

Module 9

Positive Living for Adolescents



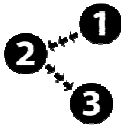
Total Module Time: 180 minutes (3 hours)

Learning Objectives

After completing this module, participants will be able to:

- Define positive living and describe the key components of positive living for ALHIV
- Support ALHIV to achieve and maintain a healthy mind – having a positive outlook toward living and life
- Provide ongoing support and counseling to adolescent clients on maintaining a healthy body
- Provide basic nutritional recommendations to ALHIV and their family members
- Help adolescent clients prevent or recover from alcohol and other substance use problems

Methodologies



- Interactive trainer presentation
- Brainstorming
- Large group discussion
- Small group work
- Case studies
- Role play

Materials Needed




- Slide set for Module 9
- Flip chart and markers
- Tape or Bostik (adhesive putty)
- Participants should have their Participant Manuals. The Participant Manual contains background technical content and information for the exercises.

Resources



- Food and Nutrition Technical Assistance (FANTA) Project. (2004). *HIV/AIDS: A guide for nutritional care and support*. Available at: http://www.fantaproject.org/downloads/pdfs/HIVAIDS_Guide02.pdf
- World Health Organization. (2007). *Chronic HIV care with ARV therapy and prevention: Integrated management of adolescent and adult illness, interim guidelines for health workers at health centre or district hospital outpatient clinic*. Geneva, Switzerland: WHO. Available at: http://www.who.int/hiv/pub/imai/Chronic_HIV_Care7.05.07.pdf

	<ul style="list-style-type: none"> World Health Organization, HIV/AIDS Program. (2008). <i>Essential prevention and care interventions for adults and adolescents living with HIV in resource-limited settings</i>. Geneva, Switzerland: WHO. Available at: http://www.who.int/hiv/pub/prev_care/OMS_EPP_AFF_en.pdf
--	--

Advance Preparation	
	<ul style="list-style-type: none"> Read through the entire module and ensure that all trainers are prepared and comfortable with the content and methodologies. Exercise 1 requires advance preparation. Review the appendices so that you can refer to them and integrate them into your presentation.

Session 9.1: Supporting ALHIV to Live Positively and Maintain a Healthy Mind

Activity/Method	Time
Interactive trainer presentation, brainstorming, and large group discussion	25 minutes
Questions and answers	5 minutes
Total Session Time	30 minutes

Session 9.2: Supporting ALHIV to Live Positively and Maintain a Healthy Body

Activity/Method	Time
Interactive trainer presentation, brainstorming, and large group discussion	60 minutes
Exercise 1: Supporting ALHIV to Live Positively: Case studies and large group discussion	20 minutes
Exercise 2: Planning a Presentation on Living Positively: Small group work and large group discussion	55 minutes
Questions and answers	5 minutes
Review of key points	10 minutes
Total Session Time	150 minutes

Session 9.1

Supporting ALHIV to Live Positively and Maintain a Healthy Mind



Total Session Time: 30 minutes



Trainer Instructions

Slides 1-4

Step 1:

Begin by reviewing the Module 9 learning objectives and the session objectives, listed below.

Step 2:

Ask participants if there are any questions before moving on.

Session Objectives

After completing this session, participants will be able to:

- Define positive living and describe the key components of positive living for ALHIV
- Support ALHIV to achieve and maintain a healthy mind – having a positive outlook toward living and life



Trainer Instructions

Slides 5-8

Step 3:

Start by asking participants to brainstorm what is meant by the phrase “positive living.” Record answers on flip chart and then present the definition and formula for positive living from the content below.

Ask participants about some of the ways they can share information about positive living with adolescent clients. Remind participants that adolescents learn best from their peers and when information is presented in different ways.

Step 4:

Tell participants that this session reviews all of the ways that health workers can support adolescents to have and maintain a healthy mind. The next session will focus on supporting adolescents to have and maintain a healthy body.



Make These Points

- The concept “positive living” encompasses not only maintaining one’s physical health but also taking care of one’s mind and soul.
- Health workers should routinely address positive living with their adolescent clients, using a variety of channels. As ALHIV develop and grow, so does their need for information about staying healthy.

What is Positive Living?

- **Positive living includes:**
 - Keeping one’s mind healthy (having a positive outlook toward living and life)
 - Keeping one’s body healthy
 - Keeping one’s soul and spirit healthy (for example, the things we do to feel good on the “inside” and to feel a sense of peace and contentment)
 - Living responsibly with HIV and preventing new HIV infections
- ALHIV can live full and healthy lives if they take care of themselves, access care and treatment, and feel supported to make healthy choices. This includes feeling supported by health workers at the clinic and also by caregivers and family members.
- Health workers play a key role in helping ALHIV live positively and follow the “**recipe for positive living**” (see box below).

Recipe for positive living:

KNOWLEDGE + DETERMINATION TO LIVE

with actions for a

HEALTHY MIND + HEALTHY BODY + HEALTHY SOUL

= A LONG, HEALTHY LIFE

Source: Orr, N.M. (2004). *Positive health*. Cape Town: Double Storey Books.

Because adolescent clients’ questions about and understanding of living with HIV changes over time, it is important that health workers talk to them about topics related to positive living on an ongoing basis.

Information on positive living should be communicated often and through multiple channels, such as:

- Individual counseling sessions
- Individual health education sessions
- Group health education sessions (with adolescents alone, caregivers alone, or mixed groups)
- Support group meetings
- Youth-friendly written materials (such as flyers, brochures, and books)
- TV shows or videos about living positively
- Web sites and youth-friendly Internet resources (see *Appendix 9A: Web Resources for ALHIV* for a list of web-based resources on positive living that are geared toward young people)



Trainer Instructions

Slides 9-14

Step 5:

Ask participants to think about earlier modules taught on this course. Ask:

- *What are some of the ways health workers can support adolescents to have and maintain a healthy mind (meaning that they have a positive outlook toward living and life)?*

If needed, provide hints to encourage them to think about topics covered in previous modules (for example, peer support, psychosocial assessment and support, mental health support, and adherence and disclosure support).

Introduce other ideas as well, including encouraging adolescents to stay in school and to participate in any cultural, spiritual, or religious activities and rituals that comfort them.

Step 6:

Discuss life skills. Start the discussion by asking participants:

- *What do you think we mean by the term “life skills?”*
- *What are some of the most important life skills for ALHIV to have?*
- *What role can health workers play in linking adolescent clients with life skills training and support?*

Present the information on life skills and encourage discussion of ways health workers can support adolescents to develop these skills. Remind participants that while it is unlikely that health workers will conduct life skills training in the clinical setting, they should recognize the importance of life skills training and support for their adolescent clients and make needed referrals to community-based life skills training and support programs.



(optional) Ask the adolescent co-trainer to share some of his or her ideas on how health workers can support adolescent clients to have and maintain a healthy mind as part of positive living.



Make These Points

- Although adolescents ultimately have to reach within themselves to ensure that their minds are healthy, there is a lot health workers can do to help them find and maintain emotional and psychosocial health.
- There are many ways health workers can help adolescents maintain a healthy mind, meaning that they have a positive outlook toward living and life. First, health workers should strive to build trusting, positive, and respectful relationships with their adolescent clients. Next, health workers can recommend and connect ALHIV to peers and peer support groups; they can provide psychosocial support; they can be alert to mental health and substance abuse problems and provide referrals accordingly;

they can provide disclosure and adherence support; they can encourage adolescents to stay in school and/or pursue a career; and they can encourage ALHIV to maintain their spiritual or religious practices.

- Life skills education can help adolescents develop into stronger, more aware, and more caring human beings who are equipped to cope with the demands and pressures of everyday life and living with HIV. Developing life skills helps adolescents to assess risks and to make decisions that will lead to positive outcomes and a better, healthier life.

Supporting Adolescents to Have Healthy Minds and a Positive Outlook

Health workers should always try to build trusting, positive, and respectful relationships with their adolescent clients.

