused by fungal infections
- Viral infections such as CMV, Herpes
- Extra-pulmonary TB
- Lymphoma, Kaposi's sarcoma
- Recurrent pneumonia
- Severe thrush infections



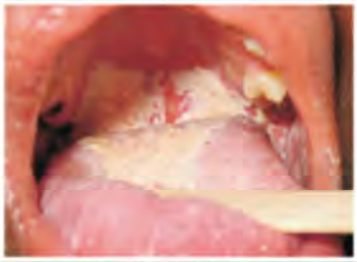
Opportunistic Infections

Seborrhoeic dermatitis



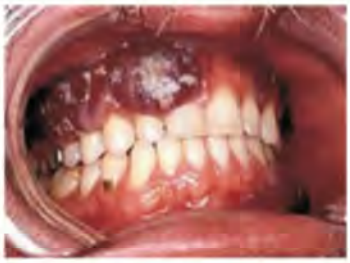
***Seborrhoeic dermatitis*:** This is a very common skin rash that looks scaly and dry (it can sometimes appear yellowish and greasy). Rashes are commonly found in hairy areas and can include the eyebrows, hair margin of the scalp, behind the ears, upper back and groin area. This is treatable.

Oral Thrush



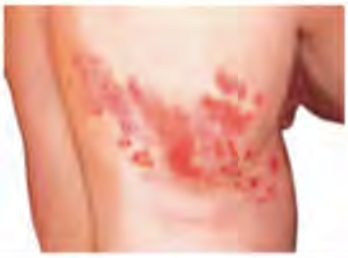
***Oral Thrush*:** Will cause white patches on the tongue and inside the mouth, and may also affect the palate (roof of the mouth). *Oral thrush* can be treated but it is important that it is noticed early so you can start treatment as soon as possible.

Kaposi's Sarcoma



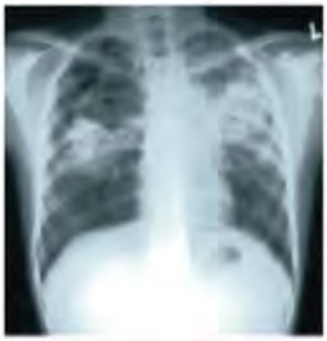
Kaposi's Sarcoma (when it presents in the mouth)*:* You will know if you have this condition because you will have black or dark patches (usually violet in colour) on your gums or on the inside of the top of your mouth. (In the early stages these patches are pink in colour). You will need to see a doctor as soon as possible as this requires early treatment.

Shingles



***Shingles*:** These are painful blisters, which run in a straight line or in a circle, on one area of your body. Once diagnosed, the blisters can be treated but the pain and the scars from the blisters may not go away. Shingles is known as *'ibanda'* (the belt) in many South African communities. Common myths include the notion that if the 'belt' meets or if your pain crosses over the 'belt' you will die. These myths are not true.

TB



TB stands for tuberculosis and is a disease caused by bacteria called *Mycobacterium tuberculosis*. The bacteria can attack any part of your body, but it usually attacks your lungs. TB is spread through the air when people who have the disease cough, sneeze or spit.

TB is the most common **opportunistic infection** among people living with HIV and is a leading cause of death among South Africans who are HIV positive.

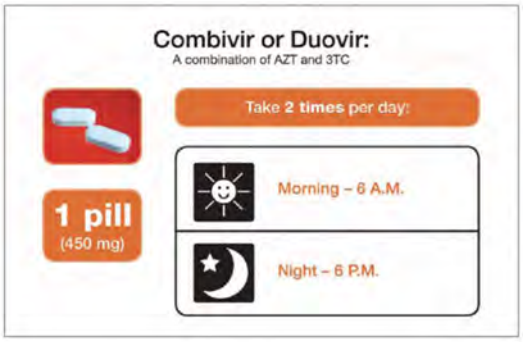
Treatment of HIV

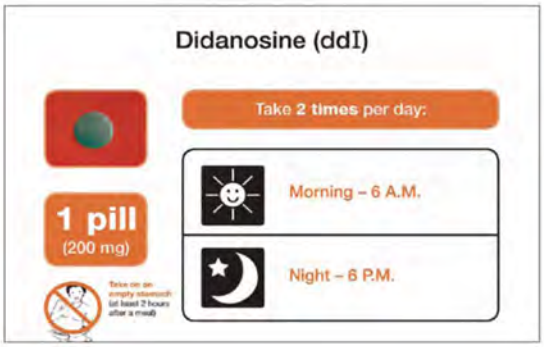
A combination of drugs is used to treat HIV, as the virus quickly becomes resistant to the treatment if only one or two drugs are used.