Ensure that ALHIV have access to adolescent-specific support groups and peer support (see Module 5)

- Health workers should take part in creating and facilitating peer support groups in the clinic and should also link ALHIV with any existing support groups.
- Peer support can engage and help support the psychosocial needs of ALHIV. It can also help improve their access and adherence to HIV prevention, care, and treatment services.

Ensure that psychosocial support (see Module 5) and mental health referrals (see Module 6) are part of comprehensive HIV care and treatment

- ALHIV face additional challenges and stressors as a result of living with a chronic, highly stigmatized disease. It is important that health workers conduct routine psychosocial assessments and provide needed psychosocial support as an integral part of HIV care and treatment. Adolescents will likely need extra support during challenging times, like when they are preparing to disclose their status, when they lose a loved one, when they face discrimination, etc.
- Health workers should watch out for the presence of mental health problems, including substance abuse, among their adolescent clients, and provide needed referrals and support as needed. Health workers should be able to recognize when an adolescent may be in danger or may have a severe mental illness requiring immediate, emergency steps.

Ensure that adequate attention is paid to ongoing disclosure support for ALHIV and their caregivers (see Module 7)

- Disclosure is a process and not a one-time event. Both ALHIV and caregivers need ongoing support on issues related to disclosure.
- Health workers can help ALHIV overcome their fear of disclosure to others by helping them see the advantages of having trusted people know their status. They can also help them decide whom to disclose to, when, and where; to weigh the advantages and disadvantages of disclosure; and to help them anticipate likely responses.

Ensure that ALHIV and their caregivers receive ongoing adherence support (see Module 8)

- There are many barriers and challenges to retaining adolescents in care and to supporting them to adhere to their ART regimen. Although health workers may not be able to address all of a client's barriers to adherence, there are many factors that can be addressed, including minimizing health service barriers by improving the quality of counseling and ensuring access to youth-friendly services.

- There is no one specific way to monitor adherence. Instead, the best way is to use many different methods, including routine adherence assessment, ongoing adherence counseling, review of clinical and laboratory records, pill count, etc. When helping clients and caregivers prepare for ART, always address the WHO, WHAT, WHEN, WHERE, and HOW of the medications.

Encourage ALHIV to go to and stay in school

- Adolescents who stay in school will have more opportunities in the future.
- In addition to building academic skills, school also provides adolescents with a chance to make friends and develop life skills.

Talk with ALHIV about their spiritual, religious, and cultural beliefs and practices

- Health workers should encourage both ALHIV and their families to continue their regular spiritual, religious, and cultural practices.
- For ALHIV who have grown up with a spiritual and/or religious element in their family or community, this can be a further source of support and counseling to help them face issues related to mental health, disclosure, and positive living.

Encourage ALHIV to develop life skills to help them live positively with HIV (see below).

Supporting Adolescents to Develop Life Skills

Having life skills helps adolescents be confident, knowledgeable, and able to take responsibility for their own lives. Life skills education can help adolescents develop into stronger, more aware, and more caring human beings who are equipped to cope with the demands and pressures of everyday life and living with HIV. Developing life skills can also help adolescents assess risks and make decisions that will lead to positive outcomes and a better, healthier life.

There is no definitive list of life skills, but a sample list is included in Table 9.1 below. This list encompasses psychosocial and interpersonal skills that are generally considered important for adolescents as they grow, develop, and manage their chronic illness.

Health workers are not responsible for teaching adolescent clients all of these life skills, but they should:


- Keep them in mind when working with adolescents and providing them with psychosocial support
- Encourage life skills trainings and discussions as part of peer activities and support groups
- Link their adolescent clients, when possible, with formal or informal life skills trainings, such as those offered by youth groups, schools, and faith- or community-based organizations

See *Appendix 9B: Life Skills Training Resources* for more information.

Table 9.1: Examples of adolescent life skills

Communication and Interpersonal Skills	Decision-making and Critical Thinking Skills	Coping and Self-Management Skills
<p>Interpersonal communication skills:</p> <ul style="list-style-type: none"> • Verbal communication • Non-verbal communication • Expressing feelings • Giving and receiving feedback <p>Negotiation/refusal skills:</p> <ul style="list-style-type: none"> • Negotiation and conflict management • Assertiveness skills • Refusal skills <p>Empathy:</p> <ul style="list-style-type: none"> • Ability to listen and understand another’s needs and circumstances and express that understanding <p>Cooperation and teamwork:</p> <ul style="list-style-type: none"> • Expressing respect for others’ contributions and styles • Assessing one’s own abilities and contributing to the group <p>Advocacy skills:</p> <ul style="list-style-type: none"> • Influencing skills and persuasion • Networking and motivation skills 	<p>Decision-making and problem solving skills:</p> <ul style="list-style-type: none"> • Information gathering skills • Evaluating future consequences of present actions for self and others • Determining alternative solutions to problems • Analysis skills related to the influence of values and attitudes on motivation (of self and others) <p>Critical thinking skills:</p> <ul style="list-style-type: none"> • Analyzing peer and media influences • Analyzing attitudes, values, social norms, and beliefs and factors affecting these • Identifying relevant information and sources of information 	<p>Skills for increasing internal locus of control:</p> <ul style="list-style-type: none"> • Self-esteem/confidence-building skills • Self awareness skills, including awareness of rights, influences, values, attitudes, strengths, and weaknesses • Goal-setting skills • Self-evaluation, self-assessment, and self-monitoring skills <p>Skills for managing feelings:</p> <ul style="list-style-type: none"> • Anger management • Dealing with sadness, grief, and anxiety • Coping skills to deal with loss, abuse, illness, and trauma <p>Skills for managing stress:</p> <ul style="list-style-type: none"> • Time management • Positive thinking • Relaxation techniques

Source: UNICEF. (2004). *Which skills are life skills?* Available at: http://www.unicef.org/lifeskills/index_whichskills.html

	<p>Trainer Instructions Slide 15</p>
<p>Step 7:</p>	<p>Allow 5 minutes for questions and answers on this session.</p>

Session 9.2

Supporting ALHIV to Live Positively and Maintain a Healthy Body



Total Session Time: 150 minutes (2 hours, 30 minutes)



Trainer Instructions

Slides 16-17

- Step 1:** Begin by reviewing the session objectives listed below.
- Step 2:** Ask participants if there are any questions before moving on.

Session Objectives

After completing this session, participants will be able to:

- Provide ongoing support and counseling to adolescent clients on maintaining a healthy body
- Provide basic nutritional recommendations to ALHIV and their family members
- Help adolescent clients prevent or recover from alcohol and other substance use problems



Trainer Instructions

Slides 18-22

- Step 3:** Post 2 flip chart papers on either side of the training room, both labeled “POSITIVE LIVING: HEALTHY BODY.” Quickly break participants into 2 teams and give each team markers. Ask each team to spend 5 minutes brainstorming answers to the following question, recording their ideas on one of the flip charts.
- *What are some of the ways that health workers can support adolescents to have and maintain a healthy body?*
- After 5 minutes, ask the 2 teams to compare their responses and fill in as needed from the content in Table 9.2. Briefly discuss the unhealthy practices that health workers should help ALHIV avoid.
- Remind participants that behavior change takes time, self-confidence, and a supportive, enabling environment.
- Step 4:** Next, ask participants:
- *What do you think we mean by “positive prevention?”*
 - *What are some examples of “positive prevention?”*

Write responses on flip chart and fill in using the content below. Remind participants that many of these topics will be included in Module 10: Sexual and Reproductive Health.



(optional) Encourage the adolescent co-trainer to give specific inputs on the challenges ALHIV face with positive living and positive prevention, as well as the things health workers can do to help support them.



Make These Points

- Health workers should actively encourage ALHIV to live healthy lives. Examples of healthy living include using condoms in combination with an additional family planning method, going to all clinic appointments, taking prescribed medicines exactly as recommended, staying active, making friends, getting enough rest, eating healthy foods, and exercising regularly.
- Habits ALHIV should avoid include drinking alcohol, taking drugs, smoking, and eating poorly.
- “Positive prevention” refers to preventing the further transmission of HIV. Positive prevention includes disclosing to sexual partners, practicing safer sex, and accessing PMTCT interventions.
- Education and counseling on positive living may not result in immediate behavior change among adolescent clients. Changing behavior takes time, self-confidence, and a supportive environment!

Key Points for Positive Living

Healthy behaviors

Health workers should actively encourage ALHIV to live healthy lives. Some of the activities that constitute “living healthfully” or “living positively” are summarized in Table 9.2.

Table 9.2: Positive living

“Living positively” with HIV includes...
Health care
<ul style="list-style-type: none"> • Going to the hospital or clinic for checkups, lab tests, and to pick up medicines — never miss an appointment
<ul style="list-style-type: none"> • Taking medicines the right way (at the right time, the right number, etc.)
<ul style="list-style-type: none"> • Informing health workers if taking any traditional remedies or supplements
<ul style="list-style-type: none"> • Telling a nurse or doctor if there have been any health-related changes, even small ones
Sexual health
<ul style="list-style-type: none"> • If sexually active, using condoms and practicing safer sex every time; using a family planning method in addition to condoms (dual protection)
<ul style="list-style-type: none"> • Going to the clinic for pregnancy testing, counseling, early antenatal care, and PMTCT services if pregnancy is suspected or confirmed
<ul style="list-style-type: none"> • Getting screened for STIs and getting immediate treatment for self and partner
Staying active and socially engaged
<ul style="list-style-type: none"> • Doing physical exercise (walking, jogging, and light household chores) to build muscles, reduce stress, and improve appetite
<ul style="list-style-type: none"> • Staying socially engaged: making new friends and accessing peer support through youth clubs, sports teams, and/or after-school clubs; joining an ALHIV association; talking about things openly
<ul style="list-style-type: none"> • Staying in school/at work and prioritizing education/career
Rest
<ul style="list-style-type: none"> • Getting enough rest
<ul style="list-style-type: none"> • Sleeping and resting under an insecticide-treated mosquito net if in a malarial area
Personal hygiene
<ul style="list-style-type: none"> • Washing hands with soap often, especially: <ul style="list-style-type: none"> • After using the toilet, touching the genitals, or touching any body fluid • Before preparing food or eating • After sneezing or coughing • After handling garbage • After touching animals
<ul style="list-style-type: none"> • Bathing regularly
<ul style="list-style-type: none"> • Practicing good hygiene during menstrual period: <ul style="list-style-type: none"> • Changing sanitary pads or cloths regularly • Washing hands before and after changing sanitary products • Bathing daily during monthly period (note: there is never a need to clean inside the vagina, not even during the monthly period) • Safely disposing (by putting into a pit latrine or burning) or washing used sanitary pads/cloths
Oral health
<ul style="list-style-type: none"> • Keeping your mouth clean by brushing teeth, mouth, and tongue at least twice a day
<ul style="list-style-type: none"> • Treating severe oral lesions with gauze soaked in salt water to clean the mouth

Nutrition
<ul style="list-style-type: none"> • Eating enough healthy food and taking multivitamins • Drinking at least 8 glasses (250 mls/glass) of clean water each day. It is important to ensure that drinking water is clean – depending on what is locally available, this may include boiling or filtering water, treating water with chlorine tablets or liquid, or placing water in plastic bottles out in the sun for a day.
Food hygiene
<ul style="list-style-type: none"> • Washing food preparation, cooking, eating, and storage utensils with soap and water (hot water is best, if available) • Washing raw fruits and vegetables well with clean water • Covering food to prevent both flies and dust from contaminating it; not storing raw and cooked foods together • Eating food as soon as it is cooked and not storing leftovers unless they can be kept in a refrigerator or a cool place • Cooking food thoroughly, particularly meat, poultry, and fish (meat should have no red juices), but remember that overcooking vegetables causes them to lose nutritional value • Keeping the house and compound clean — getting rid of any still water; keeping garbage covered and disposing of it at least once per day • Keeping all food preparation surfaces clean. Use a germ-killing bleach solution (like Jik, Gentian Violet, or whatever bleach is locally available) diluted with water to keep household surfaces clean. Note that the bleach to water ratio may change, depending on the brand of bleach.

Unhealthy behaviors

Health workers should talk with ALHIV about avoiding practices or behaviors that are not healthy. These include:

- Drinking alcohol
- Smoking cigarettes
- Using drugs (marijuana, *khat*, heroin, glue, prescription drugs, etc.)
- Having unsafe sex
- Sharing medicines, stopping medicines without talking to a doctor, or missing medication doses
- Taking traditional medicines that have not been discussed with a doctor or nurse
- Missing appointments at the clinic
- Not eating enough healthy foods or eating too many sugary or fatty foods
- Avoiding social contact, staying alone too much, and being inactive

Remember: Education and counseling on positive living may not result in immediate behavior change among adolescent clients. Changing behavior takes time, self-confidence, and a supportive environment! Be sure to praise clients when they recognize the need to change their behaviours and for even the smallest efforts to adopt healthier behaviors.

Helping Clients Practice Positive Prevention

Positive prevention is a key component of positive living. Health workers should help ALHIV understand how to prevent the further spread of HIV to sexual partners and children. Positive prevention includes:

- Partner disclosure and testing
- Sexual risk reduction and sexual health (see Module 10)
- Prevention and treatment of STIs (see Module 10)
- PMTCT (see Module 11)
- Prevention of blood-borne HIV transmission, including transmission through injecting drug use or sharing sharp instruments to cut or pierce the skin



Trainer Instructions

Slides 23-26

Step 5:

Ask participants to comment on the nutritional challenges they see in adolescent clients. Use these questions to guide the discussion:

- *What are the common nutritional challenges you see in adolescent clients (and their families)?*
- *Other than lack of food/money to buy food, what are some of the common challenges adolescents have with good nutrition (for example, eating a lot of “junk food”)?*
- *What does it mean to eat a “balanced diet?”*

Review the common nutritional issues for adolescents from the content below and discuss the importance of eating a balanced diet, referring participants to *Appendix 9C: Basic Food Groups*.



(optional) Ask the adolescent co-trainer to comment on the challenges ALHIV face eating well and what he or she thinks health workers can do to support good nutrition among adolescent clients.



Make These Points

- Health workers should provide regular weight and nutrition monitoring as part of routine care for ALHIV.
- In addition to the challenges their families face in eating healthfully, ALHIV typically face further barriers to good nutrition, including erratic eating patterns and loss of appetite.
- Encourage ALHIV to avoid eating “junk foods” — they cost a lot of money and have little nutritional value.
- It is particularly important for ALHIV to eat a “balanced diet,” which means eating a variety of foods from each of the 3 food groups.

Review of General Nutrition Information¹

It is critically important that health workers provide regular weight and nutrition monitoring as part of ALHIV's routine care.

Common nutritional issues for adolescents:

- Many adolescents — especially the most vulnerable adolescents like orphans, street youth, and others — face food insecurity.
- Many adolescents develop bad eating habits, such as eating a lot of “junk food” (see box below), skipping meals, and having erratic eating patterns because of busy lifestyles.
- Some ARVs may cause adolescents to lose their appetite and some may cause changes in physique, such as lipodystrophy.

Junk food

Sometimes when adolescents are very busy or do not have time to prepare food, they (and their families) eat pre-prepared foods and “junk foods.” Health workers should help clients understand why they should avoid “junk foods,” like soft drinks, sweets, and potato chips/crisps — they cost a lot of money and have little nutritional value. It is always best to eat fresh, natural foods, which are also usually cheaper than packaged and pre-prepared foods.

Eating a “balanced diet”

Eating a “balanced diet” means eating a variety of foods from each of the 3 food groups (see *Appendix 9C: Basic Food Groups*) and eating enough food every day. It is always best to eat foods grown at home or produced locally instead of eating foods that have been imported or processed, which do not have as many nutrients.