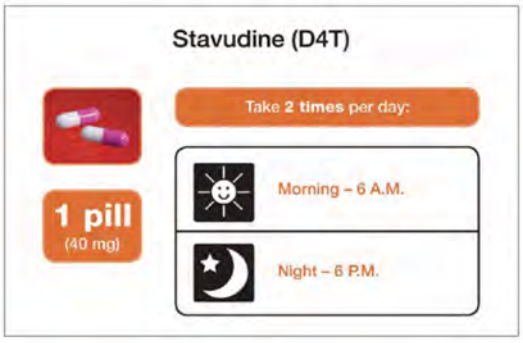
These symbols are used to explain to people how to take their medicines.

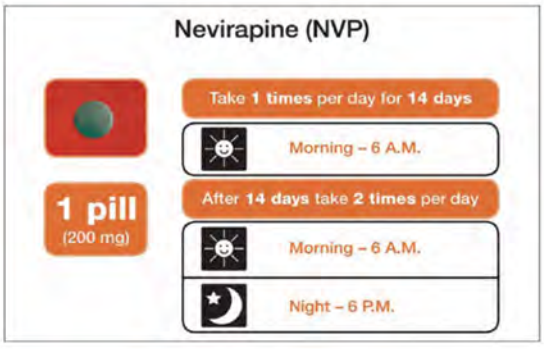
Take the medicine in the morning (a.m.) or evening (p.m.)

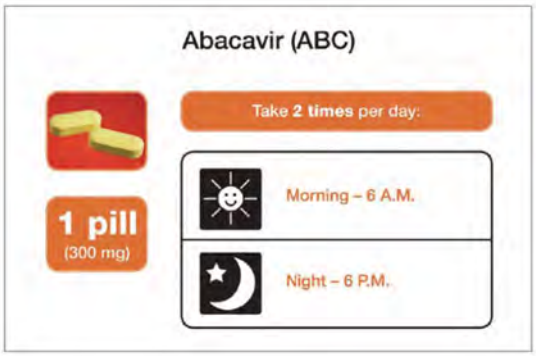
The following medicines are used to treat HIV:

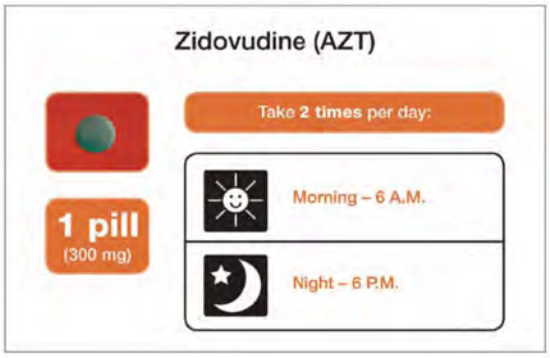


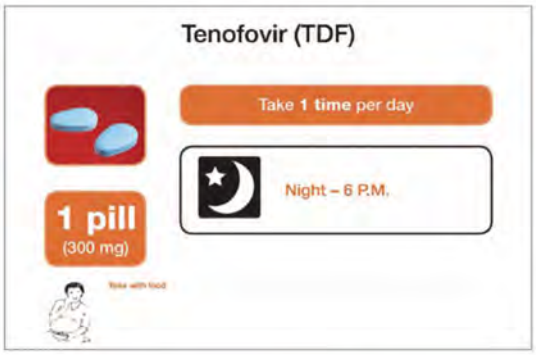


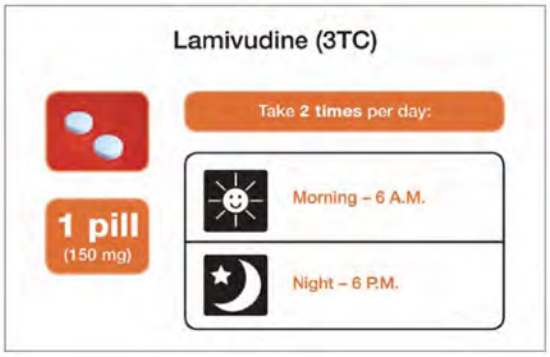


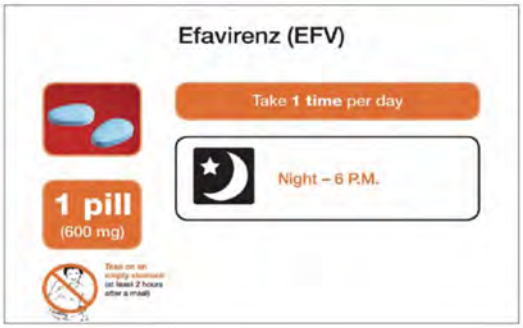


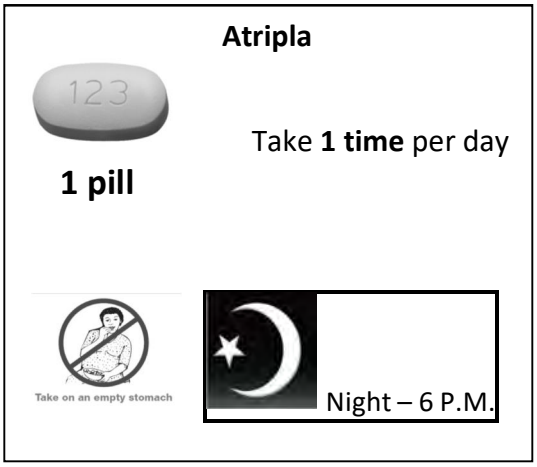


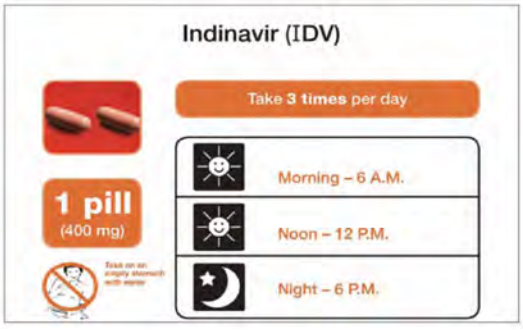












Atripla is a fixed dose combination of Efavirenz, Tenofovir and Emtricitabine. This means you can take all three drugs together in one pill, once a day.

HIV treatment guidelines for adults:

Who	ARVs
All new patients needing treatment, including pregnant women	TDF + 3TC/FTC + EFV/NVP
Currently on d4T based regimen with no side-effects	d4T + 3TC + EFV/NVP
Cannot use TDF (because of problems with the kidneys)	AZT+ 3TC +EFV/NVP

Some common side effects of ARV's are:
skin rashes, fever, nausea, tiredness and burning pain in the feet.

More serious side effects are:
anaemia, liver problems, fat changes, and high cholesterol – these would be detected by blood tests.

Prevention of opportunistic infections

1. TB preventive therapy (prophylaxis).

INH can be used to prevent HIV positive people from becoming sick with TB. It is important to make sure that the person does not have active TB that would require treatment. It is used in patients who are not yet on ARV's.
All HIV positive people with no signs and symptoms of TB, a positive skin test (Mantoux), or contact with a person with TB should get INH prophylaxis. INH is given daily for 6 months, together with the vitamin pyridoxine.

2. Cotrimoxazole prophylaxis.

Cotrimoxazole (Bactrim) is used to prevent pneumocystis pneumonia, toxoplasmosis and diarrhoea. Patients with a CD4 count below 200 or with 2, 3 or 4 stage disease would qualify for treatment. Treatment is stopped when the CD4 count is above 200, or the patient is well. It is safe in pregnancy. The dose is 2 tablets (160/800mg) daily.

3. Fluconazole prophylaxis.

Fluconazole is an anti-fungal drug used to prevent cryptococcal meningitis and also severe thrush infections. It is usually used in patients with very low CD4 counts (below 100), until their CD4 counts are above 200.

Discussion: The Importance of Adherence to Treatment 20 minutes

What is adherence?

Adherence means taking drugs exactly as they are prescribed. This includes taking them at the right time, and not forgetting any doses. **Remember, ARVs need to be taken for the rest of the person's life.** When a person stops taking their ARVs they have defaulted treatment.