For additional information on healthy eating for people living with HIV, see the “Resources” section on the first page of this module and also refer to your national nutrition and HIV guidelines.



Trainer Instructions

Slides 27-35

Step 6:

Ask participants to discuss these questions.


- *What do you think health workers can do to help ALHIV and their caregivers/families eat well?*
- *What nutrition-related recommendations can health workers give ALHIV and their caregivers?*

Fill in using the content below and in the slides.

Step 7:

Provide a brief overview on conducting a nutritional assessment, referring participants to *Appendix 9D: Key Components of a Nutritional Assessment*.

Step 8:	<p>Ask participants:</p> <ul style="list-style-type: none"> • <i>What nutritional and eating problems do you see in your adolescent clients (such as anemia, loss of appetite, taste changes, etc.)?</i> • <i>How do you manage these problems?</i> <p>Refer participants to <i>Appendix 9E: Nutritional Management of Common Symptoms Related to Advanced HIV Infection</i>. As time allows, use the information in the appendix to briefly discuss how nutritional interventions combined with ART may help with certain symptoms and illnesses.</p>
Step 9:	<p>Finally, discuss how health workers can advise clients who lack access to food. Ask:</p> <ul style="list-style-type: none"> • <i>What do you do if adolescents and their families do not have enough food to eat?</i> • <i>What are some specific strategies that could work in your setting?</i>
Step 10:	<p>Fill in anything that participants left out during the previous discussion to make sure that important aspects of nutritional assessments and provision of nutritional counseling have been covered. Remind participants that for more information, they should refer to international and national nutrition guidelines for PLHIV.</p>



Make These Points

- ALHIV should eat a well-balanced diet that includes a variety of fresh foods from all 3 of the food groups.
- Health workers need to monitor nutritional and health status by weighing their adolescent clients at each visit, comparing their weight to age norms (weight/BMI for age), recording their weight in the patient chart, and looking for and asking about changes.
- Management of many HIV-related signs and symptoms — such as diarrhea, nausea, vomiting, mouth and throat sores, and loss of appetite — can be supported with food-based interventions (in combination with ART).
- Many clients do not eat enough due to a lack of food or insufficient funds to purchase enough foods. Health workers will need to be prepared to provide advice and referrals to these clients.

General Nutrition Recommendations for ALHIV

Health workers can counsel and educate adolescent clients and their family members about good nutrition. Advise them to:

- Eat a well-balanced diet that includes a variety of fresh foods and that is based on what is locally available and affordable. See *Appendix 9C: Basic Food Groups*.

- Make “energy giving foods” (“GO” foods/starches) the biggest part of every meal.
- Eat “body building foods” (“GROW” foods) with every meal. Whenever possible, a meal should contain some meat, fish, or other foods from animals. When properly combined, plant proteins (beans, peas, soya beans, peanuts, and other nuts) also provide good quality protein.
- Eat “protective foods” (“GLOW” foods), which include all kinds of fruits and vegetables, every day.
- Use fats and oils in moderation.
- Avoid junk food and processed foods.
- Increase caloric intake, especially with “GO” and “GROW” foods.
 - Asymptomatic ALHIV may need 10–15% more energy intake than people without HIV.
 - Symptomatic ALHIV require between 20–30% more energy intake — this translates to another full meal each day or 2–3 additional snacks.
- Try to eat small meals frequently and have a regular meal schedule (remember, adolescents often have erratic eating patterns due to their busy lives).
- Have their weight routinely monitored and recorded. If there are changes or other indications of nutritional problems, the health worker should conduct a nutritional assessment (see next section).
- Receive nutritional education and counseling (along with their caregivers) as a part of all HIV care appointments.
- Take a daily multivitamin supplement as a routine part of care in order to prevent micronutrient deficiencies.

Many of the activities listed above in Table 9.2 will enhance appetite (for example, exercising), aid digestion (for example, drinking plenty of water), and prevent food-related illness (for example, practicing good food hygiene).

Conducting a Nutritional Assessment

Health workers should follow their national guidelines and be sure to:

- Weigh adolescent clients at each visit, record their weight in the patient chart, plot it on a growth curve (for adolescents who are not yet full grown), and look for and ask about changes.
- Conduct anthropometric, clinical, and dietary (and biochemical, where available) assessments regularly.

A summary of key anthropomorphic assessments and their interpretations is included in *Appendix 9D: Key Components of a Nutritional Assessment*.

Weight monitoring

It is important to weigh **EVERY** client at **EVERY** visit. Their weights should be plotted on growth curves (or at least recorded in a table) for easy comparison with previous weights.

Even adolescents who have stopped growing and adults need to be weighed at every visit!

The goal of nutritional assessments is to determine if nutritional problems exist and, if so, the severity and probable causes. Health workers should consider the high incidence of food insecurity for families in the region, especially those affected by HIV. Every nutritional assessment should include a discussion of the ability of the client and his or her family to buy or grow enough healthy foods to eat. Nutritional counseling, education, and advice should always be adapted to the realities of a particular client’s situation.

Common Nutritional and Eating Problems and Advice for Adolescent Clients and Caregivers

Health workers should try to support adolescent clients with nutritional problems and work with them and/or their caregivers to address these problems with home-based nutrition interventions. Prompt treatment of symptoms can support clients to adhere to their care and treatment plan, including ART, which in turn can prevent or reduce many symptoms.

See *Appendix 9E: Nutritional Management of Common Symptoms Related to Advanced HIV Infection* for more information.

What to Do When Clients and Families Do Not Have Enough Food

One of the most common challenges ALHIV and their families face is lack of food. Some ways health workers can help ALHIV and their families get or grow enough good foods to eat are:

- Provide practical counseling and education on good nutrition, gardening, purchasing locally available foods, and how to store and prepare food.
- Make sure clients take multivitamins.
- Work with the rest of the multidisciplinary team to establish formal linkages between the clinic and agricultural and food support organizations, including by initiating food distribution to clients at the health facility level.
- Link clients with agricultural support programs, nutrition support programs, and animal husbandry and other income-generating activities in the community.



Trainer Instructions

Slides 36-42

Step 11:

Tell participants that we will now talk more about alcohol and other substance abuse. Remind participants about the alcohol and substance use information and screening tools discussed in Module 6.

Ask participants to comment on the challenges related to alcohol and other substance use that they see their adolescent clients having. To guide discussion, ask:

- *What are some of the common challenges adolescents have related to alcohol and other substance use?*
- *What are some causes and consequences of alcohol and other substance use among adolescents?*
- *What do you think health workers can do to help ALHIV prevent alcohol and other substance abuse?*
- *What do you think health workers can do to help ALHIV recover from alcohol and other substance use problems?*



(optional) Ask the adolescent co-trainer to comment on the challenges ALHIV face with alcohol and other substances and what he or she thinks health workers can do to support adolescents deal with these issues.



Make These Points

- Health workers can help adolescents avoid alcohol and other substance use and can also help clients who use alcohol or other substances by providing counseling and referrals. This includes risk reduction counseling and referrals to more intensive treatment if needed and available.
- The consequences of alcohol and other substance abuse can include poor adherence to HIV care and treatment, risky sexual practices, and juvenile crime. Adolescent substance use is associated with problems in school, developmental problems, and physical ailments.
- As discussed in Module 6, health workers should watch for signs of alcohol and other substance use and screen when indicated (see *Appendix 6C: Screening for Alcohol Dependency* and *Appendix 6D: Screening for Drug Abuse*). Adolescents who are identified as abusing alcohol or other substances need education, counseling, support, and referrals.

Helping Clients Avoid Alcohol and Drugs^{2,3}

Substance use versus abuse

Not everyone who uses drugs becomes addicted, but alcohol and other substance use can cause problems for ALHIV, whether they are addicted or not. There are different levels of substance use:

1. Social or recreational use
2. More frequent use
3. Physical dependence or addiction to the substance

Health workers can help adolescents avoid alcohol and other substance use in the first place and can also help clients already using or abusing drugs and alcohol by providing support and referrals. This includes risk reduction counseling and referrals to more intensive treatment if needed and available (see Module 6).

Drugs and alcohol: A part of life for many adolescents

- Many adolescents face a lot of challenges and temptations when it comes to drugs and alcohol.
- People sometimes drink or use drugs to take away their worries. However, coping with sadness or stress by using drugs or drinking alcohol will only make people feel physically and emotionally worse in the long term, even if it makes them feel better at first.
- When people take drugs or alcohol, they may become addicted. This means that their body starts to need the substance and that they feel unwell if they do not get it.
- People who are addicted to drugs and alcohol often do not eat well because they spend most of their money on drugs and alcohol rather than on food. Drug and alcohol use can also affect people's appetite.
- Helping adolescents learn about the risks of drugs, alcohol, and cigarettes before they start using them helps prevent addiction and harmful effects. This education can be done through individual counseling and health education sessions or group health education sessions with adolescents (and caregivers).
- Screening adolescent clients for alcohol and drug abuse and providing counseling, referrals, and treatment to those who abuse substances are key components of adolescent HIV care and treatment. They are also important aspects of supporting ALHIV to live positively.

Predictors of abuse

Some predictors of drug and alcohol abuse include:

- **Family factors:** Adolescents who observe their parents or close family members using or abusing drugs or alcohol are more likely to use or abuse substances themselves. Genetic risk factors for developing addiction contribute to this risk. Other family risk factors include parental absence, inconsistent discipline, lack of communication within the family, conflict between parents and adolescents, death of parents due to HIV, and family breakup. Drug use is most prevalent among ALHIV who do not have strong support systems.
- **Peer factors:** Spending time with peers who use alcohol and drugs is perhaps the strongest predictor of adolescent substance use and abuse.
- **Mental health problems:** There is a strong link between mental health problems and substance abuse.
- **Response to stress:** Alcohol and other drug abuse in adolescents may be the result of feeling out of control, feeling hopeless, or having a lack of direction in life. Adolescents may use drugs to feel better about life events that they see as being out of their control.

Consequences of adolescent alcohol and other substance use

Adolescents face unique risks and problems associated with alcohol and substance use, including:

- **Poor adherence to HIV care and treatment:** Alcohol/substance use can have a significant negative impact on an individual's adherence to HIV care and medications.
- **School-related problems:** Adolescent alcohol/substance use is associated with declining grades, absenteeism from school, and dropping out of school.
- **Risky sexual practices:** Adolescents who use drugs and alcohol are more likely than non-using adolescents to have sex, initiate sex at a younger age, and have multiple sex partners. As substance use reduces their ability to practice safer sex, they are at greater risk for unplanned pregnancies, transmitting HIV, and transmitting or acquiring other sexually transmitted infections.

- **Delinquent behavior and juvenile crime:** Drug use can lead to selling drugs, stealing, and violent behavior.
- **Developmental problems:** Exposing the brain to alcohol during adolescence may interrupt key processes of brain development, possibly leading to mild cognitive impairment.
- **Physical and mental consequences:** Alcohol and other substance use has negative effects on the user's mind and body.
 - Some of these effects are short-term, such as memory loss due to a drinking binge that results in a blackout.
 - Severe long-term use can cause problems such as certain cancers (for example, upper digestive tract and liver cancers from alcohol abuse, lung cancer from smoking, etc.), heart or respiratory failure, stomach ailments, central nervous system damage, and sexual impotence.
 - Alcohol use also interacts with conditions like depression and may contribute to suicide.
 - Some studies have shown that drinking alcohol may accelerate HIV disease progression, as both HIV and alcohol suppress the body's immune system.
 - Alcohol and other substance use also increases a person's risk of violence and accidental death from trauma.


Prevention of alcohol and substance use


Prevention strategies should be linked to the overall goal of prevention or less harm/safer use. Substance use prevention education strategies health workers may use include:

- Ensuring ALHIV have positive peer support networks and are linked to support groups
- Counseling clients to increase their awareness of the consequences of alcohol and drug use
- Counseling clients on risk reduction to enhance their healthy lifestyle decision-making ability
- Ensuring clients receive psychosocial support to help them develop a range of positive coping skills (see Module 5)
- Ensuring clients with mental health problems or disorders are referred for support and treatment (see Module 6)

Identifying and Treating Alcohol and Substance Use Disorders

The use of alcohol and other substances can become severe enough to constitute the diagnosis of a mental disorder. See Module 6 for more information, including *Appendix 6C: Screening for Alcohol Dependency* and *Appendix 6D: Screening for Drug Abuse*.

	<p>Trainer Instructions Slides 43-46</p>
<p>Step 12:</p>	<p>Facilitate Exercise 1, which will give participants a chance to work through case studies highlighting different aspects of positive living.</p>

Exercise 1: Supporting ALHIV to Live Positively: Case studies and large group discussion	
Purpose	To work through case studies that will help participants think about how to best handle challenging situations with adolescent clients
Duration	20 minutes
Advance Preparation	Review the case studies and make any adjustments to reflect the local situation.
Introduction	Adolescent clients come to the clinic with many different types of issues related to positive living (related to their home lives, school, friends, health, etc.). In this exercise, we will discuss case studies as a large group to think more about how we, as health workers, can support clients with positive living.
Activities	 <p>Large Group Discussion</p> <ol style="list-style-type: none"> 1. Ask for a volunteer to read the first case study out loud. 2. Facilitate a group discussion about the case study, asking participants: <ul style="list-style-type: none"> • <i>How will you assess the major issues?</i> • <i>What things would you discuss with the client and/or caregiver?</i> • <i>How would you counsel the client? What are some of the key “positive living” points that you should make?</i> 3. (optional) Ask the adolescent co-trainer if he or she would like to share any personal experiences related to the case study or make additional comments. 4. Follow the same steps for the second case study.
Debriefing	<ul style="list-style-type: none"> • Working with adolescent clients and supporting them to live positively with HIV can be challenging. As health workers, we have to be prepared to deal with very complicated and difficult situations that may not have any easy answers. • Always remember to use non-judgmental and youth-friendly counseling and communication skills when talking with adolescent clients about their lives and when providing information and support. • Remember that behavior change takes time, self-confidence, and an enabling environment. • It is important to be aware of all the resources available to clients in the clinic and surrounding communities. By linking clients with several resources, health workers can help clients get the support they may not be able to get from the health facility.

Exercise 1: Supporting ALHIV to Live Positively: Case studies and large group discussion

Case Study 1:

During a routine visit, A___, a 16-year-old young woman, tells you that she has been feeling sad a lot lately and hardly ever feels hungry anymore. You also notice that she does not appear to have bathed in several days. She tells you that she has been living with HIV her whole life and isn't sure what is causing her to feel so down. *How would you proceed with A___?*

Key points for trainers: A___

- Start by reassuring A___ that your discussion today, as always, is confidential.
- Try to get a sense of A___'s overall well-being, living situation, and support system. You might want to refer to/use some of the questions in *Appendix 5A: Psychosocial Assessment Tool* and refer to *Appendix 6A: Tips for Health Workers on Identifying Possible Mental Illness*. Be sure to talk with A___ about her support network and any changes that might be going on in her life. Enquire further about her family, living situation, friendships, boyfriends, and peer support.
- This may, depending on how she responds, lead to screening for depression or alcohol and substance dependence (see Module 6).
- You may also want to do a nutritional assessment, following the guidelines in *Appendix 9D: Key Components of a Nutritional Assessment*.
- There are a couple of positive living points that need to be discussed with A___:
 - It is important for her to eat regularly. Find out a bit more about why she is not eating regularly — is it just due to a lack of appetite? Or is she experiencing symptoms (for example, sore throat) that make it difficult for her to eat? Is the family experiencing food insecurity? She should be eating at least 3 meals along with at least 1 healthy snack per day. Her diet should include foods from all 3 food groups. Discuss affordable, nutritious foods, including the basic food groups in *Appendix 9C*, and where food can be bought cheaply.
 - Discuss some of the suggestions for loss of appetite in *Appendix 9E: Nutritional Management of Common Symptoms Related to Advanced HIV Infection*.
 - Ask her when she bathed last. If it was several days ago, ask her if she'd like to talk about this a bit more. Presumably this is not typical for A___, so praise her for her good personal hygiene in the past, discuss the importance of bathing daily, and ask her if she feels willing/able to return to her daily bathing routine.
- If possible, refer her to a peer support group and link her to an Adolescent Peer Educator.
- Provide any other referrals as needed and make an appointment for a follow-up visit.