Why is adherence important?

Not taking your treatment can mean problems for you and all of the people around you. Without treatment, the virus will continue to multiply and cause disease. You will continue to pass the virus on to sexual partners, or if pregnant, to your baby.
If you do not take the medicines properly, the HIV may become resistant to the drugs, which can make you very ill, and make the HIV very difficult to treat.

What makes adherence difficult?

- All drugs have **side effects** that can make life uncomfortable and make you want to stop taking treatment.
- Using **alcohol** and street **drugs** can also make it difficult to stick to treatment.
- You may feel better and think you do not need the treatment any longer.
- Sometimes you cannot get to the clinic to collect your treatment.
- You may **move away** to another area and need to transfer to a new clinic.

Support for patients on ARVs, and their families, is very important. Mentor mothers can help by providing emotional support, encouragement and giving information when needed.

Disclosure exercise — 30 minutes

Telling other people about personal information is not always easy. In pairs or small groups, get participants to think of something about themselves that is difficult to share with the group members, e.g. something they do not want others to know about them, or something they did that they regret. Take turns in sharing. Afterwards discuss who was able to disclose and who was not. Also discuss how hard it is to disclose something important to you or your reputation.

Activity: Stigma and discrimination — 20 minutes

Discuss the following pictures:

1) The woman in the picture, Marie, is on her way to the market. Her partner was recently diagnosed as HIV-positive. He has been quite ill. Community members suspect that he is HIV-positive.

- What do you think the community members sitting on the chairs are thinking? Why would they think that?
- What do you think Marie is thinking?
- How do you think Marie feels in this situation?
- What are the effects of such thoughts on people living with HIV/AIDS?

2) Look at the pictures and describe what you can see.

What are the results of stigma and discrimination toward people living with HIV/AIDS, their families, and their communities?

3) Negative attitudes about different groups of people can lead to discrimination. For example, Anna is in Grade 7 and is the best performing pupil in her class. Her father recently died of AIDS and her mother and baby brother are HIV-positive.

- What is happening in this picture?
- Why are Anna's classmates treating her this way?
- How do you think Anna feels in this situation?
- How do you think Anna will react to such a situation?

Activity: True or false? Disucss your answers 30 minutes

Statement	Answer
If a person has HIV, their sexual partner also definitely has HIV.	
If two people have HIV it makes no difference if they have unprotected sex or not.	
A mother with HIV will always give birth to an HIV positive baby.	
The main way people get infected with HIV is through having sex without a condom.	
You shouldn't share a plate of food with someone who is HIV positive.	
Breastfeeding an HIV positive baby is bad.	
If you already have a sexually transmitted disease, you are 5-10 times more likely to contract HIV.	
You can not get HIV through ordinary daily contact such as hugging, working together, shaking hands or breathing the same air as someone who is HIV positive.	
You can see if a person has HIV by the way they look.	
Most symptoms of AIDS are symptoms of other diseases too.	
You can get free HIV counselling and testing from your clinic.	
If you follow a healthy eating plan and lifestyle, you can live a healthier life for longer even though you have HIV.	
When taking ARV's, you can stop them when you feel better.	
When you are on ARV's, and the viral load test shows that the HIV virus cannot be detected, it means you are cured.	
If someone insists on using condoms,	

that person is HIV-positive.	

SESSION 14: Nutrition and HIV

Time required: 30 minutes

Purpose

- The purpose of this session is to understand why it is important for HIV positive people to eat a healthy balanced diet.

Objectives

- At the end of this session, MM will understand:
  - What HIV positive people need to eat to remain healthy.
  - Why it is difficult for HIV positive people to eat well.
  - What tips can be given to people who are struggling to eat or gain weight

Materials

- Powerpoint Slides
- Black board / paper flip chart and paper
- Markers

Lecture/Discussion: Nutrition and HIV — 30 minutes

LECTURE CONTENT: Nutrition and HIV

Six Nutritional Messages for people living with HIV

1. Eat a balanced diet

All foods fall into one of the following three groups:

- Body-building foods (protein): beans, soya, peanuts, eggs, meat, fish and chicken.
- Energy-giving foods: maize, millet, rice, potatoes, sugar, oils and fats.
- Foods with vitamins that protect against infections: fruit and vegetables

Try to eat food from each of these groups every day for a balanced diet.
Eat three to five times a day.