Case Study 2:

E___ is a 16-year-old who recently found out that she has HIV. She comes to the clinic every month but is always quiet. One of the Adolescent Peer Educators mentioned that he saw her hanging out with some older men outside of a store. She was smoking a cigarette and sharing some beer. *How do you plan to talk to E___ about positive living when she comes for her next clinic visit?*

Key points for trainers: E___

- Start by reassuring E___ that your discussion today, as always, is confidential.
- Try to get a sense of E___'s overall well being, living and school situation, and support system. You might want to refer to/use some of the questions in *Appendix 5A: Psychosocial Assessment Tool* and refer to *Appendix 6A: Tips for Health Workers on Identifying Possible Mental Illness*. Be sure to talk with E___ about her support network and any changes that might be going on in her life. Enquire further about her family, living situation, school/work situation, friendships, boyfriends, and peer support.
- This may, depending on how she responds, lead to screening for depression or alcohol and substance dependence (see Module 6).
- If the assessment does not encourage her to talk about hanging out with older men, ask her what she does in her free time. If she talks about her "friends," ask about the ages and gender of these friends. Try to get her to talk about what she does and why she does it (is she exchanging sex for money or affection?). If necessary, confront her in a way that is positive and non-threatening by asking: "A Peer Educator saw you on X Road...what were you doing there? Were you having fun? How long have you been hanging out with these men?"
- Ask about her relationship with her family and peers. Try to understand the underlying reasons for her decision to hang out with older men. Enquire if the men are giving her money; if so, discuss alternative ways to earn money.
- There are several positive living points that need to be discussed with E___:
 - Explain that moderate drinking is fine, but anything more than moderate (more than a glass or two a day) is not only expensive but is not good for her long-term health.
 - Discuss safer sex, condom use, and how to negotiate safer sex with older, more powerful men. Ensure that she is using contraception and give her condoms. If she is not using contraception, consider a pregnancy test.
 - Ensure that her relationship with these men is not violent.
 - Ask her about friends her own age. See if she'll agree to spend more time with people her own age and either to stop seeing these older men or to at least spend less time with them.
 - Ask what made her start smoking. Be curious and supportive with your questions. How is school going for her? Are her friends at school also smoking? Does she feel like smoking helps her fit in? Discuss with her the expense of cigarettes and how else that money could be spent (electronics, clothes, etc.). Appeal to her sense of vanity by reminding her that not only is smoking bad for your lungs, but it also causes bad breath, yellowing of teeth and fingernails, and skin problems.
 - If she is hanging out with these men instead of going to school, discuss the importance of re-enrolling in school and getting her diploma.
- Provide referrals, such as to a peer support group and Adolescent Peer Educator, and make an appointment for a follow-up visit.



Trainer Instructions


Slides 47-49


Step 13:


Facilitate Exercise 2, which will give participants a chance to practice planning and facilitating group sessions about positive living with ALHIV.

Exercise 2: Planning a Presentation on Living Positively: Small group work and large group discussion

Purpose	To provide participants with practice planning and carrying out group sessions on positive living topics
Duration	55 minutes
Advance Preparation	None
Introduction	Group sessions can be a useful way to educate and support ALHIV and their caregivers. As facilitators of such sessions, it is important that we choose topics and cover them in a way that will benefit participants. In this exercise, we will practice planning and facilitating group education sessions on positive living.
Activities	<p>Small Group Work</p> <ol style="list-style-type: none"> 1. Break participants into 4 small groups. Give each group flip chart and markers. 2. Assign each small group one of the following topics: <ul style="list-style-type: none"> • Keeping the mind healthy • Keeping the body healthy • Nutrition and hygiene • Alcohol and drugs 3. Groups will have 20 minutes to work together. Ask each small group to plan a health education session for adolescent clients and their caregivers on their assigned topic. Groups should assume they have 30 minutes to run the group session and should make an outline of the topics and sub-topics they would plan to cover, writing the outline on flip chart. 4. Once groups have finished writing the outline, they should choose 1 part of their outline and practice/role play how they would facilitate it and what they would actually say to a group of ALHIV and their caregivers. Each group should prepare a 5-minute segment to present to the large group. <p>Large Group Work</p> <ol style="list-style-type: none"> 5. Bring the large group back together and ask each small group to present their agenda and the 5-minute excerpt they prepared. Participants not presenting should act as adolescents and caregivers in the audience and should ask questions on the topic to simulate an actual group session. 6. Following each small group presentation, the large group should comment on what went well and what could have been done better.

	<p>7. (optional) Following each presentation, ask the adolescent co-trainer if he or she has any additional comments about the small group's outline or presentation.</p>
<p>Debriefing</p>	<ul style="list-style-type: none"> • Group sessions are a great way to educate many people at the same time. They are also a way to help clients share ideas and establish connections with one another. • As health workers, we should make sure to dedicate time to planning and regularly facilitating group sessions to help adolescent clients live positively with HIV. • Education and counseling may not result in immediate behavior change among adolescent clients. Remember that behavior change takes time, self-confidence, and an enabling environment.

	<p>Trainer Instructions Slide 50</p>
<p>Step 14:</p>	<p>Allow 5 minutes for questions and answers on this session.</p>

	<p>Trainer Instructions Slides 51-52</p>
<p>Step 15:</p>	<p>Ask participants what they think the key points of the module are. What information will they take away from this module?</p>
<p>Step 16:</p>	<p>Summarize the key points of the module using participant feedback and the content below.</p>
<p>Step 17:</p>	<p>Ask if there are any questions or clarifications</p>



Module 9: Key Points

- The concept “positive living” encompasses not only maintaining one’s physical health but also taking care of one’s mind and soul.
- Health workers should routinely address positive living with their adolescent clients, using a variety of channels.
- Although adolescents ultimately have to reach within themselves to ensure that their minds are healthy, there is a lot health workers can do to help them find and maintain emotional and psychosocial health.
- As ALHIV develop and age, so does their need for information about staying healthy. Examples of healthy living include: using condoms and family planning, adhering to care and medicines, staying active, making friends, getting rest, eating healthy foods, and exercising regularly.
- “Positive prevention” is also a part of positive living. This refers to preventing the further transmission of HIV.
- Good nutrition is an important component of positive living. Health workers should provide regular weight and nutritional monitoring and counseling as part of ALHIV’s routine care.
- Health workers can help adolescents avoid alcohol and other substance use and can also help clients already using alcohol or other substances by providing counseling and referrals to treatment.
- Health workers should remember that education and counseling may not result in immediate behavior change among adolescent clients. Remember that behavior change takes time, self-confidence, and an enabling environment.

Appendix 9A: Web Resources for ALHIV⁴

Avert.org: An online resource with easy to understand information on HIV transmission prevention, treatment, care, epidemiology, pathology, politics, and more. Available at: <http://www.avert.org>

The Body: An online HIV and AIDS resource that aims to 1) use the Web to lower barriers between patients and clinicians; 2) demystify HIV/AIDS and its treatment; 3) improve patients' quality of life; and 4) foster community through human connection. Available at: <http://www.thebody.com>

Body and Soul Charity: A UK-based organization supporting people living with HIV. Its Teen Spirit section (for people living with HIV aged 13-19) provides comprehensive information and resources geared specifically toward young people living with HIV. Available at: <http://www.bodyandsoulcharity.org>

"Does HIV Look Like Me?": This campaign was conceived of by YLHIV from Hope's Voice (see below) and aims to target stigma, discrimination, and ignorance about the HIV and AIDS pandemic using mass media. Thus far, 200 "ambassadors" — young people living with HIV — have participated in the campaign using film, photography, and speaking opportunities in schools, churches, and community groups to raise awareness about HIV and people living with HIV. Available at: <http://www.doeshivlooklikeme.org>

Go Ask Alice!: Columbia University's web portal for young people's questions about sex, sexuality, and more. Available at: <http://www.goaskalice.columbia.edu>

Global Network of People Living with HIV and AIDS (GNP+): An organization with several regional networks working to improve the quality of life for all people living with HIV and AIDS. Available at: <http://www.gnpplus.net>

Global Youth Coalition on HIV/AIDS (GYCA): A youth-led global network of 5,000 young people working to end the spread of HIV in over 150 countries worldwide. GYCA prioritizes 1) Networking and sharing of best practices; 2) Capacity building and technical assistance; 3) Political advocacy; and 4) Preparation for international conferences. This site can be used to find other young people, mentors, donors, funders, scholarships, trainings, and event opportunities related to HIV, AIDS, and sexual reproductive health. Available at: <http://www.youthaidscoalition.org> – please note that, at the time of writing, this site was down

Hope's Voice: A YLHIV-led organization committed to decreasing stigma around HIV and AIDS through education and campaigns. Hope's Voice aims to empower HIV positive youth to be leaders in educating their communities and to be catalysts for change around the globe. Available at: <http://www.hopesvoice.org>

International Community of Women Living with HIV (ICW): A global community of women living with HIV. Available at: <http://www.icw.org>

My Sex Life: Info for Poz Youth: A youth-friendly, informative guide on safer sex and sexuality for YLHIV created by the AIDS Committee of Toronto and Positive Youth Outreach, Canada. Available at: <http://www.actoronto.ca/home.nsf/pages/mysexlife>

Youth R.I.S.E.: An international youth network for reducing drug-related harm. Available at: <http://youthrise.org/>

Appendix 9B: Life Skills Training Resources

Advocates for Youth. (1995). *Life planning education: A youth development program.*

This manual details activities that people can use to help youth develop relationships, communication skills, plans for the future, and a better understanding of sexual health and risk behavior. Available at: <http://www.advocatesforyouth.org/publications/555?task=view>

Alliance. (2006). *Our future: Sexuality and life skills education for young people.* This is a series of workbooks developed by the Government of Zambia that contain information on sexual health and HIV education for youth in and out of school. The workbooks are divided by grade (grades 4-5, 6-7, and 8-9). Available at:

<http://www.aidsalliance.org/publicationsdetails.aspx?id=211>

Botswana Teen Club. *Teen club life skills curriculum.* This curriculum, which is still under development, includes topics such as feelings and emotions; financial literacy; grief and bereavement; love, sex, and dating; and adherence. Available at:

<http://botswanateenclub.wordpress.com/resources/teen-club-life-skills-curriculum/>

Family Care International. (1999). *Get the facts: A flipchart for adolescents.* This flipchart was developed in collaboration with IPPF/Africa Region to help generate discussion; provide accurate information; and stimulate actions related to healthy relationships, improving communication with parents, condom negotiation, HIV/AIDS, STIs, and other important reproductive health issues for adolescents. Available at:

<http://www.familycareintl.org/en/resources/publications/38>

Office of Sustainable Development Bureau for Africa. (2003). *Life skills and HIV education curricula in Africa: Methods and evaluations.* This report pulls together what is known about existing classroom-based life skills programs. Several previously evaluated African programs described, along with research findings and lessons learned. Available at: pdf.usaid.gov/pdf_docs/PNACT985.pdf

Office of Sustainable Development Bureau for Africa. (2002). *Tips for developing life skills curricula for HIV prevention among African youth: A synthesis of emerging lessons.* This document offers practical guidance for those planning, implementing, or strengthening life skills curricula for young people in sub-Saharan Africa. Available at: sara.aed.org/multisectoral/publications/developing_life_skills.pdf

PATH. (2003). *Life planning skills: A curriculum for young people in Africa.* This curriculum is designed to help youth face the challenges of growing up. It includes a facilitator's manual and a workbook for participants.

Botswana version is available at: <http://www.path.org/publications/detail.php?i=1590>

Tanzania version is available at: <http://www.path.org/publications/detail.php?i=1593>

Uganda version is available at: <http://www.path.org/publications/detail.php?i=1592>

Peace Corps. (2001). *Life skills manual.* This manual consists of over 50 versatile lesson ideas that are grouped according to 3 basic life skills: communication, decision-making, and relationship skills. Available at:

http://www.peacecorps.gov/multimedia/pdf/library/M0063_lifeskillscomplete.pdf

The Youth Health and Development Program, Government of Namibia & UNICEF. (1999). *My future is my choice: Extra curricular life skills training manual for adolescents 13 to 18 years of age.* This is a 10-session program that aims to give young people the information and life skills they need to make decisions about their future. Available at: http://www.unicef.org/lifeskills/files/mfmc_facilitator_manual.pdf

Appendix 9C: Basic Food Groups^{5,6}

The basic food groups are:

- **Energy giving (or “GO”) foods**, which give us energy and make us **GO**. They include rice, maize meal, millet, sorghum, potatoes, sweet potatoes, bread, pasta, cassava, and green bananas. These foods should make up the biggest part of each meal.
 - **Fats and sugars** can help give us energy, help us gain weight, and make foods taste better. However, they should be eaten together with healthy foods and in moderation. “Good fats” include things like avocados and groundnuts.
 - **Roughage, also known as fiber**, is important for bowel movements and, therefore, helps prevent constipation.
- **Body building (or “GROW”) foods** provide protein, helping to build our bodies and keep our muscles strong. They include meat, poultry, fish, cheese, eggs, fresh and sour milk, beans, and groundnuts. Every meal should include at least 1 body building food. Note that ALHIV should try to eat legumes every day (for example, beans, lentils, peas, and nuts). These foods are usually cheaper than meat and provide a good source of protein.
- **Protective (or “GLOW”) foods** provide vitamins and minerals to help the immune system stay strong and fight off infections. They include all kinds of fruits and vegetables.

Examples of energy giving, body building, and protective foods:

Energy giving “GO” foods (starches)	Body building “GROW” foods (proteins and dairy)	Protective “GLOW” foods (fruits and vegetables)	
<ul style="list-style-type: none"> • Maize meal • Rice • Bread • Cassava • Matoke • Porridge • Yams • Millet • Sorghum • Potatoes • Chapati • Plantains • Arrowroots • Crackers • Pasta (noodles) 	<ul style="list-style-type: none"> • Beans • Lentils • Peas (cow, garden, pigeon, etc.) • Groundnuts • Sesame • Eggs • Fish • Beef • Lamb • Goat • Chicken • Pork • Insects • Milk • Yogurt • Cheese 	<ul style="list-style-type: none"> • Carrots • Cabbage • Tomatoes • Okra • Kale • Spinach, leafy greens • Sweet potato and cassava leaves • Pumpkin leaves • Eggplant • Mushrooms • Cauliflower • Cucumber • Capsicum/peppers 	<ul style="list-style-type: none"> • Avocados • Pineapple • Mango • Oranges • Lemons/limes • Papaya/pawpaw • Ripe bananas • Pears • Plums • Peaches • Apples • Jack fruit • Watermelon • Passion fruit • Guavas