2. Eat lots of energy foods to prevent wasting

- Your body needs more energy to fight HIV as well as other infections.
- Foods like pap, bread, rice, potato and mngqusho, as well as fats and oils, contain lots of energy.
- When your body runs out of these energy rich foods it will use up protein (stored in muscle) to get extra energy. If you do not eat enough, you will lose muscle and not fat. This is called wasting.
- Eating enough energy rich foods regularly will prevent your body from losing protein.




3. Eat lots of fruit and vegetables

- Your immune system needs vitamins to function well.

- Your body gets vitamins from fruit, vegetables and meat.

4. Eat at least three meals a day

- It is good if one meal includes some proteins, like soya, beans, lentils, eggs, fish, chicken, meat, liver or offal.

- Try to eat some snacks like fruit, nuts, sour milk, mageu, or peanut butter sandwich in-between meals.

5. HIV causes poor nutrition - poor nutrition makes HIV worse - a vicious cycle

- HIV weakens your immune system.
- HIV reduces absorption of food, which weakens the body's ability to resist all kinds of diseases.
- HIV can interfere with the way your body digests milk products. This can lead to a bloated feeling or diarrhoea after eating milk products, called lactose intolerance.
- Poorly nourished people are much more likely to get severe diarrhoea, TB and other infections.
- Good food helps prevent disease, and also helps the sick body to fight diseases and recover. Don't stop eating when you get sick.
- Women who are pregnant or breastfeeding also need more foods.

6. Drinking alcohol and smoking should be discouraged

- Alcohol like beer, wine and spirits provide some sugars which make you feel full, but provide no real nutrition.
- Alcohol weakens the immune system.
- Heavy drinking is bad for our health, especially for people living with HIV.
- Drinking a lot can make it hard to remember to take your medicines.
- Smokers get more chest infections.
- Smoking reduces your appetite.

Why eating can be hard for people living with HIV

People living with HIV find it difficult to eat enough.
Here are some reasons why HIV positive people eat too little. Knowing about these reasons may help you to overcome them.

- You might be too tired or depressed to cook or to go shopping. There might also be no money.
- You could decide to drink alcohol to forget about HIV instead of eating well.
- You might have loss of appetite or feel like vomiting.
- Food often does not taste good when you are sick.
- You might have a toothache or have sores in the mouth.
- Thrush infection can make it painful to swallow.
- Your liver might be swollen, causing it to press on the stomach. This makes it difficult to eat big meals.
- Medication you are on may cause diarrhoea or loss of appetite.

Nutritional hints for people who have trouble eating or maintaining their weight and strength

Here are a few hints to try and help people who are struggling to eat, to eat more:

- Eat the foods you like eating. Eat the same foods you have always eaten.
- Make meals sociable events.
- Take your time when eating and relax.
- Eat small amounts often. Eat with your fingers when you feel weak.
- Mix vegetable oil, margarine or peanut butter into porridge.
- Eat cooked vegetables. They are easier to eat than raw vegetables.
- Liquid and soft foods (mageu, amasi) are easier to swallow.
- If you have diarrhoea, continue to eat foods that do not irritate you.

- Drink oral rehydration solution (salt, sugar and water) when you have diarrhoea. (There is a detailed section about how to prepare this solution later in the training).
- Take vitamin tablets.
- Go to a clinic for advice and medications for specific problems.

SESSION 15: HIV/AIDS and Pregnancy: Keeping You and Your Child Healthy

Time required: 3 hours

Purpose

- The purpose of this session is to explore why it is important to encourage pregnant women to test for HIV, and what is available from clinics for pregnant mothers with HIV so that they can best protect their unborn children.

Objectives

- At the end of this session, MM's will:
  - Why it is important for pregnant mothers to know their status as early as possible during their pregnancies.
  - Some of the obstacles to disclosure, and possible ways to address them.
  - What is available to help pregnant mothers with HIV prevent passing the disease on to their children. (PMTCT, CD4 counts, and medication).
  - What difficulties prevent mothers from getting tested.

Materials

- PowerPoint slides
- Flip chart and paper
- Markers

Discussion: Knowing your Status and Protecting your Child
90 minutes

1**. Why is it important for pregnant mothers to know if they have HIV?**

- Being well-informed is the first step to taking control of your health and supporting those you care about.
- If a mother is HIV positive, she can get help in the form of both support and medicine to live a longer healthier life with her child.
- A mother who knows her status can take steps to protect her child from getting the virus as well. She can never guarantee that her child will not get HIV because sometimes HIV is transmitted during pregnancy, but this happens infrequently and there is a good chance that if she follows all the clinic's instructions, she will be able to have a healthy baby. Even if a woman is unlucky and her baby does become ill, she can feel good knowing that she did everything she could have to protect her baby.
- If a mother finds out that she is HIV negative, she can take extra precautions (such as always using condoms) to make sure that she stays negative forever.
- A mother living with HIV can choose to share this information with her MM if she wants to, and then the MM will be able to give better support and advice throughout the pregnancy.
- Access to grants from the government.
- You can use condoms and take other steps to make sure you protect others from getting HIV, as well as protecting yourself from being re-infected with HIV.
- Gain support for reproductive health choice and feeding practice choices.
- Improve access to care and support, for example a mother can join a care group or support group for HIV positive women.

2. **What services are available to pregnant mothers living with HIV?**

- HIV testing in pregnancy is part of ANC work-up. Clinics will offer HIV counselling and testing to pregnant mothers, and they will also provide the medical care that expecting mothers and their children will need.
- Counselling will include provision of all information about various treatment options, how treatment works, and how effective it is likely

to be. It will also include information about how to protect your child from getting the virus.

- Women must be given nutritional information (eating well, taking iron and folate) in order to stay healthy. A mother with HIV who is malnourished or underweight is more likely to have an underweight baby who is more likely to get the virus than a stronger healthier baby.
- Expecting mothers with HIV will be given medicines to prevent the baby from becoming infected with HIV. This is called PMTCT (prevention of mother to child transmission).
- **All HIV positive women who are pregnant or breastfeeding should be offered antiretroviral treatment**. This will consist of three antiretroviral medicines taken everyday for the rest of her life. These medicines will help the mother to live a much longer, healthier life, and is the best way to prevent transmission to the baby.

3. What is available to HIV positive mothers after their babies are born?

- Child support grants are available for mothers once their children are born (see more detail about the child support grant in the child health section later on in this training).
- The clinic should test newborn babies for HIV when they are six weeks old. The clinic should use what is called a PCR test. This will test whether there is HIV in the baby's blood.
- Clinics must provide information about how to feed your baby. It is a mother's choice to either give her baby only formula milk or only breast-milk. She should not give both because this increases the chance of her baby getting HIV. (This is further discussed in much detail in the section on 'baby feeding').
- Breastfed babies should be re-tested for HIV 6 weeks after stopping breastfeeding.
- The clinic should test babies for HIV again at 18 months.
- Mothers should take their baby to the clinic if he or she gets diarrhoea.
- If the baby has HIV, the clinic should provide him or her with antiretroviral treatment. Children with HIV progress much more rapidly than adults, and so it is important for all HIV positive babies to begin treatment as early as possible. This can help HIV positive children live much longer and have a more normal life.
- All HIV positive mothers should have been started on ARVs during pregnancy. In the Western Cape all breastfeeding mothers should also be started on ARVs.

Lecture: Prevention of Mother to Child Transmission (PMTCT)
90 minutes

With **no** treatment, **30%** of babies born to HIV positive mothers, will be HIV positive.

With treatment, only **2 – 5%** of babies will be HIV positive.

How is HIV transmitted from mother to child?
There are three ways in which a mother can transmit HIV to her baby:

- during pregnancy
- during childbirth
- through breast feeding

The risk of HIV infection to the baby occurs mostly **during delivery**.
There is a lower risk from breastfeeding and a small risk during pregnancy itself.

<u>During pregnancy</u>
There is a higher chance of passing HIV on to the baby if:

- The mother is infected with HIV just before or during pregnancy
- The mother has advanced AIDS

<u>During childbirth</u>
There is a higher chance of passing HIV on to the baby if:

- The mother has a high number of HIV viruses in her body at the time of delivery (This can happen if she is recently infected or is not taking medicines to decrease the number of viruses)
- If there is a long and complicated delivery

There is less chance if:

- The mother is already on ARV medicines
- The mother is enrolled and committed to the PMTCT programme