Appendix 9D: Key Components of a Nutritional Assessment

Measures	Interpreting results and next steps
Anthropomorphic assessment	
Weight and Height	<ul style="list-style-type: none"> In patients who have lost 10% of body weight or 6–7 kg in a month: Assess ART eligibility If loss >5% of body weight over 2-3 months associated with OIs: Treat underlying conditions If loss of >10% of body weight over 2-3 months associated wasting syndrome (WHO Stage 4): Start ART.
BMI = Weight (Kg) / Height (M²) <ul style="list-style-type: none"> BMI 18.5–24.9: Normal weight BMI 25–29.5: Overweight BMI 30 and above: Obese (Does not apply to pregnant women)	<ul style="list-style-type: none"> If BMI <18.5: Provide counseling and supply therapeutic food supplements If BMI >30: Recommend weight loss without compromising nutrition status
MUAC (mid-upper arm circumference) Recommended for adolescents and adults who cannot stand up for weight and height measurements and for pregnant women	Adults <ul style="list-style-type: none"> <16 cm: Severe malnutrition 16–18.5 cm: Moderate malnutrition Pregnant Women < 17 cm: Severe malnutrition 17–21.9 cm: Moderate malnutrition
Clinical assessment: what to look for	
<ul style="list-style-type: none"> GI problems (diarrhea, nausea, vomiting) OIs that may interfere with food intake and absorption Concurrent medical conditions (diabetes, hypertension, lipid problems) Medication profile (medications taken, side effects that may affect food intake or absorption) 	
Dietary assessment: what to ask about	
<ul style="list-style-type: none"> Eating patterns, food regularly consumed, and frequency of meals What foods are available and affordable Food intolerance, allergies, and aversions Dietary problems (for example, poor appetite, difficulty chewing and swallowing) Food preparation and handling practices Psychological factors that may contribute to inadequate food intake (for example, depression) Physical activity Use of mineral or vitamin supplements Living environment and functional status 	
Biochemical assessment (where available)	
What to test for or evaluate	Next steps
<ul style="list-style-type: none"> Serum albumin and/or proteins 	<ul style="list-style-type: none"> If low serum albumin: Advise a high protein diet
<ul style="list-style-type: none"> Micronutrient deficiencies (e.g., anemia) 	<ul style="list-style-type: none"> If hemoglobin (Hb)<10: Advise diet high in iron and folic acid
<ul style="list-style-type: none"> Glucose and lipid profile 	<ul style="list-style-type: none"> If abnormal blood glucose: Profile for diabetes If abnormal lipid profile: Do further clinical evaluation

Appendix 9E: Nutritional Management of Common Symptoms Related to Advanced HIV Infection^{5,6}

Note: All of the recommendations for nutritional support and management of symptoms should be combined with routine clinical care and treatment, including ART.

Sign/symptom	Nutritional recommendations and management
<p>Major weight loss (sometimes called “wasting”)</p>	<ul style="list-style-type: none"> • Eat small meals often. Try to include “body building” foods (protein) with each meal. • Eat snacks during the day if possible (such as groundnuts, boiled eggs, and avocados). • Eat more “energy giving” foods (like rice, maize meal, bread, and porridge). • Eat more beans, lentils, peas, and groundnuts. • Try to eat more meat, fish, and eggs. • Use more fats and oils in food, especially “good fats” like avocados and nuts. • Eat more dairy foods (like milk and yogurt). • Add dry milk powder or pounded groundnuts to foods (like porridge and cereals). • Add sugar, honey, syrup, or fruit jam to foods. • Try to eat more of your favorite foods. • Adhere to your care and treatment plan, including ART. • ALHIV may experience changes in their body shape. This is a long-term side effect that can be caused by ART. Some ALHIV may develop more fat on their stomach, breasts, or other areas and may lose fat in their face, arms, and legs. These side effects may be confused with weight gain or weight loss.
<p>Diarrhea</p>	<ul style="list-style-type: none"> • Eat soups and drink safe water, rice water, thin porridge, and weak tea to avoid dehydration. • Drink oral rehydration solution (ORS). • Eat small amounts of food many times a day. • Eat foods like millet, bananas, peas, and lentils to help retain fluids. • Eat foods like rice, bread, millet, maize, porridge, boiled potatoes, sweet potatoes, and crackers, which are easy to digest. • Eat soft foods like bananas, squash, cooked and mashed green bananas, paw-paws, mashed sweet potatoes, and mashed carrots. • Eat eggs, chicken, or fish for protein. • Adhere to your care and treatment plan, including ART. <p>Stay away from:</p> <ul style="list-style-type: none"> • Strong citrus fruits (like oranges and lemons) • Dairy products, such as milk — try fermented products instead, like yogurt or sour milk • Caffeine (coffee and tea) • Alcohol • Fried foods • Very sugary foods • Extra oil, butter, or lard • Gas-forming foods (like cabbage, onions, and carbonated soft drinks)

Sign/symptom	Nutritional recommendations and management
Nausea and vomiting	<ul style="list-style-type: none"> • Drink fluids (especially clean water) to prevent dehydration. • Eat bland soups. • Eat fruit, such as bananas. • Eat lightly salty and dry foods (like crackers or bread) to calm the stomach. • Drink herbal teas and lemon juice in hot water. • Eat small amounts of food many times a day. • Adhere to your care and treatment plan, including ART. <p>Stay away from:</p> <ul style="list-style-type: none"> • Spicy or fatty foods • Caffeine (coffee and tea) • Alcohol
Mouth and throat sores or infection	<ul style="list-style-type: none"> • Eat soft mashed foods, such as scrambled eggs, cooked carrots, sweet potatoes, bananas, soup, paw-paws, and porridge. • Eat cold foods or foods at room temperature. • Drink liquids, such as beef broth or lentil/pea soup. • Rinse the mouth with clean, warm salt water before and after eating. • Use cinnamon tea as a mouthwash. • Suck on clean ice, if available, to relieve pain. • For thrush, eat fermented foods (like plain yogurt and sour milk). Sucking on a lemon and eating garlic can also help. • See the nurse or the doctor, and adhere to your care and treatment plan, including ART. <p>Stay away from:</p> <ul style="list-style-type: none"> • Spicy or salty foods, which can irritate mouth sores • Strong citrus fruits and juices, which can irritate mouth sores • Sugary foods and drinks • Rough foods like toast and raw vegetables • Alcohol
Loss of appetite	<ul style="list-style-type: none"> • Eat small, frequent meals throughout the day. • Eat nutritious snacks between meals. • Take walks before meals if possible — fresh air helps to stimulate appetite. • Avoid smoking — it reduces appetite. • Add seasonings, especially herbs, to food to give it more flavor. • Try rinsing out the mouth after meals. • Use lemon, raw tomatoes, or tonic water to stimulate the taste buds. • Chew food well and move it around the mouth to stimulate taste buds. • Avoid strong-smelling foods. • Eat with others as much as possible. • Adhere to your care and treatment plan, including ART.
Taste changes (can sometimes be caused by ARVs and other medications)	<ul style="list-style-type: none"> • Change the sweetness, saltiness, or sourness of food by adding sugar, salt, jam, or lemon (which also increases the taste). • Try different herbs and spices. • Eat more fish or chicken, as meat can often have a metallic taste. • Eat lentils, beans, or split peas. • Brush teeth after eating to remove any aftertaste. • Adhere to your care and treatment plan, including ART.

References

- ¹ Food and Nutrition Technical Assistance (FANTA) Project. (2004). *HIV/AIDS: A guide for nutritional care and support*. Available at: http://www.fantaproject.org/downloads/pdfs/HIVAIDS_Guide02.pdf
- ² Program for Appropriate Technology in Health (PATH). (2006). *Tuko pamoja adolescent reproductive health and life skills curriculum*.
- ³ United Nations Children's Funds. (2006). *Life skills – based education for drug use prevention training manual*. UNICEF.
- ⁴ Global Youth Coalition on HIV/AIDS (GYCA). (2008). *Living positively: Young people living with HIV and the health sector response* Available at: <http://www.youthaidscoalition.org/docs/livingpositively2008.pdf>
- ⁵ WHO/Food and Agriculture Organization (FAO). (2002). *Living well with HIV/AIDS: A manual on nutritional care and support for people living with HIV/AIDS*. Geneva, Switzerland: WHO/FAO.
- ⁶ Colton, T., Dillow, A., Hainsworth, G., Israel, E., & Kane, M. (2006). *Community home-based care for people and communities affected by HIV/AIDS: A comprehensive training course for community health workers*. Watertown, MA: Pathfinder International.